



**Clackmannanshire
Council**

www.clacks.gov.uk

Comhairle Siorrachd
Chlach Mhanann



**CLACKMANNANSHIRE POLICY FOR THE ADMINISTRATION
OF PRESCRIBED
MEDICINES AND MEETING THE HEALTH CARE NEEDS OF
CHILDREN AND YOUNG PEOPLE**

Lornshill Academy



**POLICY UPDATED August 2024
To be reviewed August 2025**

CONTENTS

1. Rationale and Aim
2. Parents / carers and guardians - roles and responsibilities
3. The Education Authority - roles and responsibilities
4. Schools - roles and responsibilities
5. The School Health Service - roles and responsibilities
6. Administration of Medicines
7. Excursions
8. School Vaccination Programmes
9. Confidentiality
10. Religious views
11. Intimate care
12. Medically prescribed diets
13. Health protection in children and young people settings, including education - March 2024
14. Appendices:
 - Appendix One
 - Parent /Carer Request for the Administration of Prescribed Medication
 - Emergency Protocol Template
 - Appendix Two
 - Care Plan
 - Appendix Three
 - Sample Record Card
 - Appendix Four
 - Communicable diseases and infection prevention and control
 - Appendix Five
 - Protocol for emergency action
 - Asthma , Epilepsy , Diabetes ,ADHD , Anaphylactic shock and Allergies
 - Appendix Six
 - Medically prescribed diets
 - Appendix 7
 - Training Template
 - Appendix 8
 - School Checklist

1. Rationale

Many children and young people will need to take medication or receive treatment at school*at some time in their school life. For most, this will be for a short period to allow them to finish a course of antibiotics or apply a lotion. In some cases there may be a long term need.

Allowing children and young people to take medication or receive treatment at school minimises the disruption which could be caused by illness and allows their education to proceed at a steady rate alongside their peers. There may also be times when children and young people need to be sent home as they are too ill to remain in school. It is important to ensure that this is carried out safely and with the least disruption to all concerned.

The policy supports the Scottish Government; 'Supporting children and young people with healthcare needs in schools: guidance' document for NHS Boards, education authorities and schools.

<https://www.gov.scot/publications/supporting-children-young-people-healthcare-needs-schools>

Early Learning and Childcare Settings

For children in early learning and childcare settings, a separate policy exists;

'Management of Medication in day-care of Children and Childminding Services' (2014) Care Inspectorate which signposts to good practice and the principles of medicines management within nurseries, crèches, childminders, afterschool clubs and playgroups.

<https://hub.careinspectorate.com/media/1549/management-of-medication-in-daycare-of-children-and-childminding.pdf>

Aim

To work in partnership with parents / carers, pupils and fellow professionals to ensure that:

- Children and young people who require medication or treatment during school time are able to receive it in a safe and secure environment which allows them to continue to make progress at school and further their education
- There is an effective process and good communication to ensure the children who are too unwell to remain in school leave safely and with the least amount of disruption
- Children and young people with chronic illnesses have their needs appropriately met within the school environment

All employees across Clackmannanshire schools who follow this policy and that of the school, and administer medicines / treatments or act in an emergency **are fully covered by the Council's public liability, should a parent/carer or child complain.**

2. Roles and Responsibilities

Parents / Carers

Schools and parents/carers should work together to ensure that all relevant information with regard to a medical condition that may affect children and young people at school is passed on to all concerned. Information will only be requested from parents/carers when it is necessary to ensure the health and safety of the individual pupil and / or their peers at schools. The confidentiality of a child's medical records will always be respected.

- Parents/carers should provide the Headteacher with adequate information about their child's medical condition, treatment, or any special care needed **at school**. They should, in partnership with the Headteacher, reach a signed agreement on the school's role in helping to address their child's medical needs. **(See Appendix 1, Parent/Carer Request for the Administration of Prescribed Medicines and Emergency Protocol)**
This should be recorded on the Integrated Assessment Framework paperwork/Child's Plan and in the child or young persons Pupil Personal Record (PPR)
- In some instances the school may seek additional specialist advice from relevant health care professionals
- The cultural and religious views of families should always be respected
- Parents/carers will be asked for the following information about medication:
 - name of medicine
 - dose
 - method of administration
 - time and frequency of administration
 - other treatment which may involve school staff or affect the child's presentation during the school day
 - side effects which may have a bearing on the child's wellbeing, behaviour or performance at school
- Parents/carers should advise the school of any changes in the medication administered to their child at the earliest opportunity
- It is the responsibility of the parents / carers to deliver the medication to school and dispose of any unused or out of date medicines
- All parents/carers will be informed of school policy and procedures for addressing the medical needs of children and young people. This information will be included in the school handbook and shared via usual communication networks
- Parents/carers must provide their own emergency contact details and those of another nominated person into whose care the child or young person can be given if he/she becomes too ill to attend school

UNDER NO CIRCUMSTANCES will an oral instruction from a parent / carer or child concerned be accepted.

Information concerning medication and pupil health needs must be available to pupil transport, personal assistants, escorts and transport providers who should follow protocols agreed with the school.

3. The Education Authority- Clackmannanshire

- The Education Authority is responsible for delivering appropriate training to enable staff to support children and young people with medical needs which involve the administration of medication / treatment. This will be arranged in partnership with the school and NHS Forth Valley. The content of training will include all health and safety measures required as a result of a health and safety risk assessment
- Where medication is required which involves a possible hazard to the administering member of staff or to other children and young people, schools should request a **separate risk assessment** e.g. use of a hypodermic syringe, administering rectal diazepam in the case of a severe epileptic seizure
- The Education Authority will offer advice, guidance and training to transport personal assistants, escorts and transport providers in collaboration with NHS Forth Valley to ensure the safety of children and young people in emergency medical situations
- The Education Authority will regularly update its own policy and the guidance contained within it in line with local and national developments and the relevant legislation

4. Schools

Schools work in partnership with parents / carers and pupils to meet the needs of children and young people who require medication / treatment during the school day. The following guidance aims to ensure a smooth-running partnership which minimises the impact of medical requirements on the day-to-day school life of children and young people. Parents/carers are encouraged to contact the Head Teacher if they feel that procedures require adjustment or alteration to suit their specific case.

Staff that provide support for children and young people with medical needs which may include the administration of medication will be given support by the Head Teacher, access to necessary information, and receive appropriate training.

There is no legal duty that requires school staff to administer medication / provide treatment, this is a voluntary role unless part of staff duties as detailed in individual contracts.

- Within the principles and practice of GIRFEC, all professionals, schools and parents/carers must work together as fully as possible with children and young people to support and improve their outcomes. It is important that children and young people who need prescribed medication or treatment at school are consulted with and involved as closely as possible in the arrangements made for them. When making arrangements for medical care at school the following should be considered:
 - independent management of needs (with individualised care plan if appropriate)

- supervised administration of medication
- staff administration of medication
- recordkeeping
- The Head Teacher and staff are responsible for implementing Authority policy and for developing any further necessary procedures. Staff will assist children and young people with their medical needs after consultation with the Head Teacher. Agreements for administering medication / treatment are the responsibility of the Head Teacher after adequate consultation with parents/carers and children and young people.
- **No staff member should enter into individual agreements with a parent/carer or child or young person**
- The school should liaise with the Authority to ensure that training is delivered according to guidelines, where appropriate.
Training must be delivered by a registered medical professional.
 Head Teachers are responsible for keeping and up-to date list/database of any training delivered.

It is the Head teacher's responsibility to ensure the understanding and competency of their staff in the identified training procedure. A training record sheet is available in **Appendix 7**. It is advisable to keep a copy of this record with the child's Care Plans to ensure that only trained staff administer medications. Training must be signed off by the registered medical professional and staff member to demonstrate that it has taken place.

Concerns about staff competency or training should be reported to the Head Teacher and, if necessary, passed on to the appropriate line manager.

Head Teachers must provide written confirmation from those staff who are administering the Care Plan that they have read and fully understand the content.

Appendix 2

- Information about an individual child or young person's medical condition and related needs will only be disseminated to those staff that requires to know in order to ensure their wellbeing. Other than in emergency situations, information can only be passed on with the consent of parents/carers and in the best interest of the child or young person. This should be by means of a Care or Medication Plan or GIRFEC Form 4 which is shared with staff who are working directly with the child or young person.**(See Appendix 2 for an example of a Care Plan)**
- NHS Forth Valley Care Plans must be provided for all children and young people with complex and / or chronic medical conditions. **Only GPs, health care professionals and supervising consultants can sign - off a Care Plan.**
- Where a school feels it has difficulty meeting a child and young person's specific medical / treatment needs, the Head Teacher will seek advice from the Education Service and the relevant health care professionals

- A record card and emergency protocol should be completed for each pupil receiving medication, **(See Appendix 3, Sample Record Card and Appendix 2, Emergency Protocol)** The card should include the following information:
 - the medicine required by the children and young person
 - details of dosage and times for administration
 - the types of medicines
 - the expiry date of the medication
 - appropriate risk assessment undertaken (see handbook)
 - the staff involved in administration or supervision of medication
 - children and young person details
 - flow chart of medication protocol
 - medical contact

A copy of this card should be available in the storage area where the medication is kept and another copy in the child/young person's PPR

Copies of Appendix 3, Sample **Record Card** must be retained for records and kept in the PPR to align with the Authority Liability Insurance. These will be kept for **a minimum of 10 years** from the date of treatment /diagnosis.

Only measured medication should be administered unless tablets are *scored for dividing*
E.g. Medication should not be halved

- Where a request is made by parents/carers for children and young people to carry their own medication i.e. for asthma or diabetes, schools must agree procedures in advance and a record of this medication plan kept in pupil records e.g. PPR and on SEEMIS

Advice on the storage of medicines should be sought from a health care professional when required. Some specific medications may need to be kept in a lockable store and a log kept of usage. Advice around this will be available from the Care Plan

- Medicines may be potentially harmful to anyone for whom they are not prescribed. Schools have a duty to ensure that risks to the health of others are properly controlled. Schools should update and maintain appropriate risk assessments in line with the administration of medicines
- When the school stores medicines, a secure location must be provided
- Medicines, such as asthma inhalers, must be carried by pupils and/or readily available to pupils and not locked away
- Normally children and young people will carry their own inhalers with them. However, a spare inhaler should be kept in case of emergency in a secure location clearly labelled with the child or young person's name and must not be used for any other pupil

Supporting Children and Young People with Healthcare Needs in Schools: Guidance for Education Authorities, NHS Boards and Schools in Scotland on the Use of Emergency Salbutamol Inhalers

This provides guidance on the use of emergency salbutamol inhalers. This guidance is not statutory, and provides schools across the UK with

discretionary powers to buy and hold salbutamol inhalers, without a prescription, for use in emergencies. The 2014 regulations only apply to salbutamol inhalers. The school should not store large volumes of medication. The Head Teacher should ask the parent/carer or child and young person to bring in the required dose to complete the course of treatment. Where this is not possible, clear alternative arrangements should be agreed and recorded

Annex A: Guidance for Education Authorities, NHS Boards and Schools in Scotland on the Use of Emergency Salbutamol Inhalers

- Parents/carers will be notified of out of date medicines and asked to collect them. If this has not been undertaken within a two week period, the medication will be transferred to a community pharmacist for disposal
- All medication remaining at end of the academic year will be transferred to a community pharmacist for safe disposal if not collected by a parent/carer
- Medicine must only be brought to school in a suitable container. The container should be clearly labelled with the following information:
 - name of the children and young person
 - name of the drug
 - dosage
 - frequency of administration
 - date of dispensing
 - expiry date of medication
 - storage requirements,(if appropriate)
 - a copy of the emergency protocol
- **All information regarding medication should be reviewed at the end of each school session and should be confirmed in writing at the commencement of a new session**
- It is the responsibility of the Head Teacher to ensure that visiting staff / specialists are aware of any medical conditions of those children with whom they are working
- Where children and young people need two or more prescribed medicines, each should be kept separately in a container with the child and young persons name on it
- Medicines should always be kept in their original containers where possible and **not** stored in First Aid boxes
- When a medicine requires refrigeration, it can be kept in a refrigerator containing food, in an air-tight container. To avoid confusion, medicines should be kept on a clearly labelled shelf which is used only for the storage of medication. The container should be clearly labelled as described in above. The refrigerator should be situated in an area of the school which is not accessible to children and young people. Members of staff who use the refrigerator must be made aware of the importance of keeping the medicine safe and secure. It is not necessary to have a separate fridge for medicines
- When a child or young person is too ill to remain in school a member of staff who is aware of the situation should contact the parents/carers and then all emergency contacts. If no one is available to collect the child or young person

they must remain in school until contact is made. Their condition must be continually monitored. If contact can not be made, schools should get in touch with Education Services for advice and support

Emergency Protocols and Hospital Admissions

All staff should be familiar with the normal procedures for avoiding infection and will follow the basic hygiene procedures (see **Appendix 4**, Management of Infection Prevention and Control)

- In an emergency, children and young people should have prompt access to their medicine through a recognised procedure. It is the duty of the Head Teacher to ensure that all staff are familiar with emergency procedures
- All staff should know who is responsible for carrying out emergency procedures in the event of particular need and who the school first-aider is
- A child or young person who is taken to hospital by ambulance should be accompanied by a member of staff who will remain until their parent/carer arrives at the hospital. If a child or young person is taken to hospital, it is essential that the school makes every effort to inform the parent/carer immediately, failing which the emergency contact person will be informed
- In an emergency it may be necessary for a member of staff to take a child or young person to hospital in his / her own car. The member of staff should be accompanied by another adult. If the member of staff does not have public liability vehicle insurance they will be adequately covered by the Authority's insurance policy in the event of such emergency action
- When a child or young person is taken to hospital by a member of staff they should also take with them all medication the child or young person is currently taking together with the record card showing what medication has been taken, when it was taken and the dosage
- If a school is expected to support a child or young person with a medical condition, medical information will be shared with those working with them
- The parents/carers and appropriate health professionals will be asked to provide support and information. All staff members will be informed of the possibility of an emergency arising and the action to take if one occurs
- Where this responsibility falls on one member of staff, back-up cover must be arranged when the member of staff responsible is absent or unavailable. At different times of the day, other staff may be responsible for pupils (e.g. playground assistants), and they should also be provided with training and advice where appropriate
- If in doubt about any of the procedures, the member of staff must check with the Head Teacher who may in turn contact the parents/carers or a health care professional before deciding on a course of action

5. The School Health Service

- The School Health Service is able to provide information on health issues to children and young people, parents, teachers and education officials
- **The prescribing clinician and health care professional has overall responsibility for the health-care plan**

6. Administration of Medicines

- When refusal to take medication affects a child or young person's ability to **manage within the classroom setting**, parent/carers will be informed immediately and asked to collect their child
- **If a child or young person refuses to take medication, the school will record this and inform the child or young person's parents / carers immediately.** If the medication is essential to their continued wellbeing, the school will inform the parents/carers and call emergency services

STAFF MUST NOT COMPEL A PUPIL TO TAKE MEDICATION

Medication should be taken to school only when it is needed. Often medication can be prescribed in dose-frequencies which enable it to be taken outside school hours. Parents/carers should be encouraged to arrange this.

Non-Prescribed Medicines

Children and young people sometimes ask for pain killers (analgesics) at schools, including aspirin and paracetamol.

School staff must not give non-prescribed medication to pupils.

It may not be known whether the child or young person has had a previous dose, whether the child or young person is allergic to the drug, or whether the medication may react with another medication being taken.

However, the age at which children and young people are ready to take care of and be responsible for their own non-prescribed medication varies.

Schools do not need to allow the administration of non-prescribed medication and can ask for parent/carers to administer non-prescribed medication during the school day.

If, however, a school does decide to allow the administration of non-prescribed medicines such as pain relievers, antihistamines, sun - creams* and lotions, school staff should, take reasonable steps and in conjunction with the young person, ensure that only enough non-prescribed medication for that day is brought in to school. Full packets should not be allowed for both the young person's safety and others.

If there are any concerns around a young person's ability to appropriately self-administer the non-prescribed medication this must be evaluated by relevant health care professionals and school staff at regular intervals to ensure safety and correctness of administration.

All parents and carers must be informed of this policy via school handbooks, induction information and their usual communication channels following advice from relevant health care professionals.

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. Non-prescribed medication will be handed to the class teacher for the PE period for safe keeping.

A communication to parents/carers and young people over the age of 12 should indicate the following:

*At **INSERT NAME OF SCHOOL** pupils are able to bring in non-prescribed medication for occasional use in relation to headaches, hay fever, period pain, etc. However, we would remind parents/carers that they should ensure that only enough medication for that day is brought into school and not allow their child to bring in full packets of medication for their own and others safety. If there are any concerns please speak to **INSERT NAME***

Further information

[Cancer Research UK Leaflets](#)

Prescribed Medicines

- Any member of staff giving medicines to a child and young person should observe the following procedure in co-operation with a colleague:
 - confirm the child or young person's name agrees with that on the medication
 - check the written instructions provided by the parents/carers or doctor
 - confirm the prescribed dose
 - check the expiry date
 - complete and sign the record card
- **Staff must complete and sign the child or young person's card each time they give medication them. The administering staff member should always have the dosage and administration of medication witnessed by a second adult as indicated above**

7. Excursions Policy

TEACHERS SHOULD ENSURE THAT ALL PRESCRIBED MEDICATION IS CARRIED FOR ALL THOSE CHILDREN WHO MAY NEED IT DURING EXCURSIONS

(See Authority Risk Assessment Procedures)

These procedures should be followed on all out-of-school trips and activities. Overnight stays may require additional record-keeping, assessments and arrangements - see Authority Excursions Policy and Risk Assessment Procedures.

Procedures for transporting pupils on contracted vehicles (excluding escorted transport)

The Contractor follows Government Health and Safety Regulations and takes reasonable steps and instructs drivers and employees to ensure the safety, security, dignity and comfort of pupils being carried in a vehicle. All vehicles used on Contract carry first aid equipment which is compliant with the Statutory Regulations.

In a medical emergency, the driver must follow any medical procedure, which has been instructed for a pupil and the Authority procedures followed

8. School Vaccination Programmes

From time to time Forth Valley Health Board may use a school as a venue to carry out mass vaccination programmes.

Parents/carers should be aware that the school has no locus in the vaccination procedures and the school serves merely as a venue for the Health Board. Similarly, any parental consent forms linked to this, (although returned to the school) are passed on unopened to the Health Board since they contain confidential information which a school should not be party to.

9. Confidentiality

Parents/carers should be aware of legislation surrounding the age at which children and young people may be deemed capable of giving their own consent to treatment.

This legislation is the [Age of Legal Capacity \(Scotland\) Act 1991](#)

People aged 16 or over are entitled to consent to their own treatment. This can only be overruled in exceptional circumstances. Like adults, young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment, unless there's significant evidence to suggest otherwise. Children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment.

Further advice may be obtained from the Scottish Child Law Society

www.sclc.org.uk

[Scottish Child Law Society](#)

10. Parents / Pupils with Certain Religious Views

Problems may arise when emergency treatment is required for a child or young person whose family hold strict religious views which preclude certain drugs or blood transfusion. Where parents/carers approach a Head Teacher seeking the admission of their child to the school and inform the Head Teacher that they hold particular convictions on medical treatment, it is suggested that they should be told (and this should be confirmed in writing) that whilst their convictions are respected the Head Teacher is not prepared to accept any restrictions on his / her authority as the person acting in loco parentis to the pupils. That authority includes the right to consent to medical treatment in an emergency if the parents are not available and in such cases the Head Teacher will be guided only by medical consideration. Any decision about treatment in an emergency or in the absence of a parent or carer will be made by the GP.

11. Intimate Care

Intimate care is a term used to describe activities involved in meeting the personal care needs of a child or young person. It includes providing care such as: changing nappies, underwear, continence pads or sanitary wear. Intimate care encompasses areas of personal care, which most people usually carry out for themselves but which some are unable to do because of impairment or disability.

Schools should develop their own procedures for intimate care reflecting the facilities available and the needs of individual children and young people.

Parents and carers are expected to provide supplies for children and young people who require regular intimate care. Schools should, however, have an emergency supply to deal with any unexpected incidents.

Each school will also have a member of the school nursing team whom they can refer to for advice. The Authority should arrange appropriate training for school staff who administer intimate care. Staff should protect the dignity of any child or young person as far as possible, even in emergencies.

All staff must be familiar with normal precautions for avoiding infections and must follow basic hygiene procedures. Staff must have access to protective, disposable gloves and take care when dealing with spillage of blood or other bodily fluids and disposing of dressings or equipment including sanitary towels.

12. Medically Prescribed Diets/Allergy/Intolerance Diets

All schools should ensure that they have mechanisms in place to be proactive in identifying those pupils who require special diets. These should include:

- information in the school handbook on the provision of medically prescribed diets
- annual form updating

After consultation with the parent/carer and Authority Catering Services, the parent/carer must complete a referral form (Appendix 6) which includes information concerning GP/Dietician involvement and relevant Care Plan details. A copy of this form is available on Clacksweb.

<https://www.clacks.gov.uk/council/forms/foodinschools/allergyintolerancedietsformeditcalreasons>

13. Health protection in children and young people settings, including education (March 2024)

This document provides guidance on infections: transmission and those at higher risk, preventing and controlling infections, supporting immunisation programmes, managing specific infectious diseases: A to Z, responding to incidents and outbreaks and additional health protection considerations.

This guidance should be used by all staff in all children and young people settings, including education. This includes staff working within schools, nurseries, day-care centres, playgroups, crèches, children's centres, childminders, after-school clubs and holiday clubs. This guidance should also be used by these staff involved in all outdoor activities for children.

[Health protection in children and young people settings, including education](#)

Responding to incidents and outbreaks – when to contact your health protection team (HPT).

Staff in children and young people settings in Scotland should contact their HPT in the following situations.

Unusual levels of absence

An unusual level of absence or rapidly increasing number of absences, for any reason.

What is unusual should be determined by the staff in the setting based on what is a normal level of absence.

A cluster of the same infection

Reports of two or more cases of the same infection. This is known as a cluster.

For example, two parents from different families reporting their children have been told they have whooping cough.

It is particularly important to contact the HPT if you identify **two or more infections circulating at the same time in the same group of people**, for example, chicken pox and scarlet fever in the same primary class.

A single case of more severe disease

A single case of more severe disease (for example, needing a visit or overnight stay in hospital) due to an infection in someone who works or normally attends your setting.

Heads of Establishment should also inform the local authority.

APPENDIX 1

PARENT / CARER REQUEST FOR ADMINISTRATION OF PRESCRIBED MEDICATION

Insert School Logo Here

Date _____

Dear (Parent/Carer)

Administration of Medicines and Meeting Children's Health Care Needs in School

You have requested that your child (NAME) be given prescribed (MEDICINE) at this establishment. I would be grateful if you could sign the form below and return it to me to allow us to do this.

Yours Sincerely
Head Teacher

Administration of Medicines and Meeting Children's Health Care Needs

Establishment / Parent/Carer Agreement

I request that my child _____ Class _____ be given the medicine(s) detailed below by the establishment as required.
Academic Year

- **Medicine:** _____
- **Dose:** _____
- **Method of administration:** _____
- **Possible side effects:** _____
- **Frequency:** _____
- **Times to be taken:** _____
- **Name of doctor/prescriber** _____

Signed _____ (Parent/Carer) Date _____

Agreed _____ (Head Teacher) Date _____

**PARENT / CARER REQUEST FOR
ADMINISTRATION OF PRESCRIBED MEDICATION**

APPENDIX 1 Template for protocol for emergency action

```

graph TD
    A[Child or young person name/photograph] --> B[Condition requiring emergency medication e.g. seizure allergic reaction]
    B --> C[Medication details]
    C --> D[Next action  
E.g. if seizure continues  
ambulance to be called]
    C --> E[Next action  
e.g. if seizure stops allow child  
to rest/sleep. Adult to remain  
with pupil until fully recovered]
    D --> F[Management responsibility to ensure parent/carers informed  
EMERGENCY CONTACT NUMBERS:  
  
HOME:  
  
MOBILE:]
    E --> F
  
```

Child or young person name/photograph

Condition requiring emergency medication e.g. seizure allergic reaction

Medication details

Next action
E.g. if seizure continues
ambulance to be called

Next action
e.g. if seizure stops allow child
to rest/sleep. Adult to remain
with pupil until fully recovered

Management responsibility to ensure parent/carers informed
EMERGENCY CONTACT NUMBERS:

HOME:

MOBILE:

**PARENT / CARER REQUEST FOR
ADMINISTRATION OF PRESCRIBED MEDICATION**

APPENDIX 2

CARE PLAN

Health Care Plan for a Pupil with Medical Needs

Establishment: _____ Date: _____
Name of Child: _____
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: _____ Tel No: _____

Clinical / Hospital Contact

Name: _____ Tel No: _____

Plan prepared by:

Name: _____
Designation: _____ Date: _____
Distribution: _____
School Doctor: _____ School Nurse: _____
Parent: _____ Other: _____

Describe condition and give details of individual symptoms.

Medication: Effect and any side effects details of dose, method and time of administration (see appendix 1) must be completed before medicine can be administered.

Arrangements for administration during offsite activities.

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

Child: _____

Head of Establishment: _____ Date: _____

Parent(s) / carer or pupil (if above age of legal capacity):

_____ Date: _____

Signature of Staff member supporting Care Plan

_____ Date: _____

APPENDIX 3

Sample Record Card

Name		DOB		Tel No		GP		GPs Tel No	
				Home: Emergency					
Medicine		Details		Dose		Additional Instructions		Staff Member(s) Responsible	
						ROUTE CODES			
						O	orally	NG	nasogastric
						G	gastrostomy	INH	inhaled
						TOP	topically	B	Buccal
								1. 2.	
Reason for giving medication	Date/ Time	Exp	Signatures		Reason for giving medication	Date/ Time	Exp	Signatures	

Attached flow chart of emergency protocol ☐
 Exp -date of expiration on medication

APPENDIX 4

Management of infection prevention and control

Infection control safety is a legal requirement under the Health and Safety at Work Act 1974

<http://www.hse.gov.uk/guidance/index.htm>

Infection control involves carrying out risk assessments and putting measures in place to control any identified risks. For example

- potential risk from contaminated equipment
- the environment
- blood and bodily fluid spills
- waste
- children and young people who may have an infectious disease

Vulnerable children and young people including those with leukaemia or other cancers, those on high doses of steroids and those with compromised immune systems should be identified and any specific health care issues recorded.

APPENDIX 5

SUGGESTED PROTOCOLS FOR EMERGENCY ACTION FOR:

Asthma Medication

These guidelines are advisory and are minimum requirements. Children with asthma may require a health care plan.

What to do if a child suffers asthma attack

Because asthma varies from child to child the following general points may be helpful:

- a. ensure that the reliever medication is taken promptly and properly. This may involve moving the child to a quiet area
- b. stay calm and reassure the child and encourage the child to breathe slowly and deeply, sitting upright and ,if necessary, leaning forward to ensure maximum airflow to and from the lungs
- c. call a doctor or an ambulance if:
 - you have doubts about the child's condition
 - the reliever has no effect after five (5) minutes
 - the child is either distressed, unable to talk or is fighting for breath
 - the child is getting exhausted
- d. while waiting for help administer the reliever 16 times in 10 minutes
- e. after the attack encourage the child to continue with normal school activities

It is important to know the triggers for an asthma attack so that steps can be taken to reduce or eliminate the child's exposure to such triggers. Further information may be obtained from <https://www.asthmaandlung.org.uk/>

The parent / carer will give the school information on their child's asthma that should be incorporated and attached into their health care plan.

Please ensure that the type of inhaler, dose/number of puffs and when to be given are recorded.

Asthma Treatments

There are two types of treatments both of which come in an inhaler:

Relievers: these medicines quickly open up the narrowed airways and help the child's breathing difficulties.

Preventers: these medicines are taken every day to make the airways less sensitive to the triggers.

Reliever inhalers are crucial for the successful management for asthma. Delay in taking reliever treatment, even for a few minutes, can lead to a severe attack. A few children with severe asthma may use a nebuliser to delivery both reliever and preventer medication.

These procedures refer to both reliever and prevention inhalers.

Children with asthma who have been prescribed preventer medication which must be taken twice a day should not normally need to take their medication at school as it can be given by the parent / carer before and after school. However, there are exceptions where the medication is taken as required. This information should be incorporated into the child's health care plan (Appendix 2).

Children should be encouraged to administer their own asthma medication. However young children may require assistance.

Children should keep their reliever with them at all times, in their pocket or in an inhaler pouch.

It is important to ensure that children do not have to climb stairs or walk long distances to obtain their inhaler when they are breathless. Inhalers should be taken on all outdoor activities.

All inhalers must be marked with the child's name and kept in an agreed place which is always accessible.

Parents must provide adequate medication for children.

Some children with asthma learn from their own experience of attacks. They usually know just what to do and will carry out the correct emergency procedure. Protocols for dealing with an individual child's attack will be part of their health care plan.

Guidance for Education Authorities, NHS Boards and Schools in Scotland on the Use of emergency salbutamol inhalers

This provides guidance on the use of emergency salbutamol inhalers. This guidance is not statutory, and provides schools across the UK with discretionary powers to buy and hold salbutamol inhalers, without a prescription, for use in emergencies. The 2014 regulations only apply to salbutamol inhalers. The school should not store large volumes of medication. The Head Teacher should ask the parent/carer or child and young person to bring in the required dose to complete the course of treatment. Where this is not possible, clear alternative arrangements should be agreed and recorded

[Annex A: Guidance for Education Authorities, NHS Boards and Schools in Scotland on the Use of Emergency Salbutamol Inhalers](#)

Epilepsy

All children with epilepsy will require a care plan which will detail action/emergency protocol to be taken in the event of a seizure (Appendix 1).

Children and young people with severe epilepsy require emergency medication such as buccal midazolam. This would be detailed in their care plan.

Buccal midazolam is a controlled drug and must be securely stored, monitored for expiry dates and its use recorded.

It is essential that staff who have responsibility for the administration of buccal midazolam receive up-to date training and refresher courses

A parent/carer should alert the Head Teacher via the Care Plan to any possible triggers of a seizure and any usual patterns.

Children with severe epilepsy require emergency medication which must be detailed in their care plan and a protocol should be completed and displayed.

Diabetes

Children and young people with diabetes are treated by insulin pumps and injections and a balanced diet and will require a health care plan (Appendix 2). All children with diabetes are cared for by the diabetes team at Forth Valley Royal Hospital who will provide advice and support to schools.

Any child or young person taking insulin is at risk of hypoglycaemia (hypo) meaning low blood sugar. Their health care plans will detail their individual hypo symptoms and will list action to be taken if a hypo occurs. Generally a hypo is more likely to occur if the child has missed a snack or lunch or has taken part in extra physical activity and not eaten extra food.

As diabetes is a lifelong condition it is important that children and young people are encouraged to be as independent as possible in the management of the condition. In order to achieve improved control some children and young people may require testing their blood glucose levels and injecting during the school day. This should not be problematic but an individual protocol will be needed (see Appendix 7).

Whilst most children and young people will be able to administer their own insulin with or without supervision, it may be necessary for a member of staff to administer insulin for a younger child. Staff involved in this will be trained by the Forth Valley NHS diabetes team.

Staffs are only able to administer a dose pre determined by the parent or carer/care plan and recorded in the log book/record card (**Appendix 3**)

In certain circumstances staff may, with support from the NHS diabetes Team, be asked to monitor a child/young person's diet or glucose levels and adjust the insulin dose to be administered accordingly. This should be recorded in the log book/record card (**Appendix 3**)

ADHD

Drugs used in the management of Attention Deficit Hyperactivity Disorder - ADHD

The drug Methylphenidate Hydrochloride is commonly prescribed to treat the symptoms of ADHD. It comes in two forms Ritalin or Equasym capsules.

This medication is prescribed for children and young people who have severe and persistent symptoms of ADHD.

These medicines are controlled drugs, should be stored securely in school with access limited to the members of staff responsible for supporting the child or young person's individual care plan.

Anaphylactic Shock and Allergies

As part of the Care Plan, a health care professional/GP will have identified contact substances/foods that the child or young person will be allergic to or suffer an anaphylactic reaction to.

It is vital to recognise symptoms of severe allergic reactions and get advice from any relevant professionals.

Procedural guidelines for the administration of the Epi-pen syringe for pupils with allergies. Children and young people who may require to use the auto-injector (Epi-pen or Anapen) must have a Care Plan (Appendix 2).

Only the auto-injector will be acceptable for use by school staff.

The child's Care Plan must contain an agreed action plan should an allergic response occur. Preparation is vital as a rapid response to an allergic reaction is essential. A protocol for each child and young person should be agreed. (Appendix 7)

As part of the appropriate response the child or young person will be transported to hospital by ambulance. The hospital should be informed that the pupil is en route and the pupil's details given. The parent / carer must then be informed.

Children and young people will be trained in their own home how to administer their own injection but very young children may find this difficult or be unaware of the attack taking place. In this case an adult will need to administer the injection. In such cases a member of staff will have been deemed to have acted in good faith when these written guidelines have been followed.

Training will be required in the following:

1. recognition of symptoms
2. use of the auto-injector (emergencies only)
3. keeping the airway open

Training in 1 to 3 above should be given by a designated qualified member of the medical or nursing profession and should consist of group or one to one instruction. There should be written acknowledgement that such training has been undertaken.

This should be carried out annually.

The school shall have the responsibility for keeping detailed records.

APPENDIX 6

Procedures for provision of medically prescribed diets

For all pupils identified by a medical professional as having special dietary /allergy/intolerance requirements the following procedures should be followed:

The Head Teacher will share the template with the parent/carer and this will be sent to Catering Services.
<https://www.clacks.gov.uk/council/forms/foodinschools/allergyintolerancedietsformedicalreasons>

Information about GP/Dietician involvement should also be noted on the referral form.

Where there is a significant threat to the child's safety or health, schools and Early Years facilities may choose to record arrangements made using the Integrated Assessment Framework, profiling, planning and review system.

Additional guidance for special diets.

Vegetarian diets-the standard school meal menu includes a non-meat option which is highlighted for parents/carers on the menu planner

Nut allergy-Parents/carers should be advised that while the ingredients of meals identified as nut -free do not contain nuts, they have not necessarily been prepared in a nut free environment and may contain traces of nuts

Diabetic diets-the carbohydrate content for the standard menu cycle can be provided on request

Other dietary requirements - the standard school meals service menu is likely to meet most needs in relation to dietary requirements. Where the standard menu does not meet such needs, parents/carers may request additional information and support in deciding whether or not to access school meals.

PLEASE ENSURE THAT A PARENT/CARER DECLARATION FORM IS ALSO COMPLETED-APPENDIX 2

Clackmannanshire Council		Comhairle Sionnachd Clackmannanshire	
www.clacks.gov.uk			
Allergy/Intolerance Diets for Medical Reasons/ Special Diet Registration Form			
Child's Name:		Date of Birth:	
Name of School/Nursery		Year:	
Parent / Guardian Details			
Name:		Phone No:	
Address:			
Dietary Details:			
Health Professional Information			
This section must be completed by a medical professional (GP, NHS Dietician, Paediatric Specialist) or accompanied by a letter from a medical professional.			
I confirm that (child's name):			
follows a (name of diet):			
Therefore, the above named child will require a modified school lunch as detailed above.			
Signed by (Medical Professional):			
Name:		Position:	
Address:			
Tel No:			
In making this request for a medical diet, I acknowledge that whilst Clackmannanshire Council will make every reasonable effort to comply with my child's dietary requirements, on occasion this may not be possible due to the manufacturer's variation to some of their food items.			
Parent/Guardian's signature:			
This form should be completed in full and returned to Catering Services via your school or direct to Class Cuisine, 21 Main Street, Sauchie, FK10 3JR.			
If you have any questions regarding this form, please contact Class Cuisine direct on 01299 462191/462193.			
This registration form will be reviewed annually.			

APPENDIX 7

Training Requirements to Support Administration of Medicines and Meeting Child Health Care needs

It is the Local Authority's responsibility to provide training or briefings for staff in partnership with NHS.

The Community Children's Nursing Team at Forth Valley Royal Hospital and local Community Nursing Teams are available to offer advice and guidance. Any training will be arranged on an annual basis or more frequently depending on the child or young person's health care need

Training and professional learning opportunities for school staff to support the Administration of Medicines and Meeting Child Health Care Needs.

Training details	Delivered by	Frequency
Epilepsy -emergency medication -anti- seizure medication	NHS Staff Community /Staff Nursing Team	Dependent on identified need. Routinely in consultation with NHS professionals
Diabetes	NHS Specialist Diabetes Team-Forth Valley Royal	Dependent on identified need. Follow-up and additional support provided by Specialist Team
Asthma -use of nebulisers	NHS Staff Community /Staff Nursing Team Additional advice provided by Asthma and Lung UK http://www.asthma.org.uk/	Dependent on identified need. Routinely in consultation with NHS professionals
ADHD -always linked to Care Plan	GP/Clinical Specialist	Dependent on identified need.
Gastrostomy -liquid medications	NHS Specialist Staff	Dependent on identified need.
Oxygen	NHS Staff in consultation with suppliers guidance/protocol	Dependent on identified need.
Anaphylaxis -emergency "epi-pen"	NHS Staff	Dependent on identified need.

--	--	--

Record of Training

Academic Year

Nature of Training	Date	Participants Name	Participants signature	Registered Medical Professional Signature

APPENDIX 8

School Checklist

Administration of Medicines and Meeting the Health Care Needs of Children and Young People

All parents/carers informed of schools policy for Administration of Medicines and Meeting the Health Care Needs of Children and Young People e.g. webpage, School Handbook	
ESTABLISHMENTS MUST RETAIN, SECURELY THE RECORD CARD FOR 10 YEARS AFTER THE YOUNG PERSON HAS LEFT THE ESTABLISHMENT TO COMPLY WITH MEDICAL LIABILITY INSURANCE	
School staff responsible for supporting the Care Plan have provided written confirmation of their understanding the medical procedure and/or intervention -Appendix 2	
Request for Administration of Medicines and Meeting the Health Care Needs of Children and Young People -Appendix 1 stored in PPR Sticker(blue) on front of PPR or Child's Care Plan(ELC Settings)	
Risk assessments completed if medication involves possible hazard. Stored in PPR e.g. use of hypodermic syringe	
Copy of Care Plan and Protocol for Emergency procedure/action in PPR and stored/accessible with medication (DO NOT POST ON WALLS OF FIRST AID ROOMS/STAFF ROOM)	
Medication accessible to trained staff but not locked away	
Medication stored in a clearly labelled container	
Asthma inhalers-children/young people carry their own. A spare, named inhaler kept by the establishment	
Procedure in place to notify parent/carers of out of date medicines	
Training and training log up to date-Appendix 7	
EXCURSIONS-Appropriate Risk Assessments carried out Copies of Appendix 1 and 2 (including Emergency Protocol) Copies of Appendix 3 Identified person responsible for administration All medications labelled and stored in a container	