

T H E A D M I N I S T R A T I O N O F

m e d i c i n e s i n s c h o o l s



SCOTTISH EXECUTIVE

Making it work together

The Administration of Medicines in Schools

Foreword

The Scottish Executive is committed to an inclusive society where every child has the best start to life. An essential part of that is a rich and rewarding school education. The Standards in Scotland's Schools etc Act 2000 places a duty on education authorities to educate children to their fullest potential. A child's experience of school can, however, sometimes be interrupted by a medical condition. In these circumstances it is very important to ensure that their education should neither be interrupted nor curtailed by the need to take, or have medication administered whilst in school.

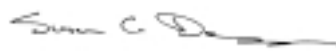
If parents or guardians ask that their children be given medicine in school then it is essential that the NHS and Education Authorities work together to ensure appropriate arrangements are put in place wherever possible. Without this co-operation many children may not be able to continue with their mainstream education. The education of all would be poorer as a result.

This guidance has been written to clarify the respective responsibilities of the health service and Education Authorities and schools on managing health care in schools. It also provides good practice guidance on the administration of medicine in schools. We hope that it will enable children with medical needs to participate as fully as possible in mainstream education and go on to play a full part in society.

A handwritten signature in black ink, appearing to read 'Jack McConnell'.

Jack McConnell MSP

Minister for Education,
Europe and External
Affairs

A handwritten signature in black ink, appearing to read 'Susan Deacon'.

Susan Deacon MSP

Minister for Health
and Community Care

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Introduction

Purpose of Guidance

1. Many pupils will at some time need to take medication in school. For many this will be short-term, perhaps finishing a course of medication. Other pupils have medical conditions such as asthma or diabetes that if not properly managed could limit their access to education. Some children have conditions that also require emergency treatment e.g. severe allergic conditions (anaphylaxis) or epilepsy. Pupils with such conditions are regarded as having health care needs. Most children with health care needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. A positive response by the school to a pupil's health care needs will not only benefit the pupil directly, but can also positively influence the attitude of the whole class.
2. This guidance has been written to help National Health Service (NHS) Boards, Education Authorities and schools to draw up policies on managing health care in schools, to develop effective management systems to support individual pupils with health care needs and enable them to play a full part in the life of the school. This guidance is not aimed at any particular sector of education. Its advice will apply equally to local authority pre-five centres, primary, special and secondary schools.
3. This guidance has no force of law. NHS Boards are statutorily responsible for the medical treatment of pupils in schools and in carrying out this function they can enter into agreements with other parties. The NHS Management Executive letter (1996) 71 and the report 'Health Services in Schools: A Report of a Policy Review' make it clear that there should be a joint agreement between NHS Boards and E.A.s covering a range of issues including the administration of medicines in schools (see also paragraph 38). Attention is also drawn to the Scottish Office Education and Industry publication "Helping Hands" – Guidelines for Staff who provide intimate care for Children and Young People with Disabilities".

Pupils with Health Care Needs

4. Following the introduction of the Standards in Scotland's Schools etc Act 2000 there is a duty on E.A.s to educate children to their fullest potential. For some pupils meeting their health care needs will be an essential element in complying with the terms of the Act. Although meeting the medical needs of children in school is the statutory responsibility of NHS Boards the day to day management of pupils requiring, for example, medication in schools may be undertaken by education authority staff on a voluntary basis. There is a need to provide insurance cover for suitable trained school staff who volunteer to administer medication in line with school and E.A. policy in the course of their employment. Fuller coverage of

this matter is provided in paragraphs 24 – 28. It is incumbent upon all parties for the sake of the pupils concerned to work in partnership to develop policies in the light of local needs and resources that help to ensure that a child's school education is not interrupted because of their health care needs. The community planning process provides a vehicle which may be suitable for agreeing a joint approach between NHS Boards and education authorities based upon clear and effective partnership arrangements. It is hoped that community planning steering groups – and the health and local authority elements of them in particular - will find this guidance helpful.

- 5. An individual health care plan should underpin the care of children with health care needs in schools. It will help NHS Boards and NHS Trusts with schools to identify the necessary safety measures to support pupils with such needs and ensure that they and others are not put at risk. It will also help schools to identify ongoing training needs of staff in relation to common medical conditions. Plans must be tailored to individual pupils. Detailed procedures on how to draw up a health care plan are included in this guidance. See Chapter 3.**

Support for Pupils with Health Care Needs

6. Parents or guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents and the pupil if he/she is mature enough, should give details in conjunction with their child's GP or paediatrician, as appropriate. The school doctor or nurse and specialist voluntary bodies may also be able to provide additional background information for school staff.
7. The School Health Service can provide advice on health issues to pupils, parents, teachers, education officers and local authorities. NHS Boards, NHS Trusts, E.A.s and schools should work together to ensure pupils with health care needs and school staff have effective support.
- 8. Some support staff may have meeting the health care needs of pupils as part of their duties. For the majority of staff however there is no legal duty that requires them to administer medication; this is a voluntary role.** Teachers' conditions of employment do not include giving medication or supervising a pupil taking it. All staff who provide support for pupils with health care needs, or who volunteer to administer medication, need support from the Headteacher, health service professionals and parents, access to information and training, and reassurance about their legal liability.

Chapter 1

Meeting Health Care Needs in Schools: Who is Responsible?

It is important that responsibility for pupils' safety is clearly defined and that each person involved with pupils with medical needs is aware of what is expected of them. Close co-operation between schools, parents, health professionals and other agencies is crucial in order to help provide a suitably supportive environment for pupils with health care needs to enable them to participate fully in school activities.

9. The following paragraphs describe the various individuals and organisations that are involved and their respective responsibilities.

Parents and Guardians

10. Parents, as defined in the Education (Scotland) Act 1980, are a child's main carers. They are responsible for making sure that their child attends school when well enough to do so.
11. Parents should provide the Headteacher with sufficient information about their child's health care needs and treatment. They should, in collaboration with health professionals and the Headteacher, reach an understanding on the school's role in helping with their child's health care needs. Parents' cultural and religious views should always be respected. The Headteacher should seek parents' agreement before passing on information about their child's health to other school staff. Sharing information is important if staff and parents are to ensure the best care for a pupil. (See paragraph 50.).
12. Some parents may have difficulty understanding or supporting their child's medical condition themselves. The Community Paediatric Service or General Practitioners, can often provide additional assistance in these circumstances.

NHS Boards

13. NHS Boards have a statutory duty to commission services to meet the health needs of their local population. NHS Boards provide a comprehensive Children's Service including a School Health Service. NHS Boards also have the responsibility for securing the medical inspection, medical supervision and treatment of pupils in schools, including the administration of medicine and education authorities will help them to discharge this responsibility. **It is for NHS Boards to ensure that appropriate agreements are in place with education authorities, which determine the respective responsibilities of each in relation to the administration of medicines in schools (local protocols and procedures, including training).** NHS Boards, E.A.s. and schools should work in co-operation to determine need and plan and co-ordinate effective local provision within the resources available.

14. NHS Boards normally designate specific responsibility for children with special educational needs (SEN) to the Community Paediatric Service. Some of these children may have health care needs. NHS Trusts, usually through the School Health Service, will provide advice and training for school staff in providing for a pupil's needs.

The School Health Service

15. The School Health Service can provide advice on health issues to children, parents, teachers, education welfare officers and local authorities. The main contact for schools is likely to be the school nurse.
16. The School Health Service may also provide guidance on medical conditions and, in some cases, specialist support for a child with health care needs.

The School Nurse/Doctor

17. Most schools will have contact with the health service through the School Health Team. The Community Paediatrician is a specialist doctor within the School Health Team with an interest in disability, chronic illness and the impact of ill health on children and is responsible for health services within schools. At individual school level the services will be provided by the school nurse and school doctor who make up the School Health Team.
18. The School Health Team nurse or doctor will help schools draw up individual health care plans for pupils with health care needs, and may be able to supplement information already provided by parents and the child's GP. The nurse or doctor may also be able to advise on training for school staff willing to administer medication, or take responsibility for other aspects of support. The school nurse or doctor may attend school open days or parents' evenings to give advice to parents and staff. They may also be able to help educate children through appropriate classroom presentations.

The General Practitioner (GP)

19. GPs are part of primary health care teams. Parents are encouraged to register their child with a GP as soon as possible. In most circumstances it will be more practical for schools to seek information and advice from the School Health Service rather than the GP.

Other Health Professionals

20. Other health professionals may also be involved in the care of pupils with health care needs in schools.
21. Pharmacists employed by Primary Care Trusts provide pharmaceutical advice to School Health Services. Some Community Service pharmacists also work closely with local authority education departments and give advice on the management of medicines within schools. This can involve helping to prepare policies related to medicines in schools and training school staff. In particular, they can advise on the storage, handling, dispensing and disposal of medicines.
22. Some pupils with health care needs will receive dedicated support from a specialist nurse or community paediatric nurse. These nurses often work as part of a NHS Acute or Community Trust and work closely with the primary health care team. They can provide advice on the medical needs of an individual pupil, particularly when a medical condition has just been diagnosed and the pupil is adjusting to new routines.
23. Therapy services, including speech therapy, physiotherapy, occupational therapy, psychological services and the advice of the dietician may be particularly relevant to children with major illness, those affected by serious injury or children with health care needs. Positive approaches to partnership and involvement in planning and monitoring progress are crucial.

The Education Authority

24. The E.A. as the employer is responsible under the Health and Safety at Work etc Act 1974, for all health and safety matters relating to both employees and others who may be affected by their activities. This will include making sure that a school has a health and safety policy. This should include procedures for supporting pupils with health care needs, including managing medication. The Health and Safety Commission Code of Practice strongly encourages authorities to include all those who may be on the premises in their assessment of first aid needs.
25. The E.A. should provide a general policy framework of good practice to guide schools in drawing up their own policies on supporting pupils with health care needs. In doing so many E.A.s find it useful to work closely with NHS Trusts when drawing up a policy. The E.A. may also arrange training for staff in conjunction with health professionals.

26. The E.A. must also make sure that their insurance/indemnification arrangements provide full cover for school staff who volunteer to administer medication within the scope of their employment. To reflect this requirement E.A.s must satisfy themselves as to the legality and safety of arrangements that they agree with NHS Boards or NHS Trusts for the administration of medicines. This also includes an E.A. requirement to satisfy themselves that the appropriate indemnification procedures are in place for staff who volunteer to administer medication.
27. Where an E.A. decides its co-operation will involve staff volunteering to administer medicine to pupils, those who do volunteer will be undertaking this task in the course of their employment. This means that in the event of legal action over an allegation of negligence by the member of staff, the employer is likely to be held responsible if that negligence is proved. Keeping accurate records in the school is essential and highly recommended in all cases. Teachers and other staff are expected to use their best endeavours and should particularly be made aware of appropriate actions in an emergency situation. These may be different for each child and should be communicated to all staff who may have contact with him/her.
28. The E.A. will wish to liaise with NHS Trusts to ensure that all staff involved with pupils with health care needs have received a basic understanding of those needs. Where staff are willing to administer medication to pupils with health care needs the E.A. should also ensure that they have received the appropriate level of training. In both cases training should be arranged in conjunction with the NHS Board, NHS Trust or other health professionals who have the statutory responsibility for providing suitable training. Health Boards have the discretion to make resources available for any necessary training. In many instances it will be the school nurse/doctor or community paediatrician or voluntary organisation that will provide the training. The E.A./school should be satisfied that any training has given staff sufficient understanding, confidence and expertise. In the case of those staff willing to administer medication an appropriate health care professional should confirm competency in medical procedures. It will also be necessary to develop a programme of refresher courses to ensure that competencies remain current.

The Headteacher

29. When school staff volunteer to give pupils help with their health care needs, the headteacher should agree to their doing this, and must ensure that they receive proper support and training where necessary. Day to day decisions about administering medication will normally fall to the Headteacher.

30. The Headteacher should make sure that all parents are aware of the school's policy and procedures for dealing with health care needs.
31. The Consultant In Public Health Medicine, Communicable Disease and Environmental Health or the Community Paediatric Service can advise the Headteacher on the circumstances in which pupils with infectious diseases should not be in school, and the action to be taken following an outbreak of an infectious disease.
32. The Headteacher is responsible for implementing the school policy in practice and for developing detailed administrative procedures for meeting the health care needs of pupils. The Headteacher will need to agree with the parents exactly what support the school can provide for a child with health care needs. Where there is concern about whether the school can meet a pupil's needs, or where the parents' expectations appear unreasonable, the Headteacher can seek advice from the school nurse or doctor, or other medical advisers and, if appropriate, the E.A.. It is likely that staff who volunteer to care for complex health care needs will need special training.
33. If staff follow the school's documented procedures, they will normally be fully covered by their E.A.'s public liability insurance should a parent make a complaint. The Headteacher should ask the employer to provide written confirmation of the insurance cover for staff who provide specific medical support. The Headteacher should let his staff know about the provision for indemnity against legal liability made for all staff who volunteer to administer medication and that the necessary training will be arranged.

Teachers and Other School Staff

34. Teachers and other school staff may wish to volunteer to administer medication. Where non-teaching staff are involved the E.A. should satisfy themselves that the arrangements in place for the administration of medicines in schools by such individuals is consistent with their own legal advice on this matter. Arrangements for training and advice by NHS Boards apply equally to both teachers and non-teaching staff who volunteer to administer medication.
35. Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil should have proper training and guidance. He or she should also be made aware by a health professional of possible side effects of the medication and what to do if they occur. The type of training necessary is set out in Chapter 4.

Voluntary Organisations

36. Many voluntary organisations specialising in particular medical conditions provide advice on good practice or produce school packs advising teachers on how to support pupils. Annex A lists some useful contact names and addresses.

Chapter 2

Developing Policies and Procedures for Supporting Pupils with Health Care Needs

Education Authorities should develop a clear policy on meeting the health care needs of pupils and the administration of medicines in schools within their area. This should be reflected in individual school policies and practices. A clear policy understood and accepted by staff, parents and pupils provides a sound basis for ensuring that children with health care needs receive proper care and support at school. As far as possible, policies should enable regular school attendance. Formal systems and procedures, drawn up in partnership with parents and staff should back up the policy.

School Policy

37. A school policy needs to be clear to all parents and pupils. The school could include this in its prospectus or in other information for parents. A policy might cover:

- whether the Headteacher accepts responsibility, in principle, for school staff giving or supervising children taking prescribed medication during the school day
- the circumstances, if any, in which children may take non-prescription medication e.g. pain killers (analgesics)
- the school's policy on assisting pupils with long term or complex health care needs
- clarification of the authority's indemnity arrangements
- the need for prior written agreement from parents or guardians for any medication, prescribed or non-prescription, to be given to a child
- policy on pupils carrying and taking their medication themselves
- staff training in dealing with health care needs
- record keeping
- storage and access to medication
- the school's emergency procedures.

It should make clear that parents should keep their children at home if acutely unwell.

38. One of the key recommendations of 'Health Services in Schools: A Report of a Policy Review' is that there should be a joint agreement between NHS Boards and E.A.s covering a range of issues including the administration of medicines in schools. It is important that local policies are consistent with the terms of this agreement.
39. Parents should be encouraged to provide the school with full information about their child's health care needs. Staff noticing an apparent deterioration in a pupil's health over time should inform the Headteacher who should let the parents know, and the School Health Team where appropriate.

Short Term Needs

40. Many pupils will need to take medication (or be given it) at school at some time in their school life. Mostly this will be 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 be off school. Medication should only be taken to school when absolutely essential and with the agreement of the Headteacher.
41. It is helpful if, where possible, medication can be prescribed in dose frequencies, which enable it to be taken outside school hours. Parents should be encouraged to ask the prescribing doctor or dentist about this.

Long Term Needs

42. It is important for the school to have sufficient information about the medical condition of any pupil with long term health care needs. Early warning of such issues will also allow the necessary procedures to be put in place. If a pupil's health care needs are inadequately supported this can have a significant impact on a pupil's academic attainments and/or lead to emotional and behavioural problems. The school therefore needs to know about any health care needs before a child starts school, or when a pupil develops a condition. For pupils who attend hospital appointments on a regular basis, special arrangements may also be necessary. If a health care plan is needed, it is helpful for the appropriate school medical services to work with schools to draw up the plan, involving parents, other health professionals as necessary and the child should he/she have sufficient understanding.

Chapter 3

Preparation of a School Health Care Plan

The main purpose of an individual school health care plan for a pupil with health care needs is to identify the level and type of support that is needed at school. A written agreement with parents clarifies for staff, parents and the pupil the help that the school can provide and receive. Schools should agree with parents and medical practitioners how often they should jointly review the health care plan depending on the health care needs.

Health Care Plans

43. Young people vary in their ability to cope with poor health or a particular medical condition and this involves schools responding to individual health care needs. However, the school's medication policy must be applied uniformly but not inflexibly or insensitively.
44. In some instances the necessary details contained in a health care plan may be contained in other plans such as a Record of Needs, an Individualised Learning Programme or a Personal Learning Plan. Where this is the case a separate health care plan will not be necessary. Drawing up a health care plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual pupil. The need for a health care plan and the medical detail of such a plan should only be assessed by a health professional. 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. More detailed plans will be required for those with long term needs. 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 professionals (depending on the level of support the child needs)
 - the Headteacher
 - the parent or guardian
 - the child (if sufficiently mature and capable of understanding)
 - class teacher (primary schools)/form teacher/guidance teacher (secondary schools)
 - care assistant or support staff (if applicable)
 - school staff who have agreed to administer medication or be trained in emergency procedures.

Others who may be able to offer a contribution are:

- social worker
 - voluntary organisations specialising in a particular medical condition.
45. The plan should be tailored to the individual needs of the pupil but could include:
- details of a pupil'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 role the school can play.
46. Form 1 provides an example of a health care plan, which schools may wish to use or adapt. Form 2 provides a health care plan and guidelines for the administration of rectal diazepam in epilepsy and febrile convulsions.

Co-ordinating Information

47. Co-ordinating and disseminating information on an individual pupil with health care needs, particularly in secondary schools, can be difficult. The Headteacher may give a member of staff specific responsibility for this role. This person can be a first contact for parents and staff, and liase with external agencies.

Information for Staff and others

48. Staff who may need to deal with an emergency will need to know about a pupil's health care needs. The Headteacher must make sure that supply teachers are also fully informed. When work experience for a pupil has been arranged it is the responsibility of the work placement organiser to ensure that the placement is suitable for a pupil with a particular medical condition. Similar considerations apply when a pupil attends another establishment for part of their course. In both circumstances the Headteacher should ensure that organisers are aware of relevant medical conditions. Pupils should also be encouraged to share relevant medical information with employers.

Staff Training

49. A health care plan may reveal the need for some school staff to have further information about health care procedures or specific training in administering a particular type of medication or in dealing with emergencies. School staff should **never** administer medication without appropriate training from health professionals. If school staff volunteer to assist a pupil with health care needs, the employer should arrange appropriate training in conjunction with the NHS Board, who will be able to advise on further training needs. General training requirements are set out in Chapter 4.

Confidentiality

50. The Headteacher and school staff should treat medical information confidentially. Information on a pupil's health care needs is likely to be covered by the Data Protection Act 1998. Care must therefore be taken to ensure that consent is obtained before passing information to another party. By virtue of the Age of Legal Capacity (Scotland) Act 1991, a person under the age of 16 has legal capacity to consent to any surgical, medical or dental procedure if in the opinion of a health professional that person is capable of understanding the nature of the treatment. Any exchange of information should be with the consent of the child (if he/she has the necessary capacity to understand why) or otherwise the parent or guardian. Once consent has been obtained sensitive information about a pupil should be shared only with those who need to know. Escorts and others should only be told what is necessary for them to know to keep the child safe.

Chapter 4

Training Needs for Staff in Supporting Pupils with Health Care Needs

For pupils with health care needs to benefit fully from their educational placement it is necessary for schools to have adequately trained staff capable of providing the level of care required.

General Awareness

51. The most common medical conditions in school age children which require support, are asthma, diabetes, epilepsy, eczema, allergic reactions (anaphylaxis if severe) and cystic fibrosis. Irrespective of whether staff in schools have volunteered to support pupils with health care needs and administer medication to these pupils they all may come into contact with such pupils during the course of a school day. A basic understanding of these common conditions will help staff recognise symptoms and seek appropriate support.
52. NHS Boards, NHS Trusts or other health professionals should provide basic awareness training for education staff and specific training for those volunteering to administer regular or emergency medication. This training is usually provided by the staff of the School Health Service/Community Paediatric Department. Primary Care NHS Trusts acting on behalf of the NHS Board have the responsibility to make funds available for such training. Voluntary agencies which focus on particular concerns also provide an invaluable source of information and awareness training for education staff. Her Majesty's Inspectors of Education have also commissioned the University of Strathclyde to produce a practical guide for student primary teachers entitled "Responding to Changes in Children's Health" and it is available on the HMIE website. Practising teachers in Primary schools and in other educational settings may also find the information contained in this guide to be useful.

Administration of Medicine

53. Those members of staff who have volunteered to administer medicine to pupils with health care needs require more detailed training. Specific training needs involving other conditions may also be identified in individual pupil's school health care plans. Form 3 provides an example of how staff training needs may be recorded. The content of training courses would be the responsibility of the NHS Board providing the training. It would be expected that any training would cover the minimum core areas detailed in the following paragraphs - but this is not exclusive.

Allergic reactions

54. For allergic reactions, training should include the recognition of the signs and symptoms of mild and severe allergic reactions, first aid procedures including the protection of airways and the recovery position, administration of medication including the use of auto-injectors and emergency procedures.

Asthma

55. Any training course should give a basic understanding of the condition and the possible triggers and develop competence in the administration of medicine including the use of inhalers and spacer devices. Any training should also cover the possible side effects of medication and what to do if they occur. The type of training necessary will depend on the individual case.

Note: Normally children should not need to use a nebuliser in school. There is new evidence to indicate that for the vast majority of people with asthma, inhaled therapy is best delivered by inhalers or inhalers with spacers. Many children will be able to self administer inhalers. If a doctor or nurse does advise that a child needs to use a nebuliser in school, the staff involved will need training by a health professional.

Attention Deficit Hyperactivity Disorder

56. Attention Deficit and Hyperactivity Disorder (ADHD) occurs in 3-5% of children. It is characterised by inattention, over-activity and impulsiveness and is usually present from early childhood. It can have a very detrimental effect on the child's life and development. Education is often disrupted, family life is commonly stressful and peer relations may suffer. In the majority of cases, ADHD will persist into the secondary school age group. Many sufferers will be prescribed stimulant medication, commonly methylphenidate which is now sold under two brand names "Ritalin" and "Equasym". A single dose of methylphenidate is effective for about 4 hours. Commonly children will have a dose at about 8am, when they leave home for school and therefore need a second dose around 12 noon, which will usually need to be administered at school. Methylphenidate is a class A drug and it is important that accurate records are maintained as described in paragraph 65. Training for staff should cover the symptoms of the condition, treatment and management.

Cystic Fibrosis

57. Any training should cover a basic understanding of the disease, including its genetic origins, the maintenance treatment involved including the use of therapies, mobility and drugs for a range of reasons and the effect the disease has on the child's family and their education.

Diabetes

58. For diabetes, training should cover an understanding of the condition, the importance of diet and the symptoms of a hypoglycaemia (low blood sugar) episode. Staff should be aware of appropriate emergency treatment for low blood sugar. For some cases, identified through the individual health care plan, knowledge of how to measure blood sugar levels may be helpful.

Eczema

59. For eczema training should cover the origins of the condition and the possible triggers and an understanding of the treatments available.

Epilepsy

60. Nationally agreed training standards for the emergency treatment of seizures have been published by the Joint Epilepsy Council and it is expected that all training will conform to these standards.

Chapter 5

Administering Medication

Any person under the age of 16 can consent on his/her own behalf to any surgical, medical or dental procedure, or treatment if in the opinion of a health professional that he/she is capable of understanding the nature and possible consequences of the treatment. This means that parental consent will only be relevant if the medical practitioner feels that the child does not have sufficient understanding. However in situations where parental consent is not legally required good practice would seek to involve parents, with the child's consent, in any decisions about medical examinations or procedures.

Non - Prescription Medicine

61. Pupils sometimes ask for painkillers (analgesics) at school such as paracetamol. School staff should generally not give non-prescribed medication to pupils. They may not know whether the pupil has taken a previous dose, or whether the medication may react with other medication being taken. **A child under 12 should not be given aspirin, unless prescribed by a doctor.**
62. If a pupil suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate painkillers in the original container labelled with their child's name with written instructions about when their child should take the medication. A member of staff should supervise the pupil taking the medication and notify the parents, in writing, on the day painkillers are taken.

Administering Medication

63. 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.
64. 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.

65. It is good practice for staff to complete and sign record cards each time they give medication to a pupil. Form 4 can be used for this purpose. Wherever practical the dosage and administration should be witnessed by a second adult. In some school situations this will not be possible and parents should be made aware through the health care plan where this may arise.

Intimate Care

66. Intimate care encompasses areas of personal care, which most people usually carry out for themselves but some are unable to do so because of impairment or disability. Detailed guidance on intimate care is contained in the SOEID publication "Helping Hands". In addition each school will have a "named doctor/nurse" to whom they can refer for advice. The Headteacher should arrange appropriate training for school staff who are willing to administer intimate care. Where practical the school should try to arrange for two adults, one the same gender as the pupil, to be present for the administration of intimate or invasive treatment, this minimises the potential for accusations of abuse. Two adults often ease practical administration of treatment too. Staff should protect the dignity of the pupil as far as possible, even in emergencies.

Self Management

67. It is good practice to allow pupils who can be trusted to do so to manage their own medication from a relatively early age and schools should encourage this. If pupils can take their medicine themselves, staff may only need to supervise. An example would be inhalers for pupils with asthma. Some children with diabetes may require to inject insulin during the school day. Appropriate facilities should be provided to allow the pupil to do this in private. The school policy should say whether pupils could carry and administer their own medication, bearing in mind also the safety of other pupils. A suggested parental consent form is provided in Form 5.

Refusing Medication

68. 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 if the child is below the age of legal capacity. If necessary, the school should call the emergency services for an ambulance.

Record Keeping

69. Parents are responsible for supplying information about medicines that their child needs to take at school and for letting the school know of any changes to the prescription or the support needed. The parent or doctor should provide written details including:
- name of medication
 - dose
 - method of administration
 - time and frequency of administration
 - other treatment
 - any side effects.
70. It can be helpful to give parents a form similar to Form 6 to record the details of medication in a standard format. The child's GP may be willing to provide confirmation of the medication.
71. Form 7 provides a sample confirmation note which schools may wish to give to parents to let them know that a member of staff will assist with medication.
72. Schools should be encouraged to keep records of the administration of medicines to pupils and the staff involved. Records offer protection to staff and proof that they have followed agreed procedures. Some schools keep a logbook for this. Form 4 provides a model record sheet. The Schools General (Scotland) Regulations 1975 (S.I.1975/1135) require authorities to keep pupil's progress records including health records for 5 years after the pupils' final attendance at school. Authorities may wish however to consider the appropriateness of retaining records for a longer period in some cases.

Chapter 6

Other Circumstances Where a School May Need to Make Special Arrangements for Pupils With Health Care Needs

It is good practice for schools to encourage pupils with health care needs to participate in schools trips or sporting activities, wherever safety permits.

School Trips

73. Sometimes the school may need to take additional safety measures for outside visits. Consideration should be given to the appropriate lines of communication in an emergency. Arrangements for taking any necessary medication will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. Sometimes an additional supervisor or parent might accompany a particular pupil. If staff are concerned about whether they can provide for a pupil's safety, or the safety of other pupils on a trip, they should seek medical advice from the School Health Service or the child's GP. For further information on school trips see the Scottish Office Education Department Circular 10/94 'Guidance on Safety in Outdoor Activity Centres'.

Sporting Activities

74. Most pupils with health care needs can participate in extra-curricular sport or in the PE curriculum. However, some activities may need to be modified or precautionary measures may need to be taken, e.g. children with asthma may need to take their reliever inhaler before exercise. Teachers should be aware of pupils with specific health needs. Any restrictions to a pupil's ability to participate should be noted in the health care plan.

School Transport

75. E.A.s arrange home to school transport where legally required to do so. It is an E.A.'s responsibility to provide safe transport and appropriately trained staff. In doing so consideration needs to be given to specific health care needs and a means of communication such as the use of mobile phones if considered necessary

Chapter 7

Dealing with Medicines Safely

Primary Care Trusts' Chief Pharmacists should be able to assist in producing the policy on safe storage and handling of medicines in schools. Some medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer this type of medicine the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty is contained in the Control of Substances Hazardous to Health Regulations 1994 (COSHH).

Storing Medication

76. Schools should not store large volumes of medication. Parents should be asked to supply weekly or monthly supplies of the doses to be taken at school in their original container with the name of the pupil, the name of the drug, the dosage frequency and expiry date. This may require parents obtaining a separate prescription for the medication to be taken at school.
77. Where a pupil needs two or more prescribed medicines, each should be in a separate container. Only appropriate health professionals should ever transfer medicines from their original containers. The Headteacher is responsible for making sure that medicines are stored safely. Pupils should know where their own medication is stored and who holds the key. A few medicines, such as asthma inhalers, must be readily available to pupils and must not be locked away. Most schools allow pupils to carry their own inhalers. Other medicines should generally be kept in a secure place not accessible to pupils.
78. If the school locks away medication that a pupil might need in an emergency, all staff should know where to obtain keys to the medicine cabinet. Where a child is managing medication themselves they normally should not be expected to give up their medication for storage. In allowing children to retain medication an assessment needs to be made of the potential risk to others (see introduction above).
79. Some medicines need to be refrigerated. The temperature of refrigerators containing medication needs to be monitored regularly. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. If a school has to store large quantities of medicines then a lockable medical refrigerator should be considered. The school should restrict access to a refrigerator holding medicines.
80. Particular care needs to be taken where a school stores controlled drugs such as methylphenidate.

Access to Medication

81. Pupils must have access to their medicine when required. The school may want to make special access arrangements for emergency medication that it keeps. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed. This should be considered as part of the school's policy about pupils carrying their own medication.

Disposal of Medicines

82. School staff should not dispose of medicines. Date expired medicines or those no longer required for treatment should either:

- with the parent's consent be removed by a community pharmacist, or
- returned to the parent/carer for transfer to a community pharmacist for safe disposal.

Medicines which are in use and in date should be collected by the parent/carer at the end of each term.

Hygiene/Infection Control

83. All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Where advice on infection control is required school nurses usually have access to an infection control nurse. Staff should have access to protective disposable gloves and take care when dealing with spillage of blood or other body fluids and disposing of dressings or equipment. Further guidance is available in the Scottish Office Education Department guidance 'A Guide for the Education Services in Scotland: HIV and AIDS (1992).

Emergency Procedures

84. All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need. Guidance on calling an ambulance is provided on Form 8. Wherever possible a pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the pupil's parent arrives. The member of staff should have details of any health care needs and medication of the pupil.

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

Useful Contacts and Helplines

Voluntary Organisations

ACTION AGAINST ALLERGY FOR SCOTLAND

55 Manor Place
EDINBURGH
EH3 7EG
Tel: 0131 225 7503
Fax: 0131 225 8081

ACTION FOR SICK CHILDREN – NAWCH

15 Smiths Place
EDINBURGH
EH6 8NT
Tel: 0131 553 6553
Fax: 0131 553 6553
e-mail: afc2k@lineone.net

THE ADD/ADHD FAMILY SUPPORT GROUP UK

28 Victoria Street
DUNDEE
DD4 6EB
Tel: 01382 454908

ADVICE SERVICE CAPABILITY SCOTLAND (ASICS)

11 Ellersly Road
EDINBURGH
EH12 6HY
Tel: 0131 313 5510
Fax: 0131 346 1681
(advice on cerebral palsy)

AID FOR CHILDREN WITH TRACHEOSTOMIES

72 Oakridge
Thornhill
CARDIFF
CF14 9BU
Tel: 02920 755932

THE ANAPHYLAXIS CAMPAIGN

P.O. Box 275
FARNBOROUGH
Hampshire
GU14 6FX
Tel: 01252 542029
Website: www.anaphylaxis.org.uk

ARTHRITIS CARE

68 Woodvale Avenue
Bearsden
GLASGOW
G61 2NZ
Tel: 0141 942 2322
Fax: 0141 942 2322

DIABETES UK

Savoy House
140 Sauchiehall Street
GLASGOW
G2 3DH
Tel: 0141 332 2700
Fax: 0141 332 4880

CANCERLINK

P.O. Box 23038
EDINBURGH
EH7 6YD
Tel: 0131 669 7001
Fax: 0131 669 7001

CONTACT A FAMILY SCOTLAND

Norton Park
57 Albion Road
EDINBURGH
EH7 5QY
Tel: 0131 475 2608
Fax: 0131 475 2609

CYSTIC FIBROSIS TRUST

Princes House
5 Shandwick Place
EDINBURGH
EH2 4RG
Tel: 0131 221 1110
Fax: 0131 221 1110

ENABLE

Information Service
6th Floor
7 Buchanan Street
GLASGOW
G1 3HL
Tel: 0141 226 4541
Fax: 0141 204 4398

ENABLE FAMILY ADVICE SERVICE

Robslee Drive
THORNIEBANK
Glasgow
G42 7BA
Tel: 0141 620 0287
Fax: 0141 620 0307

ENLIGHTEN – ACTION FOR EPILEPSY

5 Coates Place
EDINBURGH
EH3 7AA
Tel: 0131 226 5458
Fax: 0131 220 2855

EPILEPSY ACTION SCOTLAND

National Headquarters
48 Govan Road
GLASGOW
G51 1JL
Tel: 0141 427 4911
Helpline: 0141 427 5225
Fax: 0141 419 1709

JOINT EPILEPSY COUNCIL

P.O. Box 27027
EDINBURGH
EH10 5YN
Tel: 0131 466 7155
Fax: 0131 466 7156
e-mail: jec@cableinet.co.uk

MENINGITIS RESEARCH FOUNDATION

Scotland Co-ordinator
133 Gilmore Place
Tollcross
EDINBURGH
EH3 9PP
Tel: 0131 228 3322
Fax: 0131 221 0300

ME ASSOCIATION – SCOTLAND (GB)

110 Amaxwell Avenue
Westerton
BEARSDEN
G61 1HU
Tel: Information Line: 0141 204 3822
Business: 0141 204 1673
Fax: 0141 943 1440

NATIONAL AIDS HELPLINE

Tel: 0800 56 71 23

NATIONAL ASTHMA CAMPAIGN SCOTLAND

2A North Charlotte Street
EDINBURGH
EH2 4HR
Tel: 0131 226 2544
Helpline: 08457 01 02 03
Fax: 0131 226 2401
Web site: www.asthma.org.uk

NATIONAL DEAF CHILDREN'S SOCIETY (SCOTLAND)

293 - 295 Central Chambers
93 Hope Street
GLASGOW
G2 6LD
Tel: 0141 248 2429 / 4457

NATIONAL ECZEMA SOCIETY

26 Bute Street
GOUROCK
Renfrewshire
PA19 1SY
Tel: 01475 639915

PARC EDINBURGH (PAEDIATRIC AIDS RESOURCE CENTRE)

Department of Child Life and Health
20 Sylvan Place
EDINBURGH
EH9 1UW
Tel: 0131 536 0806
Fax: 0131 536 0841

THE PSORIASIS ASSOCIATION

7 Milton Street
NORTHAMPTON
NN2 7JG
Tel: 01604 711129
Fax: 01604 792894
e-mail: mail@psoriasis.demon.co.uk

ROYAL NATIONAL INSTITUTE FOR THE BLIND

Dunedin House
25 Ravelston Terrace
EDINBURGH
EH4 3TP
Tel: 0131 311 8500
Fax: 0131 311 8529

ROYAL NATIONAL INSTITUTE FOR DEAF PEOPLE (RNID) SCOTLAND

Crowngate Business Centre
Brook Street
GLASGOW
G40 3EP
Tel: 0141 554 0053
Fax: 0141 554 5837

SARGENT CANCER CARE FOR CHILDREN (SCOTLAND)

5th Floor
Mercantile Chambers
53 Bothwell Street
GLASGOW
G2 6TS
Tel: 0141 572 5704

SCOTTISH SPINA BIFIDA ASSOCIATION (NATIONAL OFFICE)

190 Queensferry Road
EDINBURGH
EH4 2BW
Tel: 0131 332 0743
Fax: 0131 343 3651

SENSE SCOTLAND

5th Floor
Clydeway Centre
45 Finnieston Street
GLASGOW
G3 8JU
Tel: 0141 564 2444
Fax: 0141 564 2443
(organisation for deaf blind children)

SICKLE CELL SOCIETY

54 Station Road
LONDON
NW10 4UA
Tel: 0208 961 4006
Fax: 0208 961 8346

YOUNG ARTHRITIS CARE

Phoenix House
7 South Avenue
Clydebank
DUNBARTONSHIRE
G81 2LG
Tel: 0141-957 5433

Other Useful Addresses

Teacher Organisations

ASSOCIATION OF HEADTEACHERS IN SCOTLAND

Northern College of Education
Gardyne Road
DUNDEE
DD5 1NY
Tel: 01382 458802
Fax: 01382 455622

THE EDUCATIONAL INSTITUTE OF SCOTLAND

46 Moray Place
EDINBURGH
EH3 6BH
Tel: 0131 225 6244
Fax: 0131 220 3151

HEADTEACHERS ASSOCIATION OF SCOTLAND

University of Strathclyde
Jordanhill Campus
Southbrae Drive
GLASGOW
G13 1PP
Tel: 0141 950 3298
Fax: 0141 950 3434

NATIONAL ASSOCIATION OF SCHOOLMASTERS/UNION OF WOMEN TEACHERS

6 Waterloo Place
EDINBURGH
EH1 3BG
Tel: 0131 523 1110
Fax: 0131 523 1119

PROFESSIONAL ASSOCIATION OF TEACHERS

4/6 Oak Lane
EDINBURGH
EH12 6XH
Tel: 0131 317 8282
Fax: 0131 317 8111

SCOTTISH SECONDARY TEACHERS ASSOCIATION

15 Dundas Street
EDINBURGH
EH3 6QG
Tel: 0131 556 5919
Fax: 0131 556 1419

Other Addresses

CONVENTION OF SCOTTISH LOCAL AUTHORITIES

Roseberry House
9 Haymarket Terrace
EDINBURGH
EH12 5XZ
Tel: 0131 474 9200
Fax: 0131 474 9292

SCOTTISH PARENT TEACHER COUNCIL

63/65 Shandwick Place
EDINBURGH
EH2 4SD
Tel: 0131 228 5320
Fax: 0131 228 5320
e-mail: spts@sol.co.uk

SCOTTISH SCHOOL BOARDS ASSOCIATION

Newall Terrace
DUMFRIES
DG1 1LN
Tel: 01387 260428
Fax: 01387 260428

Form One

Medication in Schools for Pupils

Health Care Plan for a Pupil with Medical Needs Date / /

Name of Pupil

Date of Birth

Condition

.....

Class

Contact Information

Family contact 1

Name

Phone No: (home) (work)

Relationship

Family contact 2

Name

Phone No: (home) (work)

Relationship

GP

Name

Phone No

Clinic/Hospital Contact

Name

Phone No

Plan prepared by:

Name

Designation Date / /

Distribution

School Doctor School Nurse

Parent Other

MEDICATION IN SCHOOLS FOR PUPILS

Describe condition and give details of pupil's individual symptoms:

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

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 for this child
(state if different for off-site activities)

.....

.....

I agree that the medical information contained in this form may
be shared with individuals involved with the care and education of

.....

Signed..... Date / /

Parent or Guardian (or pupil if above age of legal capacity)

Form Two

Guidelines for Administration of Rectal Diazepam in Epilepsy and Febrile Convulsions for Non Medical Nursing Staff

Individual Care Plan to be Completed by or in Consultation with the Medical Practitioner *(Please use language appropriate to the lay person)*

Name of Child

Date of Birth / /

Seizure Classification and/or Description of Seizures which may Require Rectal Diazepam

(Record all details of seizures e.g. goes stiff, falls, convulses down both sides of body, convulsions last 3 minutes etc. Include information re-triggers, recovery time etc. If status epilepticus, note whether it is convulsive, partial or absence)

(i)

.....

.....

Usual Duration of Seizure

(ii)

.....

(iii)

.....

.....

Other Useful Information

.....

.....

Diazepam Treatment Plan

1. When should Rectal Diazepam be administered?

(Note here should include whether it is after a certain length of time or number of seizures)

.....

2. Initial Dosage: how much Rectal Diazepam is given initially?

(Note recommended number of milligrams for this person)

.....

3. What is the usual reaction(s) to Rectal Diazepam?

.....

4. If there are difficulties in the administration of Rectal Diazepam

e.g constipation/diarrhoea, what action should be taken?

.....

5. Can a second dose of Rectal Diazepam be given? Yes No

After how long can a second dose of Rectal Diazepam be given?
(State the time to have elapsed before readministration takes place)

.....
How much Rectal Diazepam is given as a second dose?
(State number of milligrams to be given and how many times this can be done
after how long)

.....
6. When should the person's usual doctor be consulted?

.....
7. When should 999 be dailed for Emergency Help?

If the full prescription dose of Rectal Diazepam
fails to control the seizure

Other (Please give details)

.....
8. Who Should Witness the Administration of Rectal Diazepam?
(e.g. another member of staff of the same sex)

.....
9. Who/where needs to be informed?

(a) Prescribing Doctor

..... Tel

(b) Parent/Guardian

..... Tel

(c) Other

..... Tel

10. Is Insurance cover in place? Yes No

.....
11. PRECAUTIONS: Under what circumstance should Rectal Diazepam
NOT BE USED?

e.g. Oral diazepam already administered within the last minutes.

.....
.....

All Occasions when Rectal Diazepam is administered must be recorded (*See overleaf*)

This Plan has been agreed by the following:

Prescribing Doctor (*Block Capitals*)

.....
Signature Date / /

Authorised Person(s) trained to administer Rectal Diazepam

Name (*Block Capitals*)

.....
Signature Date / /

Name (*Block Capitals*)

.....
Signature Date / /

Name (*Block Capitals*)

.....
Signature Date / /

Name (*Block Capitals*)

.....
Signature Date / /

Client/Parent/Guardian (*Block Capitals*)

.....
Signature Date / /

Employer of the person(s) authorised to administer Rectal Diazepam (*Block Capitals*)

.....
Signature Date / /

Head of School/Unit (*Block Capitals*)

.....
Signature Date / /

This Form should be available for Review at every Medical Review of the Patient.

Copies to be Held by..... Expiry Date of This Form / /

.....

Copy Holders to be notified of any changes by

Record of use of Rectal Diazepam

| | | | | |
|----------------------------------|--|--|--|--|
| Date | | | | |
| Recorded by | | | | |
| Type of Seizure | | | | |
| Length and/or Number of Seizures | | | | |
| Initial Dosage | | | | |
| Outcome | | | | |
| Second Dosage (if any) | | | | |
| Outcome | | | | |
| Observations | | | | |
| Parent/Guardian Informed | | | | |
| Prescribing Doctor Informed | | | | |
| Other information | | | | |
| Witness | | | | |
| Re-order of Rectal Diazepam | | | | |
| Name of Person Re-ordering | | | | |
| Date | | | | |

Form Three

Example of form for recording medical training for staff

Name

Type of training received

.....

.....

Name(s) of medication involved

.....

.....

Date training completed

Training provided by

I confirm that has received the training detailed above and is competent to administer the medication described.

Trainer's signature..... **Date** / /

I confirm that I have received the training detailed above

Trainee's signature..... **Date** / /

Suggested Retraining Date / /

Form Five

Example form for parents to complete if they wish their child to carry his/her own medication

This form must be completed by parents/guardians

Pupil's Name

Class

Address

.....

.....

Condition or illness

.....

.....

Name of Medicine

.....

Procedures to be taken in an emergency

.....

.....

CONTACT INFORMATION

Name

Daytime telephone No

Relationship to child

I would like my son/daughter to keep his/her medication on him/her for use as necessary

Signed..... Date / /

Relationship to child

Form Six

Example 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 the Headteacher has agreed that school staff can administer the medicine

Details of Pupil

Surname Forename(s)

Signature of Pupil.....

Address

Date of Birth M F

Class:

Condition or illness

Medication

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

.....
.....

For how long will your child take this medication?

..... Date dispensed / /

Full Directions for use:.....

.....
.....

Dosage and method

.....
Timing.....

Special precautions.....

.....
Side effects

.....
.....

Self-Administration

Procedures to take in an Emergency

** Parents must ensure that in date properly labelled medication is supplied.*

Contact Details

Name

Daytime telephone No

Relationship to Pupil

Address

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.

Signature(s) Date / /

Relationship to Pupil

Form Seven

Example form for schools to complete and send to parent if they agree to administer medicine to a named child

I agree that *(name of child)*.....
will receive *(quantity and name of medicine)*.....
.....
every day at *(time medicine to be administered e.g. lunchtime or afternoon break)*.
.....

This child will be given/supervised whilst he/she takes their medication by
(name of staff).....

This arrangement will continue until (either end date of course of medicine or
until instructed by parents).....
.....
.....

Signed..... Date / /
(The Headteacher/named member of staff)

Form Eight

Emergency Planning

Request for an ambulance to:

.....
.....

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number
2. Give your location as follows: *(insert school address and post code)*

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

3. State that the A-Z reference is

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

4. Give exact location within the school *(insert brief description)*

.....
.....

5. Give your name

6. Give brief description of pupil's symptoms

.....
.....

7. Inform ambulance control of the best entrance and state that the crew will be met and taken to the pupil

Speak clearly and slowly

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