



From mountain to sea

Supporting Children and Young People with Health Care Needs and Managing Medicines in Educational Establishments





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Policy and Guidance updated by Additional Support Needs Team

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1.1	Initial Draft	15/09/2015	Update of existing policy
1.2	Draft	06/01/2016	Incorporate recommendations from Risk Control Report 31/12.2015
1.3	Re-draft	06/04/2016	Amendment to wording 2.4 (paragraph 3), inclusion of Med forms 3a and 3b. Minor updates to common childhood illnesses information from NHS Grampian.
2.0	Policy	30.08.2016	Agreement from Head of Service to version 2.0

To be reviewed May 2017

Purpose of Policy

The Additional Support for Learners Scotland Act (2004, amended 2009) provides clarification on additional support in that it is not limited to educational support, but includes multi-agency support such as health, social work or voluntary agencies.

This policy has been drafted to support all educational establishments (hereafter referred to as schools) formulate procedures for managing medication in schools, and to put in place effective management systems to support individual pupils with health care needs. A positive response and proactive action by the school to a pupil's medical needs will benefit the pupil directly and also give confidence to pupils, staff and parents.

The policy is intended to assist schools to formulate their own procedures in the light of their own assessment of local needs and resources.

Pro-forma are provided, as part of this document, Med forms 1-8

Objectives

- To ensure that all medication is stored appropriately in schools and is accounted for and available for the child's needs at all times during term time.
- To ensure, where possible, that children are supported by the school in taking responsibility for their own administration of medicine.
- To work proactively with parents and other key stakeholders in ensuring the best possible outcome for a child in need of support with health care needs / medication.
- To ensure staff have the appropriate training to administer medicine.

The above objectives should be risk assessed ([Med Form 8](#)) and monitored through performance indicators. The Head Teacher of each school has the responsibility for implementing and monitoring the policy.



Section 1

General Principles

Pupils with Medical Needs

Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be short term; perhaps finishing a course of medication to combat an infection.

Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such pupils 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 access most school activities. However, school staff may

need to take extra care in supervising some activities to ensure that pupils are not put at risk.

Planning formats may include either:

- Individual Pupil Protocol (IPP) ([Med Form 7](#)).
- Health Care Plan written by Health professionals for very specific medical needs.

A risk assessment should also be completed ([Med Form 8](#)). The above can help schools to identify the necessary safety measures to support pupils with medical needs and ensure that they and others are not put at risk.



Section 2

Medication Principles, Duties and Responsibilities

2.1 Introduction

It is important that the 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. Collaboration and partnerships between schools, parents, health professionals and other agencies will help provide a supportive environment for pupils.

2.2 Parents and Carers

Parents, as defined in the Education (Scotland) Act, 1980 are a child's main carers. They are responsible for making sure that their child is well enough to attend school.

Parents/carers should provide the Head Teacher (School) with sufficient information about their child's medical condition, treatment and where appropriate, the administration of medicines. In partnership with the school, they should reach agreement on the school's role in supporting their child's medical needs. Ideally the school should confirm parents' agreement before passing on information about their child's health to school staff. Sharing information is important if staff and parents/carers are to ensure best care for a pupil. This joint collaborative approach, with regular reviews, will ensure that individual needs are met.

Plans for meeting health care needs/managing medication, should be in place before a child commences attendance at school.

2.3 The Employer

The employer, Aberdeenshire Council, is responsible under the Health and Safety at Work Act 1974, for ensuring that a school has a health and safety policy. This should include procedures for supporting pupils with medical needs and the managing of medication.

In the event of legal action over an allegation of negligence, the employer rather than the employee is likely to be held responsible. It is the employer's responsibility to ensure that procedures are followed and that appropriate records are kept.

Aberdeenshire Council fully indemnifies its staff against alleged negligence arising from the administration of medicines to pupils, provided that members of staff have received full training relevant

to the medication being administered, have taken the necessary refresher training and at all times acted in accordance with the individual's care plan as advised by the child's GP or other relevant health professional and in agreement with the child's parent/carer.

The employer is responsible for providing staff with the appropriate training to support pupils with medical needs. Advice and training should be sought in partnership with NHS Grampian, the Community Paediatrician/School Nurse and other appropriate health professionals. The employer must be satisfied that any training has given staff sufficient understanding, confidence and expertise. A health care professional will confirm proficiency in medical procedures in certain defined areas. ([Med Form 5](#))

2.4 Head Teacher

The Head Teacher is responsible for implementing the policy in practice and for developing detailed procedures. Staff who support pupils with medical needs should receive the appropriate training and support.

The Head Teacher should make sure that all parents are aware of the school's policy and procedures for dealing with medical needs. The Head Teacher will need to agree with parents/carers exactly what support the school can provide for a child with medical needs. Where there is concern about whether the school can meet a pupil's needs, the Head Teacher can seek advice from the Community Paediatrician / School Nurse, the child's GP or other medical professionals.

The Head Teacher/Line Manager is responsible for ensuring regular checking of record keeping and storage of medicines and nominating an appropriate member of staff to carry out the task. A note of the date checked should be made on the records. Internal auditing and review of the storage and administration of medicines, training of staff and record keeping should be carried out and evidenced at termly intervals by the Head Teacher. The Head Teacher / Line Manager is responsible for ensuring that a risk assessment has been completed. A generic risk assessment is found in ([Med form 8](#)). The NHS Grampian Health Protection service can advise 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. The



action to be taken in infectious diseases is included in the Education Administrative Handbook.

Contact: During office hours: 01224 558 520

Emergency/out of hours 0345 456 6000

2.5 Teachers and Other School Staff

Some staff will be concerned about their ability to support a pupil with a health care condition, particularly if it is life threatening. Teachers who have pupils with health care needs in their class should be provided with all the relevant information to support them understand the condition and deal with situations appropriately. Staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when a member of staff responsible is absent or unavailable. It is important that all staff are also provided with training and advice. ([Med Form 5](#)) provides an example of confirmation that training has been completed.

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 ([Med Form 6](#)). A pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the pupil's parent/carer arrives.

There is no legal duty which requires school staff to administer medication; this is a voluntary role. Teachers' conditions of employment do not include giving medication or supervising a pupil taking it. Staff who administer prescribed medication to a pupil should have the appropriate training and guidance. He / she should have the knowledge of possible short-term effects of the medication and what to do if they occur.

2.6 The Community Paediatrician/ School Nurse

All schools will have contact with the Health Service through a Community Paediatrician / School Nurse. The health team (in conjunction with Specialist Nurse colleagues) may help schools draw up Individual Pupil Protocols ([Med form 7](#)), or request a Health Care Plan as used by Royal Aberdeen Children's Hospital) for pupils with health care needs, and may be able to supplement information already provided by parents. The Health team will also be able to offer advice on, or source training for school staff who are involved in administering medicines.

Section 3

Developing Systems and Procedures for Managing Medicines

Introducing a Procedure

A clear policy understood and accepted by staff, parents and pupils provides a sound basis for ensuring that children with health care needs receive appropriate care and support at school. Formal systems and procedures, drawn up in partnership with parents and staff should back up the school's management systems. The school's policy on supporting pupils who have health care needs or require medication in school should be communicated in the school prospectus/handbook to parents and to staff.

A school's procedures might cover:

- Aberdeenshire Council's position in respect of non-prescription medication e.g. pain killers such as Paracetamol.
- The school's policy on assisting pupils with long term or complex medical needs.
- The Education and Children's Services document "Pathways to Policy: Supporting Children's Learning" is the policy framework for additional support needs in Aberdeenshire.

The need for prior written agreement from parents/carers for any medication to be given to a child ([Med Form 1](#)).

Policy on pupils carrying and taking their medication themselves ([Med Form 4](#)).

Record Keeping ([Med Form 3](#)) or ([Med Form 3a](#)) or ([Med Form 3b](#)).

- Schools emergency planning procedures ([Med Form 6](#)).

Medical Needs

3.1 Short Term Health Care Needs

Some pupils will need to take medication (or be given it) at school at some time in their school life. Often this will be for a short period. Short term medication should only be taken to school when absolutely essential, is prescribed, and has been agreed with the Head Teacher. ([Med Form 1](#))

Where possible, parents of children requiring antibiotics should take into consideration dosage arrangements, which will allow the antibiotic to be taken before and

after school. Parents should be encouraged to ask the prescribing doctor about this.

3.2 Non-Prescription Medication

Pupils sometimes ask for pain killers (analgesics) at school, including Aspirin and Paracetamol. School staff will 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. If a pupil suffers from regular pain, such as a migraine, the parent/carer should authorise and supply appropriate pain killers for their child's use with written instructions about when the child should take the medication. A member of staff should supervise the pupil taking the medicine and notify the parents.

3.3 Long Term Health Care Needs

It is important for the school to have sufficient information about the medical condition of any pupil with long term health care needs. This will enable the school to support the pupil achieve his/her full potential. The school therefore, needs to know about any medical needs before a child starts school to inform planning. A school should draw up an Individual Pupil Protocol (IPP), for pupils, involving the parents and relevant health professionals ([Med Form 7](#)). This includes:

- Details of a pupil's conditions.
- Contact details for parents/carers / GP / Hospital clinic (as appropriate).
- Special requirements e.g. dietary needs, pre-activity precautions.
- Medication and any side effects.
- What to do, and who to contact in an emergency.
- The role the school can play.

Alongside the IPP, schools should complete a risk assessment ([Med Form 8](#)) to evidence that as far as possible risks have been mitigated. Information supplied by medical personnel regarding procedures to support health care/medication needs must be reproduced in their entirety to avoid liability in the event of an incident arising.

3.4 Administering Medication

No pupil under 16 should be given medication without his or her parent's written consent. Any member of staff giving medicine to a pupil should check

- The pupils name.
- Written instructions provided by parents or doctor.
- Prescribed dose.
- Expiry date.
- Signatures of parents/carers and pupil ([Med Form 1](#)).

If in doubt about any of the procedures the member of staff should check with the parents/carers or the school nurse before taking further action.

Staff must complete and sign record cards each time they give medication to a pupil. ([Med Form 3](#)) or ([Med Form 3a](#)) or ([Med Form 3b](#)) should be used for this purpose. It is recommended practice to have the dosage and administration witnessed by another adult.

3.5 Refusal to Take Medicine

Where a pupil refuses to take medication, school staff are not to put pressure on the pupil to take the medication but should contact the parent/carer if the pupil is under 16 years of age or is unable to advocate for him or herself. If parents/carers or emergency contacts are unobtainable, the pupil's GP should be contacted for advice. In urgent cases the emergency services should be contacted.

If in doubt about any of the procedures the member of staff should check with the parents/carers or the School Nurse/Community Paediatrician or child's GP before taking further action.

3.6 Self-Management

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. Parental consent is required for a pupil to carry and administer their own medication. If pupils can take their medication themselves, staff may only need to supervise this or may wish to remind them. The school procedures should say whether pupils can carry and administer their own medication, bearing in mind also the safety of other pupils. A parental request form for their child/ward to carry and administer their own medication is provided in ([Med Form 4](#))

3.7 Record Keeping

Parents/carers 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.

A parental consent form ([Med Form 1](#)) records the details of medication in a standard format. The child's GP may be willing to provide confirmation of the medication.

([Med Form 2](#)) provides a confirmation note which schools should give to parents/carers to confirm that a member of staff will assist with medication.

Aberdeenshire Council expects schools to keep records of medicines given to pupils, and the staff involved. Records offer protection to staff and proof that they have followed agreed procedures. ([Med Form 3](#)) or ([Med Form 3a](#)) or ([Med Form 3b](#)) provides a record sheet. It is required that records of administration of medicines be kept with the pupil's personal profile record for a minimum of 5 years after the child/young person has left school.

3.8 School Trips/School Activities

It is good practice for schools to encourage pupils with health care needs to participate in school trips, wherever safety permits. Sometimes the school may need to take additional safety measures for outside visits. Arrangements for taking any necessary medication will also need to be taken into consideration. Staff supervising excursions should always be aware of any health care needs and assess the relevant emergency procedures. If staff are concerned about whether they can provide for a pupil's safety, they should seek medical advice from NHS Grampian, School Nurse or the pupil's GP.

Physical activity can benefit a pupil's social, mental, physical health and well-being. Some pupils may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Staff supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

3.9 School Transport

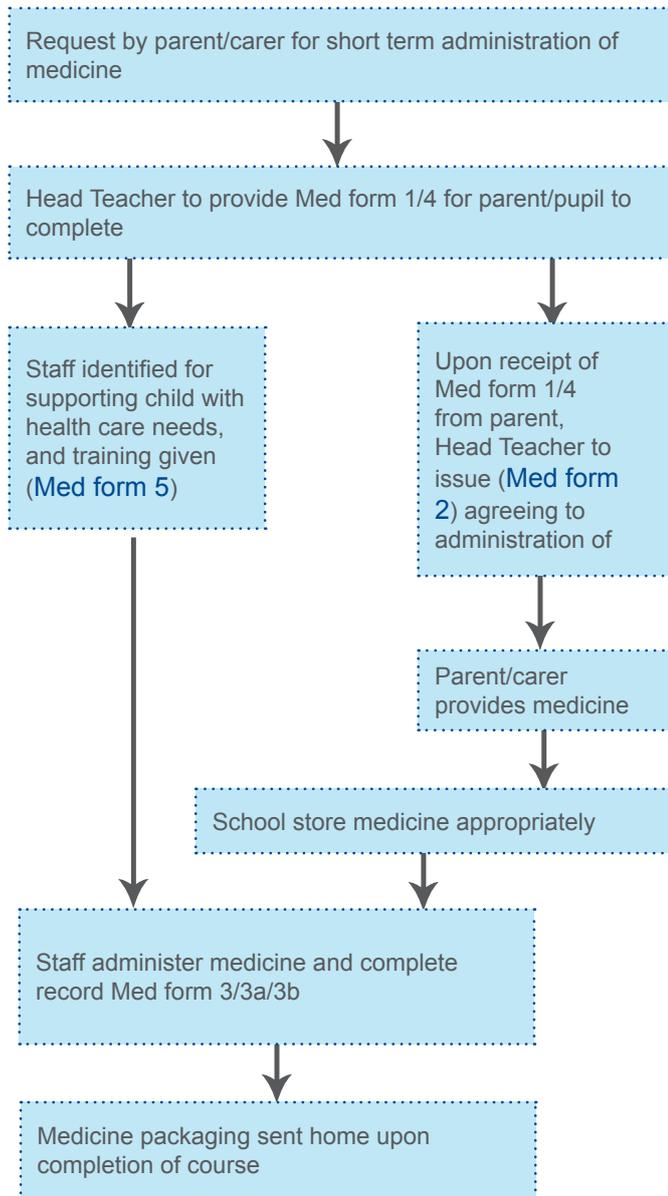
Aberdeenshire Council arranges home to school transport where legally required to do so. It has a duty to make sure that pupils are safe during the journey

Escorts do not administer medication but call emergency services as is appropriate. Further guidance for the transport of children with additional support needs can be found on:

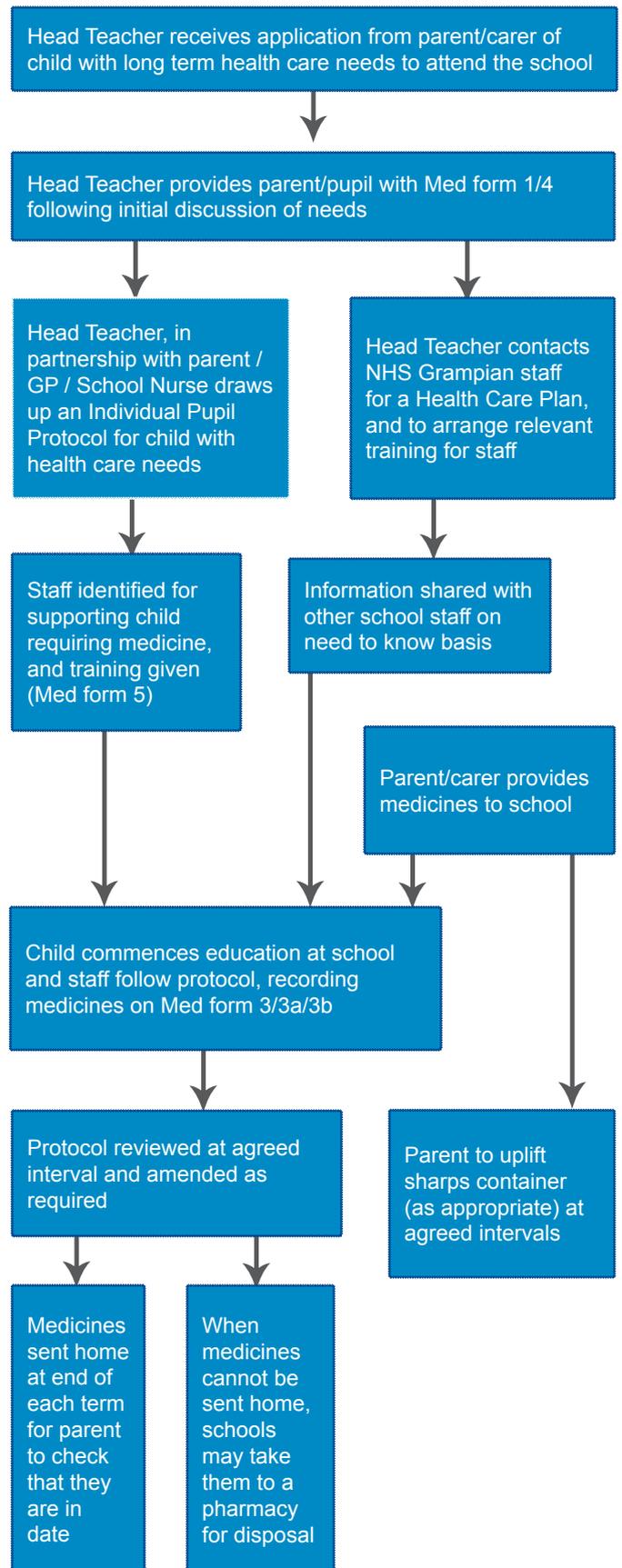
<http://asn-aberdeenshire.org/category/part-5/>

Flowchart For Planning To Meet Medical Needs

Short term conditions



Long term conditions



Other planning documents supporting needs include:

- Risk assessment for administration of medicines
- Managing Accessibility Plan
- Personal Emergency Evacuation Plan
- Special dietary requirements plan

Section 4

Dealing with Medicines Safely

4.1 Safety Management

Some medicines may be harmful to anyone for whom they are not prescribed (i.e. Insulin, Adrenaline). 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 appropriately managed. This duty derives from the control of Substances Hazardous to Health Regulations 2002 (COSHH). A suitable and sufficient risk assessment should be made of the risks to the health and safety of children/young people and employees for all medicines required to be administered. The risk assessment is required in addition to any Protocol / Health Care Plan provided by NHS Grampian health professionals. A generic risk assessment is found in (Med Form 8)

4.2 Storing Medication

Schools should not store large volumes of medication. The Head Teacher should request that the parent/carer or pupil make suitable arrangements for the delivery and disposal of medications.

When a school stores medicines, staff should ensure that the container is clearly labelled with the name of the pupil, the name and dose of the drug and the frequency of administration. Each prescribed medicine should be kept in its original packaging, within a separate container. The Head Teacher is responsible for making sure that medicines are stored safely in a **locked cupboard or fridge**, as appropriate. 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 can be carried around the school. Other medicines should generally be kept in a secure place not accessible to pupils. All staff should know where to obtain keys to the medical cabinet quickly for a pupil requiring medication in an emergency.

Some medicines need to be refrigerated. These should be kept in an air tight container and clearly labelled. The school should restrict access to a refrigerator holding medicines.

Local and community services pharmacists may give advice to schools about storing medicines. (Community Health Partnership pharmacists)

Medicines kept for longer term use should be collected by parents/carers termly for checking/ replacement. It

is the responsibility of the parent/carer to ensure that school is supplied with in date medication.

Particular care should be taken with the storage of controlled drugs such as Methyphenidate.

4.3 Access to medication

Pupils must have access to their medicine when required. The school can make special access arrangements for emergency medication that it keeps in safe storage. 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.

4.4 Disposal of Medicines

School staff should not normally dispose of medicines. Parents/carers should collect medicines held at the end of each term. If medicines cannot be returned to parents/carers for disposal, staff may take them to a local pharmacy.

For disposal of controlled substances, staff should request a receipt from the pharmacist, and this should be retained in school for a minimum of 7 years.

Parents/carers are responsible for the provision of sharps bins, and removal/disposal of these at intervals agreed with the Head Teacher.

4.5 Drawing up Individual Pupil Protocols for Pupils Requiring Medical Support

It is important that the school is able to identify what level of medical support may be required and has all the information available to enable the school to support the needs of the pupil. Schools should use (Med Form 1) to record all the details and involve relevant partners in this process. When an Individual Pupil Protocol is required for long term administration of medicines / supporting medical needs, the Head teacher, together with parents/carers and Health professionals (GP / Community Paediatrician/School Nurse) should plan using (Med Form 7) .

The cascading of the relevant information on individual pupils should be made by a designated member of staff who is given the responsibility for this role. This could be a Depute Head Teacher or Guidance Teacher and will be the first contact for parents and staff, and liaise with the School Nurse/Community Paediatrician or GP.

Staff who may need to deal with an emergency will need to know about a pupil's medical needs. The Head Teacher must make sure that supply teachers and visiting specialists know about the medical needs of pupils.

An Individual Pupil Protocol may identify the need for school staff to have further information about a medical condition or specific training in administering a particular type of medication or in dealing with emergencies. School staff should not give medication without appropriate training from health professionals. Where staff are to assist a pupil with health care needs, the employer should discuss appropriate training with NHS Grampian, who will be able to advise on training needs.

4.6 Intimate and Invasive Treatment

Some school staff are understandably reluctant to volunteer to administer intimate or invasive treatment (e.g. administration of rectal Diazepam) because of the nature of the treatment, or fears about allegations of abuse. **Accordingly, parents and Head Teachers must respect such concerns and should not put any pressure on staff to assist in treatment unless they are entirely willing.** NHS Grampian Child Health Services can be contacted for advice. If the school can 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 allegations 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.

Dignity: Administration of medicines to children and young people in school should always be carried out with due regards for privacy and dignity. When possible, use of a medical room, or quiet area should be used, but if this is not available arrangements must be made for privacy by use of an empty room.

4.7 Hygiene/Infection Control

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.

Section 5

Common Childhood Conditions

The most common medical conditions of pupils in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis).

5.10 Asthma

Asthma is a condition that affects the airways. When a child with asthma comes into contact with an asthma trigger, the muscles around the walls of the airways tighten so that they become narrower and inflamed. Common triggers include viral infections, cold air, grass pollen, animal fur, chemicals and fumes, chlorine, stress, cigarette smoke and house dust mites. Exercise and stress can also precipitate attacks.

The common symptoms of asthma are

- Coughing.
- Shortness of breath.
- Wheezing.
- Tightness in the chest.
- Being unusually quiet.
- Difficulty speaking in full sentences.
- The affected person may be distressed and anxious.
- In severe attacks, the pupil's skin and lips may become blue.

What to do

- Keep calm.
- Encourage the child or young person to sit up and slightly forward-do not hug or lie them down.
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately.
- Ensure tight clothing is loosened.
- Reassure the child.

If there is no immediate improvement

Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

Call 999 or a doctor urgently if:

- The child or young person's symptoms do not improve in 5-10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.

Medication and Control

There are several medications used to treat asthma. Most pupils with asthma will relieve their symptoms with medication using an inhaler.

A small number of children may use a spacer device with their inhaler with which they may need help. In a few severe cases, children use an electrically powered nebulizer to deliver their asthma medication.

Each pupil's needs and the amount of assistance they require will differ. This will be identified in the IPP.

Children with asthma must have immediate access to their reliever inhalers when they need them. Pupils who are able to use their inhalers themselves should be allowed to carry them with them. If the child is too young to take responsibility for their inhaler, staff should make sure that it is stored in a safe but accessible place and clearly marked with the pupil's name. Inhalers should also be available during physical education, sports activities, school trips and when out on work experience.

Parents should provide schools with a spare inhaler for their child's use in case the inhaler is left at home accidentally or runs out. Pupils with asthma need to know exactly where to go to get their spare asthma medicines. Spare reliever inhalers must be clearly labelled with the pupil's name and stored safely.

The medication of any individual pupil with asthma will not necessarily be the same as the medication of another pupil with the same condition. Although major side effects are extremely uncommon for the most frequently used asthma medications, they do exist and may sometimes be made more severe if the pupil is taking other medication.

All inhalers have an expiry date. Parent/carers should be responsible for ensuring that all their child's asthma

medicines are within the expiry date. Reliever inhalers and preventers usually last about two years.

Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although consideration may be needed before undertaking some activities, such as physical education or off-site activities. Pupils with asthma should be encouraged to undertake warm up exercises before rushing into sudden activity especially when the weather is cold.

The IPP/health plan should identify the severity of a pupil's asthma, individual symptoms and any particular triggers, such as exercise or cold air.

Recommended websites:

<http://medicalconditionsatschool.org.uk/>

<http://asthma.org.uk/>

5.12 Epilepsy

Epilepsy is a tendency to recurrent seizures due to a brain disorder.

Not all pupils with epilepsy experience major convulsive seizures. For those who do, the nature, frequency and severity of the seizure will vary greatly. Seizures may be focal (where consciousness is not necessarily lost, but may be affected), or generalised (where consciousness is lost). Example of some types of generalised seizures are:

Tonic Clonic Seizures

During the tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. During the clonic phase there will be rhythmic jerking of the body. Their breathing is usually altered and can be noisy. The pupil may feel confused for several minutes after a seizure. Recovery times can vary, some require a few seconds, where others need to sleep for several hours.

Absence Seizures

These are brief lapses in awareness, typically lasting seconds but if uncontrolled can occur hundreds of times per day.

Focal Seizures:

Those in which the epileptic activity is limited to particular area of the brain.

Medication and Control

Most children with epilepsy are well controlled by medication. Photosensitivity in epilepsy is rare (affecting 3% of people with epilepsy). Flashing or flickering lights, video games and computer graphics, and certain geometric shapes or patterns may be a trigger for seizures in these pupils. Screens and/or different methods of lighting can be used to enable photosensitive

pupils to work safely on computers and watch TVs. Parents must tell schools of likely triggers so that action can be taken to minimise exposure to them.

Pupils with epilepsy must not be unnecessarily excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming or working in science laboratories and technical departments. Off-site activities may need additional planning. Any concerns about any potential risks should be discussed with pupils and their parents, and if necessary, additional advice sought from the School Nurse/Epilepsy Nurse, child's GP or Paediatrician. When drawing up health plans, parents must tell schools about the type and duration of seizures their child has, so that appropriate safety measures can be identified.

Most seizures are self-limiting and will stop of their own accord. Some pupils who have had prolonged seizures may hold emergency medication which can be given by appropriately trained staff. These pupils will have an emergency medication care plan and recording sheet (**Med Form 3b**) for first aid guidance and care. Call an ambulance if the seizure lasts longer than usual, if one seizure follows another without the pupil regaining consciousness, or if the pupil has injured themselves or inhaled water or vomit. (**Med Form 6**)

Recommended websites:

<http://medicalconditionsatschool.org.uk/>

5.13 Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About one in 700 school-age children has diabetes. Children with diabetes will need to have daily insulin injections and to monitor their blood glucose level regularly.

Medication and Control

The majority of school-aged children with diabetes are controlled by multiple insulin injections each day. In most instances they will need to be given in school hours. Most children can do their own injections from an early age and may simply need supervision if very young, and also a suitable, private place to carry it out. In some cases staff have been trained to give the injection to a pupil. Recent advances in diabetes management have introduced insulin pumps to provide continuous insulin.

Children with diabetes need to ensure that their blood glucose levels remain stable and may need to monitor their levels at regular intervals. It is recommended all children test at lunch – some choose not to do so. Pupils may also require to test more regularly if their insulin needs adjusting. Younger pupils may require assistance and/or supervision with testing themselves. Whenever sharps are involved their safe disposal must be supervised by a member of staff. The parents will supply a Sharps Disposal Box and advise on the protocols for

use, which should be set out in the child's IPP/Healthcare plan. Parents are responsible for ensuring disposal of the Sharps Box.

Pupils with diabetes should have access to food during the day to maintain blood glucose levels. This may include eating snacks prior to exercise. Schools may need to make arrangements for pupils with diabetes if the school has staggered lunch times. If a meal or a snack is missed, or after strenuous activity, the pupil could experience a hypoglycaemia episode (a hypo) during which his or her blood sugar falls to a low level. Staff in charge of physical education classes or other physical activity sessions should be aware of the need for pupils with diabetes to have glucose tablets or a sugary drink available.

Hypoglycaemic Reaction (Hypo)

At times a pupil may show signs that indicate that he/she does not have enough glucose in his/her blood. This is known as hypoglycaemia (also called a 'hypo'). This may result from not eating enough food, such as a missed meal or snack, or extra exercise or being more active than usual. Every child with diabetes will have hypos and one or two a week is considered normal. Staff should be aware that the following symptoms, either individually or combined, may be indicators of a 'hypo' in a pupil with diabetes:

- Hunger.
- Sweating.
- Drowsiness.
- Pallor.
- Glazed eyes.
- Shaking.
- Lack of concentration.
- Irritability.
- Being confused/aggressive.

Each pupil may experience different symptoms and this should be discussed when drawing up the IPP.

If a pupil has a 'hypo', it is important that a fast acting carbohydrate, such as glucose tablets, a glucose rich gel, or a sugary drink (Lucozade, Glucojuice, fresh orange, normal Coke) (chocolate is NOT recommended for a hypo as it takes too long to be absorbed into the blood stream due to the fat content), is given immediately. Slower acting starchy food, such as a biscuit and a glass of milk or two biscuits, should be given once the pupil has recovered, some 10 - 15 minutes later. If the pupil's recovery takes longer, or in cases of uncertainty, call an ambulance.

Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and schools will naturally wish to draw such signs to the parents' attention.

Newly-diagnosed pupils or new pupils who are known to have diabetes will be issued with a copy of the local guideline 'Managing Diabetes in Schools' (Currently being reviewed) and a personalised Diabetes Sheet by the Paediatric Diabetes Specialist Nurse and both documents should be handed over to the schools by the parents/pupil. This documentation should follow the pupil throughout their school career with periodic adjustments being made to the Individual Diabetes Sheet by the Paediatric Diabetes Specialist Nurse as necessary.

If you have any current school staff training needs with regard to any pupil with diabetes in your school please contact the Paediatric Diabetes Specialist Nurse or the Adolescent Diabetes Specialist Nurse (pupils over 16yrs) either directly or via your School Nurse.

Recommended websites:

<http://medicalconditionsatschool.org.uk/jdrf.org.uk>

5.14 Allergic Reactions

Allergic Reactions

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:

- A metallic taste or itching in the mouth.
- Swelling of the face, throat, tongue and lips.
- Difficulty in swallowing.
- Flushed complexion.
- Abdominal cramps and nausea.
- A rise in heart rate.
- Collapse or unconsciousness.
- Wheezing or difficulty in breathing.

Each pupil's symptoms and allergens will vary and will need to be discussed when drawing up the health plan.

Call an Ambulance Immediately particularly if there is any doubt about the severity of the reaction or if the pupil does not respond to medication.

Anaphylaxis

What is Anaphylaxis?

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go throughout the whole of their school lives without an incident. The most common cause is food - in particular

nuts, fish and dairy products. Wasp and bee stings can also cause an allergic reaction. In its most severe form the condition can be life threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

Medication and Control

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than to hold back. Responsibility for giving the injection should be on a purely voluntary basis and should not, in any case, be undertaken without training from an appropriate School Nurse/Paediatrician or child's GP.

For some children, the timing of the injection may be crucial. This needs to be clear in the health plan and suitable procedures put in place so that swift action can be taken in an emergency. The pupil may be old enough to carry his or her own medication but, if not, a suitable safe yet accessible place for storage should be found. The safety of other pupils should also be taken into account. If a pupil is likely to suffer a severe allergic reaction all staff should be aware of the condition and know who is responsible for administering the emergency treatment.

Parents will often ask for the school to ensure that their child does not come into contact with the allergen. This is not always feasible, although schools should bear in mind the risk to such pupils at break and lunch times and in cookery, food technology and science classes and seek to minimise the risks whenever possible. It may also be necessary to take precautionary measures on outdoor activities or school trips.

Recommended websites:

<http://medicalconditionsatschool.org.uk/>

www.anaphylaxis.org.uk

Resuscitation guidelines are available at:

www.resus.org.uk/resuscitation-guidelines/

5.15 Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is a common condition. It affects around 5% (1 in 20) of children. Around 1-2% (1 or 2 in every 100) of school aged children will have the most severe form of ADHD. It is more common in boys than in girls. The symptoms of ADHD affect all parts of the child's life-

home, school and in other social settings. They will have caused significant problems for more than six months.

The symptoms of ADHD can vary but will include:

- High level of activity.
- Impulsive behaviour.
- Poor concentration.

They often have extra problems with:

- Learning.
- Managing emotions.
- Sleep.
- Co-ordination.

The treatment should include behavioural support and may include medication depending how much symptoms are interfering with the child's life in school and at home.

Methylphenidate

Methylphenidate is commonly used in the treatment of ADHD. They are called 'stimulants' because they stimulate the parts of the brain affected by ADHD. They do not cause a 'high' or drowsiness. This medicine comes in two main forms:

a) Immediate-release tablets- effective straight away but only last for a few hours

b) Slow-release tablets (such as Concerta XL, MedikinetXL or Equasym XL) – may only need to take one dose of medicine a day in the morning.

Some common side effects include:

- Loss of appetite.
- Headache.
- Stomach aches - especially at the start or when dose increased.
- Emotionality/depression or mood disturbance.
- Insomnia.
- Nervous tics.

As Methylphenidate is a controlled drug, it is not advisable to stockpile it at school. It should also be kept in a locked cupboard/drawer. Either the midday dose could be brought in by the parent each day, or a 5 day supply of that dose could be brought in (properly labelled) by the parent each Monday morning. When the medicine is given it should be recorded on the appropriate medication sheet and signed. ([Med Form 3](#))

It is useful for schools to supply reports to health professionals, pre-treatment and at treatment changes, to enable a comprehensive evaluation.

5.16 Impaired Adrenal Function

Severe stress or vomiting can precipitate an adrenal crisis in someone with impaired adrenal function therefore it is important that they receive extra steroids at these times. Specialist condition education is available via Clinical Specialist Nurse (CSN). First line emergency treatment is by injection and full training can be provided.

5.17 Cystic Fibrosis

In Cystic Fibrosis there is a fault in the gene that controls the passage of salt into and out of cells. Due to this fault, a thick sticky mucus builds up around the lungs and digestive system, which makes it difficult to breathe and digest food. The mucus also makes the lungs become more susceptible to infection.

Recommended websites:

<http://medicalconditionsatschool.org.uk/>

Check with nurse.

5.18 Oncological Conditions

The Oncology Nurse Specialist will support the parents to speak to school if that is what the family want. Information outlining the child/ young person's plan of treatment, the effects of treatment and when the child/ young person will be able to visit school will be shared. Discussion will take place regarding a child who is immunocompromised being in school. A sample letter will be provided re setting up an early warning system in school re chickenpox, shingles, and measles. An individual plan will be agreed following discussion re effects of treatment, steroids and increased appetite, hair loss, change in physical appearance, fatigue, eating difficulties, weak ankles. An Individual Pupil Protocol will be completed by schools staff together with health professionals.

Resources available to schools:

Welcome back! A guide for teachers helping children and young people returning to school after a diagnosis of cancer. www.cclg.org.uk

Cancer and school life

A pack for schools where a child or young person has been diagnosed with cancer. CLIC Sargent

Returning to school: A teacher's guide for pupils with brain tumours Published by Cerebral/ Royal Marsden

5.19 Tube Feeding

For many reason, children may not be able to take food/ fluid orally. This may be due to unsafe swallow, meaning that the child has a high risk of passing food/fluid into the lungs. A supplementary feed/water may be necessary to sustain a healthy body if the child's dietary requirements are not met within their own oral intake.

Nasogastric Feeding

- The nasogastric tube is passed via the nose, down the throat, into the oesophagus (food pipe) and then into the stomach. This enables liquid food, water or medication to be given directly into the stomach.

Gastrostomy Tube Feeding

- This is an opening into the stomach that is created surgically and a feeding tube is placed in the hole (stoma). It provides direct access into which feeding can be done straight to the child's stomach.
- There are different types of gastrostomy, including PEG (Percutaneous Endoscopic Gastrostomy), balloon devices and buttons. Gastrostomy can become infected but there are many ways this infection can be treated.

Jejunostomy Feeding

- When feeding through the stomach is not tolerated by a child, a special tube will be placed into the jejunum. The tube is usually secured by a Surgeon with sutures on the skin. Jejunostomy can become infected.

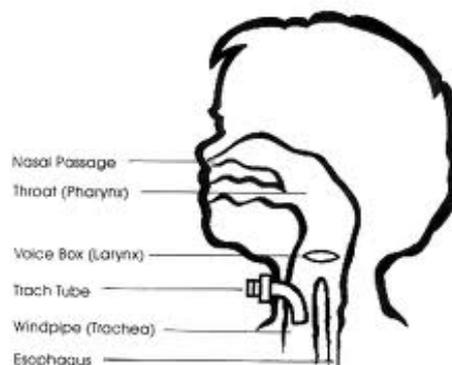
If you have any questions or concerns about the child's feeding tube, please contact the child's Specialist Nurse.

5.20 Clean Intermittent Catheterisation (CIC)

CIC is a method used to empty urine from the bladder at regular intervals during the day, when the bladder cannot empty on its own. It is carried out by passing a fine flexible catheter (soft plastic tube) into the bladder along the urethra. There are many reasons for performing CIC. Most children will eventually learn to catheterise themselves but the age at which they can do this varies considerably.

The child should have a health care plan and a designated person (helper) who completed a training programme to carry out the catheterisation. Training and on-going support will be provided by a Specialist Nurse.

If you have any questions or concerns about children who need CIC in school, please contact the child's Specialist Nurse.



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5.21 Tracheostomy

A tracheostomy is an artificial opening to the windpipe (trachea) that is held open by a tracheostomy tube. Air now goes in and out through the tracheostomy tube by passing the nose and mouth. This helps the child to breathe more easily. There are a variety of reasons why a child may need a tracheostomy, ranging from a narrow airway to the need for long-term mechanical respiratory support from a ventilator.

Any child with a tracheostomy must have a carer with them at all times who is competent to carry out suction, tape changes and able to perform an emergency tube change if necessary. This carer does not have to be a nurse, but must be trained fully in tracheostomy care and must not have other duties that would take him or her away from the child.

If you have any questions or concerns about a child's tracheostomy in school, please contact the child's Specialist Nurse.

5.22 Stomas

Stoma formation in childhood can be temporary or permanent.

There are three main types of output stomas:

- Ileostomy: a portion of ileum (final section of the small intestine) is brought out through the abdominal wall and is normally sited in the right iliac fossa.
- Colostomy: a portion of the colon is brought through the abdominal wall and is normally sited in the left iliac fossa (the transverse, descending or sigmoid colon may be used).
- Urinary diversion.
- Vesicostomy: the neck of the bladder is brought through the abdominal wall low down in the pelvis.
- Ureterostomy: one or two of the ureters can be brought out to the abdominal wall either side by side or at either side of the abdomen or flanks.
- Ileal conduit: a small segment of ileum is isolated to act as a reservoir and the ureters implanted into it. This stoma can be sited either in the left or right iliac fossa.

If you have any questions or concerns about children with stoma(s) in school, please contact the child's Specialist Nurse.

5.23 Communicable Diseases

NHS Grampian Health Protection Team have an exclusion policy for infectious diseases. The policy can be sourced at:

<http://foi.nhsgrampian.org/>

Routine Control Measures To Minimise The Spread Of Infections Include:

Any individual who is unwell and has symptoms of an acute illness should NOT attend nursery, school, work etc.

- Thorough hand washing with liquid soap followed by drying with paper towels.
- Maintaining a clean environment including dealing with spillages of body fluids immediately.
- Appropriate use of protective clothing e.g. disposable gloves and aprons.
- Appropriate management of soiled linen, sharps and waste.
- Covering broken skin and prompt first aid for injury or exposure to body fluids.
- Appropriate vaccination and/or exclusion of ill individuals.
- Precautions to minimise the spread of gastrointestinal infection.
- All the routine control measures listed above - routine control measures to minimise the spread of infections include:
- Stay home until 48 hours after symptoms have settled
- Do not swim in public swimming pools, visit schools, hospitals or care homes until 48 hours after gastrointestinal symptoms have settled.

Some of the following conditions are listed as notifiable, and protocols must be followed including the notification

Notifiable	Not notifiable
Bacillus cereus, Campylobacter, Cholera, Clostridium botulinum, Clostridium difficile, Clostridium perfringens, Cryptosporidium, Dysentery (Shigella sonnei, Sh..boydii, Sh..dysenteriae, Sh. Flexneri), Escherichia Coli 0157 vtec, Giardiasis, Hepatitis A, Hepatitis E, Norovirus, Salmonella infection, Salmonella Typhi & Paratyphi, Staphylococcus aureus, Yersinia, Diphtheria, Blood borne virus (HIV, Hepatitis B & C, Influenza, Measles, Meningococcal infection, Mumps, Poliomyelitis, Rubella, Invasive Group A streptococcus (igas) Necrotising Fasciitis, Tuberculosis (Respiratory) i.e. Mycobacterium tuberculosis of the lung disease, Tuberculosis (Non-Respiratory) i.e.. Mycobacterium tuberculosis not affecting the lung, Whooping Cough (Pertussis)	Aeromonas, Amoebic dysentery, Escherichia Coli enteritis, Chickenpox, Shingles, Cold sores, Conjunctivitis, Fifth disease, Glandular fever, Hand, foot and mouth disease, Head lice, Impetigo, Molluscum contagiosum, Ringworm, Scabies, Group A streptococcal infection (scarlet fever), Group B Streptococcus (GBS) Meningitis pneumonia septicaemia, Threadworms, Tuberculosis Environmental (Atypical) i.e. infection with Mycobacterium other than Tb, Warts

of Health professionals. For non-notifiable conditions, please follow medically agreed controls to minimize the spread of infection. The Health Protection department is responsible for the monitoring, investigation and control of communicable disease and environmental hazards and can be contacted as follows:

During office hours - 01224 558520

Emergency/out of hours - 0345 456 6000 - ask for public health on call

Email: grampian.healthprotection@nhs.net

Health Protection Patient Information Leaflets can be sourced for many of the infectious diseases listed above at the following link:

http://www.nhsgrampian.org/nhsgrampian/gra_display_simple_index.jsp?pContentID=5702&p_applic=CCC&p_service=Content.show&

5.24 Eczema

Eczema (also known as dermatitis) is a dry skin condition which is highly individual in its nature. It is not contagious. In mild cases of eczema, the skin is dry, scaly, red and itchy. In more severe cases there may be weeping and crusting and bleeding. Scratching causes the skin to split and bleed and also leaves it open to infection. About 1 in 5 children have eczema, although for most it is mild. Keeping skin moisturised using emollients (medical moisturisers) is key to managing all types of eczema with topical steroids commonly used on particularly inflamed skin.

To help children with eczema adults in school can use the following techniques:

- Monitor – notice times/activities during which a child may scratch skin and work with parents/carers to identify the cause and avoid/reduce triggers
- Use distraction – busy hands and minds don't have time to scratch so involve children in fast-moving and/or absorbing tasks
- Eliminate possible triggers – such as normal soaps, being too hot or cold, sweating (less intensive PE), wet and messy play (wearing PVC gloves), clothing/uniform (wearing a cotton barrier layer), pollen, dust, damp and mould, chairs (cotton barrier to prevent skin 'sticking'), fragrance, animals, swimming (extra time for showering and applying creams), food (see Aberdeenshire special dietary policy).

Further information:

The National Eczema Society

www.eczema.org

Eczema at School – complete pack:

www.eczema.org/eczema-at-school

Section 6: Medical Forms

Med form 1

Request for School to Administer Medication

This form is for parents to complete if they wish the school to administer medication. The school will not give your child medicine unless you complete and sign this form, and the Head teacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Surname

Forename(s):

Address:

.....

Post Code:

Male/Female: Date of Birth: Class / Form:

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: YES / NO

Procedures to take in an Emergency:

CONTACT DETAILS for

Pupil name: Class:

Name:

Daytime Telephone No:

Work Telephone No.

Mobile 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.

Date: Signature(s):

Relationship to pupil:

Med form 2

Confirmation of the Head Teacher's Agreement to Administer Medication

This form is for schools to complete and send to parent if they agree to administer medication 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)**.

(Name of child) will be **given / supervised** whilst he / she takes their medication by **(names of members of staff)**.

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

Date:

Signed

(Head teacher or DHT pupil support):

Med form 3

Pupil Name	Class/year group
------------	------------------

Record of Medication Administered in School

Date medicine supplied to school:	Storage Point:	Date medicine finished/sent home:
-----------------------------------	----------------	-----------------------------------

This form is for schools to record details of medication given to pupils.

Print Name					
Signature of Staff					
Other recording (e.g. blood sugar level)					
Any Reactions					
Quantity that remains					
Dose given					
Quantity at start					
Name of Medication					
Time					
Date					

Med form 3a

Pupil Name

Class/year group

Record of Medication Administered in School to Pre-School Children, or Administration of Controlled Drugs

Date medicine supplied to school:	Storage Point:	Date medicine finished/sent home:
-----------------------------------	----------------	-----------------------------------

This form is for schools to record details of medication given to pupils. **NB! Two staff to sign for administration of controlled drugs**

Print Name					
Signature of Staff					
Print Name					
Signature of Staff					
Other recording (e.g. blood sugar level)					
Any Reactions					
Quantity that remains					
Dose given					
Quantity at start					
Name of Medication					
Time					
Date					

Med form 3b

Administration of Buccal Midazolam or Rectal Diazepam (Emergency Medication) in Epilepsy and Febrile Convulsions for Non-Medical Staff

Joint Epilepsy Council

Individual care plan to be completed by or in consultation with the medical practitioner

(Please use language appropriate to the lay person)

Name of pupil or student: Age:

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)

Other useful information:

Emergency treatment plan

1. When should emergency medication be administered? (Note here should include whether it is after a certain length of time or number of seizures).

.....

2. Initial dosage; how much emergency medication is given initially? (Note recommended number of millilitre/milligrams for this person).

.....

3. What is the usual reaction(s) to emergency medication?

.....

4. If there are difficulties in the administration of emergency medication, what action should be taken?

.....

.....

5. Can a second dose of emergency medication be given? YES / NO

After how long can a second dose of emergency medication be given? (State the time to have elapsed before re-administration takes place).

.....

How much emergency medication is given as a second dose? (State the exact dose 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 dialled for emergency help?

e.g. (i) if the full prescribed dose of emergency medication fails to control the seizure

.....

(ii) Other (please give details)

.....

8. Who should (a) administer the emergency medication

(b) witness the administration of emergency medication

(e.g. another member of staff of same sex as child, if rectal diazepam is the emergency medication)

.....

.....

9. Who / where needs to be informed?

(a) Parents / Guardian

Tel:

(b) Prescribing Doctor

Tel:

(c) Other

Tel:

10. Insurance cover in place? YES / NO

.....

.....

11. Precautions: under what circumstances should emergency medication not be used e.g. alternative medication such as Oral Diazepam already administered within the last _____ minutes.

.....

All occasions when emergency medication is administered must be recorded.

This plan has been agreed by the following:

Prescribing Doctor
(BLOCK CAPITALS)

Signature: Date:

Authorised person(s) trained to administer emergency medication

Name: Signature: Date:

(BLOCK CAPITALS)

Name: Signature: Date:

(BLOCK CAPITALS)

Name: Signature: Date:

(BLOCK CAPITALS)

Pupil: Signature: Date:

(if sufficiently mature) (BLOCK CAPITALS)

Parent/Guardian: Signature: Date:

(BLOCK CAPITALS)

Line manager of the person(s) authorised to administer emergency medication

(BLOCK CAPITALS) Signature: Date:

Head of unit / school

(BLOCK CAPITALS) Signature: Date:

This form should be available at every medical review of the child / young person

Copies held by:

Expiry date of this form:

Copy holders to be notified of any changes by:

Pupil

I have read the information detailed above and agree to the treatment as prescribed.

BLOCK CAPITALS

Name: Signature: Date:

Med form 4

Request for Pupil to Carry his / her Medication

This form is for parents/carers to complete if they wish their child to carry his / her own medication.

This form must be completed by parents / carers.

Pupil's Name: Class / Form:

Address:

.....

.....

Condition or illness:

.....

.....

Name of Medicine:

.....

Procedures to be taken in Emergency:

.....

.....

Contact information

Name

Daytime Phone No.:

Work Phone No.

Mobile Phone 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:

Med form 5

Staff Training Record -Administration of Medical Treatment

This form is for recording medical training for staff and must be completed in addition to documentation required to be completed by the training provider.

Name:

Type of Training Received:

Date Training Completed:

Training Provided By:

I, the assessor, confirm that the training has been completed on the topic named above and to the best of my knowledge has been understood by the learner.

Trainer's signature:

Date:

I have received the training on the topic named above. I confirm that I understand the procedure on which I have received the training and feel confident in using that procedure.

Staff signature: Date:

Review Date:

Med form 6

This Should be Completed and Displayed in Prominent areas of the School

Emergency planning

5. Dial **999**
6. Ask for an **ambulance** and be ready with the following information:
7. Give your **name**
8. The school **telephone number**
9. Give brief description of **pupil's symptoms**
10. Give your **location** as follows; (insert school address and postcode)
11. Give exact **location in the school** (insert brief description)
12. Inform Ambulance Control of the **best entrance** and state that the crew will be met and taken to

Speak clearly and slowly and be ready to repeat information if asked

Med form 7:

Individual Pupil Protocol for a Child/Young Person with Health Care Needs

Name of Pupil

Date of Birth / /

Condition

Class/ Form

Contact Information

Family contact 1

Name
Phone No: (home) (work)
Relationship

Family contact 2

Name
Phone No: (home) (work)
Relationship

General Practitioner

Name
Phone No

Clinic/Hospital Contact

Name
Phone No

Protocol prepared by:

Name
Designation Date / /

Agreed with:
Parents / carer
Community paediatrician / GP
School nurse

To be reviewed by date: / /

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

Medication and where it is stored in school

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 / other support to be offered by school

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 *Name of pupil*

Signed

Date / /

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

Med form 8:

Risk Assessment for the Administration of Medicines

Pupils Name:														
Year Group/ Class:														
Risk Assessment Undertaken By (list all contributors):														
Hazard / Risk	Medication / Procedure / Objective	Person/s Affected	Risk level before controls are in place	Initial control measures	New / further control measures required	Risk level with controls in place								
			L M H			L M H								
List any activities which cannot be safely managed, as far as it is possible to foresee:														
Risk Assessment Undertaken By:						Signed:				Review date:				
Date risk assessment completed:														

Exemplar Risk Assessment

Pupils Name:		Joe Bloggs								
Year Group/ Class:		Secondary 2								
Risk Assessment Undertaken By (list all contributors):		DHT pupil support, School nurse, Parents, Stoma nurse, GP, Community paediatrician								
Hazard / Risk	Medication / Procedure / Objective	Person/s Affected	Risk level before controls are in place			Initial control measures	New / further control measures required	Risk level with controls in place		
			L	M	H			L	M	H
Epileptic seizure	Medication administered via gastrostomy	Pupil		√		Medication prescribed by GP. Protocol provided by parent and doctor. Parent has demonstrated procedure. Staff trained by Gastrostomy nurse. Only carried out by identified members of class team (trained staff). Accurate records kept.	Parent / GP contacted for advice/support in the event of incomplete administration of the dose of medicine.		√	
Severe pain and inflammation / stick injury	Steroid replacement injection	Pupil and staff			√	Injection only to be administered by staff who have been trained by nurse to carry out procedure. Protocol provided by specialist nurse. Accurate records kept. Sharps' bin to be used for disposal of syringe needles as per protocol	Parent to provide and remove sharps' bins at agreed intervals		√	
List any activities which cannot be safely managed, as far as it is possible to foresee:										
Risk Assessment Undertaken By:	Mrs Jade Green	Signed:			<i>Jade Green</i>					
Date risk assessment completed:	14.05.2014	Review date:			14.05.2016 (or earlier if changes made to medication)					

Example Risk Assessment for an Objective of this Policy – Storage of Medication

Pupils Name: Heatherhill Primary School										
Year Group/ Class:		n/a								
Risk Assessment Undertaken By (list all contributors): Mrs Green (Head teacher), Mr McCann (Depute head teacher), Mrs White (PSA) Mrs Young (PSA)										
Hazard / Risk	Medication / Procedure / Objective	Person/s Affected	Risk level before controls are in place			Initial control measures	New / further control measures required	Risk level with controls in place		
			L	M	H			L	M	H
Inappropriate storage resulting in medicines being misplaced, unavailable or unusable resulting in possible harm to children	Ensure medication is stored appropriately and is accountable and available for children's needs at all times during term time	Children				Procedures in place (Med forms 1-3) whereby all medicines incoming, administered and disposed of are recorded and signed for. Staff have received appropriate training (med form 5) including importance of appropriate storage conditions (depending on child's need and storage requirement of medication), and record keeping Termly inspections of records and storage areas are conducted by the head teacher Staff to dial 999 if medical emergency arises and child is at risk of harm Contact numbers of child's parents / carers / GP/team (trained staff). Accurate records kept.	Ensure emergency response procedures are completed and prominently displayed around the school building (med form 6) Proactive indicator: Termly checks by head teacher to ensure that medication quantities are as recorded. ✓ Reactive indicator: Number of occasions that medicines have been reported as missing and did not have an impact on the child Number of occasions that medicines have been reported as missing and did have an impact on the child			
List any activities which cannot be safely managed, as far as it is possible to foresee:										
Risk Assessment Undertaken By:	Mrs Jade Green		Signed:				<i>Jade Green</i>			
Date risk assessment completed:	18.08.2015		Review date:				8.08.2016			

Section 7: Training

Based on the Individual Pupil Protocol / Health care plans within each school, the school nurse can advise and source relevant training to meet the needs of teachers and pupils.

NHS Grampian delivered training includes:

- Anaphylaxis and the use of EpiPens
- Buccal Midazolam administration as an emergency medication for epilepsy
- Blood sugar level monitoring and support for diabetes
- Basic Life Support
- Medicine Management
- Safe Storage of medicines/vaccines
- Protocol for assessing injuries + transfer protocol

Specialist training may be provided by arrangement with NHS Grampian staff to support children/young people requiring procedures such as:

- Gastrostomy / tube feeding
- Catheterisation
- Tracheostomy suctioning
- Ventilation

Training provided through Aberdeenshire Council includes:

- First aid
- Moving and handling
- Risk Assessment training available through ALDO

Information about courses is also available through ALDO

http://aldo.aberdeenshire.gov.uk/login/index.php_

Section 8:

Organisations Providing Information and Support

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
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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
THORNLIBANK
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

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SENSE SCOTLAND

5th Floor

Clydeaway 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

For more organisations and contacts please refer to the
Aberdeenshire Support Directory for Families:

<http://asn-aberdeenshire.org/category/part-6/>

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