Acknowledgements

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This document was developed jointly by representatives of West Dunbartonshire Council and West Dunbartonshire Community Health Care Partnership.
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ARRANGEMENTS FOR MEDICATION, HEALTH CARE PROGRAMMES AND CLINICAL TESTS

1. Introduction

1.1 This document, the contents of which should be applied in their entirety, has been produced to help manage medication in educational establishments and to put in place effective management systems to support individual children / young people (hereafter referred to as pupils) with health needs.

1.2 Four major factors have been taken into account in the production of these guidelines:

a) An emphasis on minimising the impact of health care/additional support needs on a child’s life and opportunities to participate as fully as possible in educational experiences;

b) Current thinking places considerable importance on pupils being able to control their own medication and care whenever possible;

c) The Authority’s obligations under The Children (Scotland) Act 1995 with respect to the welfare of children in need;


1.3 A positive response by the educational establishment to a pupil’s health care needs will not only benefit the pupil directly, but can positively influence the attitude and understanding of that establishment.

1.4 It is important that responsibility for pupils’ safety is clearly defined and that each person involved with pupils with health care needs is aware of what is expected of them.

1.5 Close collaboration between educational establishments, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for pupils with health care needs.
2. The Legal Framework

2.1 This guidance is not a definitive interpretation of the law; interpreting the law is a matter for the Courts alone.

2.2 There is no legal duty that requires educational establishment staff to administer medication; this is a voluntary role. Staff who provide support for pupils with health care needs or who volunteer to administer medication are entitled to support from the Education Authority, Head Teacher, Health Services and parents/carers. This includes access to appropriate information and training, and reassurance about their legal liability.

2.3 Parents are a child’s main carers. They are responsible for ensuring that their child attends school when well enough to do so. As defined in The Education (Scotland) Act 1980, parent includes carer and any person who is liable to maintain or has parental responsibilities (within the meaning of section 1(3) of the Children (Scotland) Act 1995).

2.4 Educational establishments are responsible for the health, safety and welfare of pupils in their care. The legal framework for educational establishments dealing with the health, safety and welfare of all their pupils derives from health and safety legislation.

2.4.1 The Health and Safety at Work etc Act (HSWA) 1974, places duties on employers for the health and safety of their employees and anyone else on their premises. In educational establishments, this covers the head of establishment, teaching staff, non-teaching staff, pupils and visitors/contractors.

2.4.2 Most educational establishments will, at some time, have pupils on their roll with health care needs. The responsibility of the establishment is to make sure that safety measures cover the needs of all pupils. This may mean making special arrangements for particular pupils.

2.4.3 The Management of Health and Safety at Work Regulations 1999, made under the HSWA, require employers to:

a) prepare a written assessment of their activities;
b) introduce measures to control or eliminate any risks identified by these assessments;
c) inform their employees about these measures.

2.5 Other legislation, such as The Medicines Acts of 1968, 1971 and 1988, are also relevant to educational establishments dealing with pupils’ medical needs. The following paragraphs outline the provisions that are relevant to the health and safety of pupils.

2.5.1 The Medicines Acts of 1968, 1971 and 1988 place restrictions on dealing with medical products, including their administration. In the case of ‘prescription only’ medicines, anyone administering such a medicinal product by injection must be a medical practitioner, (eg a doctor), or else act in accordance with the practitioner’s directions.

There are exceptions for the administration of certain ‘prescription only’ medicines by injection in emergencies (in order to save life).
2.5.2 Subject to paragraph 2.5.4 below there is no legal or contractual duty on educational establishment staff to administer medicine or supervise a pupil taking it. This is a voluntary role.

2.5.3 Some support staff may have specific duties to provide assistance for health needs as part of their contract. However, swift action would need to be taken by all staff in an emergency.

2.5.4 Section 5 of The Children (Scotland) Act 1995 provides scope for educational staff to do what is reasonable for the purpose of safeguarding or promoting children’s welfare.

2.5.5 Teachers, and other educational staff in charge of pupils, have a common law duty to act as would any reasonably prudent parent to make sure that pupils are healthy and safe on school premises. This might, in exceptional circumstances, extend to administering medicine and/or taking action in an emergency.

2.5.6 This duty also extends to staff leading activities taking place off the school site, such as educational visits, school outings or field trips.

3. **Aim**

This document has been prepared by West Dunbartonshire Council and West Dunbartonshire Community Health Care Partnership to assist schools in meeting the health care needs of pupils. By working in partnership with parents/carers, pupils and health professionals, educational establishments will be able to support pupils who have health care needs in a safe, efficient and secure environment. This includes pupils who require medication during school time. These procedures will be carried out by staff who have access to clear instructions and appropriate training.

4. **Roles and Responsibilities in Meeting Health Care Needs**

All educational establishment staff have a legal duty to care for pupils, which means that they have an obligation to exercise a level of care towards an individual, as is reasonable in all the circumstances, to avoid injury to that individual. This includes addressing health care needs.

**Head Teachers** have responsibility for the management and implementation of the procedures described in this document. They must ensure that all relevant available information with regard to a medical condition that may affect a pupil at school is passed to all concerned and that the confidentiality of a pupil’s medical history is respected. They should identify key members of staff and, where necessary, encourage them to attend all relevant awareness raising/training sessions. The Head Teacher is responsible for arrangements, ensuring that medicines are stored safely.
**Educational Establishment Staff** should be aware of difficulties/symptoms pertaining to the medical needs and the problems that may arise in the establishment for pupils in their care. It is good practice for staff to attend awareness raising/training sessions as indicated by the Head Teacher and be able to carry out the procedures outlined in this document.

**Parents/Carers** have responsibility for ensuring that all relevant information pertaining to their child’s health needs, including any changes to their condition or medication, is given to the head teacher, or a designated person, at the earliest opportunity. Parents/carers must ensure that the school supply of medication is replenished as required. They must collect out of date medication and ensure that it is disposed of correctly and collect all medication from the school at the end of the academic year.

**NHS Greater Glasgow and Clyde** has responsibility for giving advice on medical conditions, the storage of medication and on carrying out the procedures in this document. They will facilitate the completion of School Health Care Plans, where necessary.

### 5. Planning & Arrangements for Health Care Needs including the Administration of Medication

The majority of pupils do not have health care needs which require day-to-day support in their educational establishment. Those pupils who do have health care needs may require support for:

- a short period of time, requiring minimal support, eg taking antibiotics until the course is finished or having mobility problems due to having to wear a leg cast;

- ongoing minimal daily support due to a long-term condition, eg taking methylphenidate (Ritalin or Equasym) for Attention Deficit Hyperactivity Disorder (ADHD), requiring special toileting arrangements or planning rest periods to prevent exhaustion;

- medication to be held in school in case certain symptoms occur, including medication to prevent or minimise an emergency situation, eg asthma inhaler, adrenaline pen for pupils with severe allergies or midazolam for epilepsy;

- certain conditions which require them to perform clinical tests to help them manage their condition, eg blood glucose tests for diabetics;

- complex, chronic conditions, not managed with medication, that require more in-depth planning and support, eg following a serious head injury.

Apart from a few exceptional circumstances, all areas of the curriculum, including educational excursions, should be accessible to pupils with health care needs. Forward planning may be required to accommodate these needs. If you require advice, please contact your School Nursing Team.

There may be times where a pupil requires forms to be completed and signed before appropriate care can be carried out in schools.
The flow diagram in Appendix 1 (Pathway for Managing Pupils’ Health Care Needs in West Dunbartonshire Council Educational Establishments) identifies which form is required in which circumstance.

Appendices 1a to 1e are examples of the medication forms for each category of medication. These are described in Section 10 (Health Care Needs Involving Medication)

Information covering the health needs of the small number of pupils, who require a School Health Care Plan and/or an Emergency Care Flow Diagram, is in Section 8 (School Health Care Plans)

All establishments should have a minimum number of staff members who have attended the appropriate CPD courses as stipulated in Table 2: Recommendations for attendance (Section 16.2). In the event of an emergency where no staff members are available to follow the procedures laid out in a pupil’s School Health Care Plan, the emergency services should be summoned.

5.1 The arrangements described in this document relate only to situations where there is an explicit request by the parent/carer or by the pupil over the age of 16. Educational establishment staff should never administer medication on their own initiative, nor should pupils be permitted to take medication or undertake clinical tests on an ongoing basis without written authorisation from the parent/carer or pupil over the age of 16.

5.2 Where there is a request for a pupil to take or to be given medication, implement a care activity or undertake a clinical test during the school day or during an education excursion (at home or abroad), the following must be observed:

5.2.1 The Head Teacher should be satisfied that medication, care programmes and/or tests require to be administered during the school day.

5.2.2 The Head Teacher must also be satisfied that a volunteer member of staff is willing to assist and undertake any necessary instruction or training. In the case of emergency medication and/or care, the staff must have attended the relevant Continuing Professional Development (CPD) within the last year.

5.2.3 In circumstances where no suitable volunteer is available, schools should seek advice from the Quality Improvement Manager (Specialist) or the Head of Service (Support) and Early Years Establishments should seek advice from the Section Head Early Education and Childcare, in accordance with guidance detailed in Section 17 (Channels of Communication) of this document.

5.2.4 It is good practice for pupils who are capable, to be encouraged to manage their own medication from a relatively early age. If pupils can manage their own medicine, staff may need only to supervise. Where appropriate, pupils could carry and administer their own medication, provided that the safety of other pupils is taken into consideration.
5.2.5 If it is agreed that the pupil should be given medication (or take it), or a clinical test, the parent/carer must provide necessary supplies and must also furnish written instructions regarding the quantity, the frequency, the method of administration and any other relevant information. A pupil over the age of 16 would normally provide information and give consent on their own behalf.

5.2.6 All medication must be supplied to the school in the original container dispensed by the chemist, clearly labelled with the name of the medication, the pupil’s name, date of birth and the dose to be taken.

5.2.7 Consent forms are shown as appendices at the end of these guidelines:

Appendix 1a Request for school to issue non-prescribed medication in school (Form 1);

Appendix 1b Request for school to issue short-term prescribed medication in school (Form 2);

Appendix 1c Request for school to issue long-term prescribed medication in school (Form 3);

Appendix 1d Request for school to issue long-term-as-required prescribed medication in school (Form 4);

Appendix 1e Request to school for medication to be carried and self-administered by pupil in school (Form 5).

The appropriate form should be signed by the parent/carer or the pupil if over 16 years of age. The school should hold these forms to be referred to as necessary by the member(s) of staff concerned. New consent forms are required whenever there are changes to medication and at the beginning of every academic year. Out of date forms should be clearly marked and filed separately from the current form.

5.2.8 Sometimes pupils ask for painkillers (analgesics) at school. Educational establishment staff should not administer non-prescribed medication to pupils because they may not know whether the pupil has taken a previous dose or whether the medication may react with other medication being taken. A child under 12 should never be given aspirin, unless prescribed by a doctor.

5.2.9 Non-prescribed medication may be administered on educational establishment premises as an exception to the general rule. Such medication may only be administered following the explicit written request of the parent/carer or pupil over 16 years of age, in the format set out in Appendix 1a.

5.2.10 If the Head Teacher has any doubts concerning the administration of prescribed medication and/or a clinical test, he or she should firstly discuss the instruction with the relevant nurse specialist or the school nurse. If necessary, the parent/carer or pupil over the age of 16, should be asked for clarification. Where they are unable to give clarification, the School Nurse should contact the appropriate health professional concerned and, if
necessary, assist the parent/carer to submit fresh written instructions to the Head Teacher.

5.2.11 In the exceptional case of a request for the administration of non-prescribed medication, the medication should not be given in school until the parent/carer or pupil over the age of 16 is able to clarify the situation.

5.3 Where a pupil refuses to take medication and/or undergo a clinical test, school staff should not force them to do so. The parent/carer and, if necessary, the general practitioner should be contacted. In urgent cases, reference may be made to emergency services.

5.4 A written record should be kept of all medication administered to pupils. This record should be kept along with the instructions, checked before every administration and completed by the member of staff administering the medication.

Please refer to the following appendices:
Appendix 1i School Medication Record;
Appendix 1j Medication Record for Methylphenidate (Ritalin or Equasym).

5.5 Should an error be made when administering medication, advice should be sought from NHS 24 on 08454 24 24 24. Subsequently a report should be prepared by completing WDC HS1 Form, ‘Report of Incident involving Pupil/Visitor’ and sent to the Health and Safety Section (see paragraph 2.2).

5.6 Some pupils may require emergency medication. Please refer to section 6 of this document (Management of Emergency Medication within Educational Establishments)

6. Management of Emergency Medication in Educational Establishments

6.1 Within the planning process, consideration should be given as to how emergency medication should be administered both within and outwith educational establishments, eg on playing fields and on excursions, trips and visits.

6.2 Pupils with some medical conditions may require a School Health Care Plan that may include emergency management.

6.3 The most common reasons for this are:

a) Severe allergic reactions (Anaphylaxis);
b) Severe asthma;
c) Epilepsy;
d) Diabetes;
e) Cystic Fibrosis;
f) Complex conditions involving several medical needs.

6.4 Information in this regard should be completed on the designated School Health Care Plan. The relevant health professional and the parent/carer will complete and sign the plan as will the Head Teacher or designated member of staff. Where necessary, the School Nurse will provide support and advice.

6.5 Blank examples of these plans are to be found as appendices:
Appendix 2c Severe Allergies;  
Appendix 2d Epilepsy;  
Appendix 2e Diabetes.

6.6 When made aware of a parental request in respect of a pupil requiring administration of emergency medication, the Head Teacher should alert the School Nursing Team and vice versa.

6.7 The Head Teacher should identify staff who have volunteered to administer emergency medication.

6.7.1 Continuing professional development (CPD) sessions covering severe allergic reactions, asthma and the administration of emergency medication are available throughout the session and are detailed on the CPD website. Training on diabetes, cystic fibrosis and epilepsy (when required for individual pupils) will be provided by specialist nursing staff from the Royal Hospital for Sick Children in Yorkhill, the Royal Alexandra Hospital in Paisley or the Vale of Leven Hospital Community Children’s Nursing Service.

6.7.2 Only staff who have been given information and instruction or have attended the appropriate CPD session should administer emergency medication.

6.8 In the event of an emergency situation arising and no trained staff nor a plan being available, immediate emergency support should be sought from the Emergencies Services by means of a 999 telephone call.

6.9 Responsibilities in relation to a School Health Care Plan are as follows:

6.9.1 The parent/carer of a pupil under the age of 16 is responsible for ensuring that the school is informed of the health needs of the pupil;

6.9.2 Where a pupil is over 16 with additional support needs and not deemed to have capacity, the parent / carer is responsible for ensuring that the school is informed of the health needs of the pupil;

6.9.3 The Head Teacher is responsible for bringing the health care needs of a pupil to the attention of the School Nurse;

6.9.4 The School Nurse is responsible for facilitating the completion of School Health Care Plans if they have not been produced by the clinic attended by the pupil;

6.9.5 The Head Teacher is further responsible for the dissemination of relevant information to staff involved with the pupil.

6.10 The parent/carer and, where appropriate, the pupil, should be actively involved in discussion about the preparation and completion of a School Health Care Plan which includes emergency management.

6.11 Where no dedicated plan exists, an individual pupil specific School Health Care Plan for Emergency Management must be written (Appendices 2a and 2b). This will detail any treatment and/or emergency medication required.
The School Nursing Team, in conjunction with the parent/carer and any other relevant health professionals, will facilitate this.

6.12 Information on the storage of any emergency medication is detailed in section 10.7 of this document. If required, further advice can be sought from the School Nursing Team or community pharmacist. Emergency medication must be kept in close proximity to the pupil.

7. Medical Records & Confidentiality

Every educational establishment should have a medical folder that is kept in a safe, central, easily accessible place and all staff should know where this is located. This folder should contain copies of all medication/care forms, including any School Health Care Plans, and emergency contact details for each pupil who has a medical condition which requires support.

If the educational establishment requires to call the Emergency Services (999), all the information given in Appendix 4 should be provided to the operator. This information should be displayed at all telephones.

A member of the Senior Management Team should ensure that all current information is available for the emergency services when they attend. This information should include any parental requests regarding medical interventions.

All pupils have a right to confidentiality. Care should be taken to disseminate relevant information to staff without drawing undue attention to pupils with health care needs. Health information about individual pupils should not be openly displayed without the permission of the pupil and their parent/carer.

8. School Health Care Plans

Initiating School Health Care Plans
A School Health Care Plan is required for all pupils who require emergency medication or who have a complex, chronic condition that requires more in depth planning and support. Pupils with severe asthma, severe allergies, epilepsy, diabetes and cystic fibrosis who require a School Health Care Plan, will have the completion of their plan facilitated by the appropriate clinic nurse / consultant / GP.

Please refer to the diagram in Appendix 1 which identifies which form and/or School Health Care Plan is required in which circumstances. Please see Table 1 for conditions which may require School Health Care Plans and advice on who intimates the plan’s completion.
### Table 1

<table>
<thead>
<tr>
<th>Condition</th>
<th>School Health Care Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe Allergies</td>
<td>For pupils who do not have a health care plan from the relevant hospital clinic, blank copies of Form 10/School Health Care Plan Severe Allergies (Appendix 2c) are held in school. Contact the School Nursing Team who will advise on completion.</td>
</tr>
<tr>
<td>Asthma</td>
<td>For pupils who do not have a health care plan from the relevant hospital clinic, blank copies of Form 9 / School Health Care Plan Requiring Medication (Appendix 2b) are held in school. Contact the School Nursing Team who will advise on completion.</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>For pupils who do not have a health care plan from the relevant hospital clinic, blank copies of Form 10/School Health Care Plan Epilepsy (Appendix 2d) are held in school. Contact the School Nursing Team who will advise on completion.</td>
</tr>
<tr>
<td>Diabetes</td>
<td>For pupils who do not have a health care plan from the relevant hospital clinic, blank copies of Form 10/School Health Care Plan Diabetes (Appendix 2e) are held in school. Contact the School Nursing Team who will advise on completion.</td>
</tr>
<tr>
<td>Cystic Fibrosis</td>
<td>Always compiled by Specialist Cystic Fibrosis Nurse. No blank copies held in school. (For further information see Appendix 2f).</td>
</tr>
<tr>
<td>Other conditions requiring complicated care, emergency medication and/or emergency care</td>
<td>For pupils who do not have a health care plan from the relevant hospital clinic, blank copies of Form 8/School Health Care Plan Long-term health care not requiring medication (Appendix 2a) and Form 9/ School Health Care Plan Long-term health care requiring medication (Appendix 2b) are held in school. If there is any doubt about completion contact the School Nursing Team for advice.</td>
</tr>
</tbody>
</table>

### Reviewing School Health Care Plans

The Head Teacher, or a designated member of staff, should review all School Health Care Plans at the beginning of each academic year. They should contact the pupil’s parent/carer to find out if there have been any changes.
If there are no changes, and the care and/or administration of medication is to continue, the Agreement to School Health Care Plan Review Form (last page of the School Health Care Plan) must be completed and signed by all relevant parties as indicated on the form.

If there are any changes to the care or medication required by a pupil, a new School Health Care Plan should be completed. If necessary, contact the School Nursing Team who will facilitate the completion of the updated School Health Care Plan.

**Accessing School Health Care Plans**

All staff who have contact with a pupil who has a School Health Care Plan should know where to access the plan and do so as appropriate. Emergency Care Flow Diagrams must be readily accessible at all times. Whenever the pupil is off-site during school hours, including excursions and residential experiences, the teacher in charge should ensure a copy of the pupil’s School Health Care Plan is carried by a member of staff.

**EE&CC and Primary Schools**

Copies of the School Health Care Plan should be kept:

- in the medical folder;
- in the pupil’s Pupil Progress Record;
- by the pupil’s parents/carers.

Copies of the emergency care flow diagram should be kept:

- in the pupil’s classroom / playroom with a note of the location of any emergency medication;
- centrally, with any back-up emergency medication.

**Secondary Schools**

Copies of the School Health Care Plan should be kept:

- in the medical folder;
- in the pupil's Pupil Progress Record;
- by the pupil’s parents/carers.

A generic copy of the emergency care flow diagram, with a note of the location of any emergency medication, should be kept in every classroom and an individualised copy of the emergency care flow diagram should be kept centrally with any backup emergency medication.

**In Special Schools, where registered nurses are not available in school at all times**

Copies of the School Health Care Plan should be kept:

- in the medical folder;
- in the pupil’s Pupil Progress Record;
- by the pupil’s parents/carers.
Copies of the emergency care flow diagram should be kept:

- in the pupil’s classroom, with a note of the location of any emergency medication;
- centrally, with any back-up emergency medication.

**In Special Schools, where registered nurses are available at all times**

Copies of the School Health Care Plan should be kept:

- in the medical folder;
- in the pupil’s Pupil Progress Record;
- by the pupil’s parents/carers.

Copies of the emergency care flow diagram should be kept with emergency medication for use on out of school trips.

9. **Health Care Needs Not Involving Medication**

Some pupils have health care needs that require care during the school day which does not involve medication. Where there is a request for a pupil to receive care during the school day or during an educational excursion (at home or abroad), the procedures outlined in this document should be observed. The diagram in Appendix 1 identifies the form required in each circumstance.

9.1 **Short-Term Care**

For care that is required for less than six months, *Form 7/School Health Care Plan Short-term health care not requiring medication (Appendix 2)* should be completed and signed by the parent/carer.

9.2 **Long-Term Care**

For ongoing care, including emergency care, for a chronic condition, the appropriate form should be completed and signed by the parent/carer:

- *Form 8/School Health Care Plan Long-term health care not requiring medication (Appendix 2a)*;
- *Form 9/School Health Care Plan Long-term health care requiring medication (Appendix 2b)*;
- *Form 10/School Health Care Plan (See point 6.5).*

10. **Health Care Needs Involving Medication**

Some pupils have health care needs that require the administration of medication in educational establishments. Arrangements for the administration of medication in educational establishments apply only to situation where there is an explicit request by the parents or by a pupil who is over 16 years. Education staff should never administer medication on their own initiative. Pupils should not be permitted to take medication or undertake clinical tests on an ongoing basis without written authorisation using the appropriate form.
10.1 Categories of Medication and Procedures for Administration

Where there is a request for a pupil to take or be given medication, undertake a care activity or clinical test during the school day or during an educational excursion (at home or abroad), the procedures outlined in this document should be observed. The diagram in Appendix 1 sets out which procedure to follow in each circumstance.

a) **Non-prescribed Medication**

Any medication not requiring a medical or dental practitioner’s prescription is defined as non-prescribed medication (eg Paracetamol). Educational establishment staff should not administer non-prescribed medication to pupils unless *Form 1/Request for school to issue non-prescribed medication* (Appendix 1a) has been completed and signed by the parent/carer. The Head Teacher/designated person must also agree that it is necessary for the medication to be administered in the educational establishment/on educational excursions. **A child under 12 should never be given aspirin, unless prescribed by a doctor.**

b) **Routine Prescribed Medication**

Any medication requiring a medical or dental practitioner’s prescription is defined as prescribed medication. This includes medication where a specified dose is taken at a specified time and medication where the dose and time taken change according to symptoms and/or test results. If it is necessary for this medication to be administered during school hours, the parent/carer must complete and sign the appropriate form before any medication can be administered. The diagram in Appendix 1 identifies which form is required in which circumstances and Appendix 1b-1d are blank examples of each type of form:

- *Form 2/Request for school to issue short-term prescribed medication* (Appendix 1b);
- *Form 3/Request for school to issue long-term prescribed medication* (Appendix 1c);
- *Form 4/Request for school to issue long-term as required prescribed medication* (Appendix 1d).

The medication must be supplied in the dispensing container with the original pharmacy label attached stating the pupil’s name, date of birth, name of medication, time/frequency and route of administration. The statement ‘As Directed’ is not acceptable. Medication that is not supplied to school in the dispensing container with the original dispensing label should NOT be accepted.

For additional information relating to methylphenidate (Ritalin or Equasym), refer to Section 11.
c) **Emergency Prescribed Medication**

This covers any medication required to prevent or minimise an emergency situation. All pupils with the following conditions, and who require emergency medication in an educational establishment, must have a School Health Care Plan:

- Severe Allergies (pupils who have been assessed by specialist services at a hospital (or equivalent) as having an allergy likely to cause a life-threatening reaction);
- Asthma (pupils with severe asthma who require a School Health Care Plan will be identified by the asthma nurse specialist);
- Epilepsy;
- Diabetes;
- Cystic Fibrosis.

In cases where a pupil is diagnosed with any other less common condition that requires the administration of medication in an emergency a School Health Care Plan should also be prepared.

10.2 **Pupil Refusal to Take Medication**

Where a pupil refuses to take medication and/or undergo a care activity or test, staff should not force them to do so. The parent/carer should be contacted. In urgent cases, reference should be made to emergency services.

10.3 **Pupil Self-administration of Medication**

Best practice places considerable importance on pupils being allowed to control their own medication, whenever possible.

When there is a request for a pupil to carry and self-administer medication and the Head Teacher/designated person agrees to this, *Form 5/Request to school for medication to be carried and self-administered by pupil (Appendix 1e)* should be completed and signed by parent/carer.

10.4 **Supply, Collection and Disposal of Medication**

Parents/carers must ensure that the educational establishment is supplied with a sufficient quantity of medication. When medication supplies are low, *Form 6a/Notice to parent/carer that supply of medication needs replenishing (Appendix 1f)* should be sent home.

When ‘use by date’ of medication supplies is approaching, *Form 6b/Notice to parent/carer that supply of medication is becoming ‘out of date’ and needs replacing (Appendix 1g)* should be sent home.

The parent/carer should collect ‘out of date’ medication from the educational establishment within 7 days of expiry date. All medication should be collected by the parent/carer at the end of the academic year. *Letter 1/Request to parent/carer to collect medication from school (Appendix 1h)* should be sent home two weeks before the end of the summer term. Any medication that remains uncollected should be taken to a local pharmacy for disposal.
In those cases where pupils are transported to the educational establishment by the authority and the establishment is not located near the family home, an arrangement should be made between the establishment and the parents as to how medicines can be safely delivered to the parents for disposal. Alternatively, medicines can be taken to a local pharmacy for safe disposal.

10.5 Review and Changes to Medication and/or Care

All information regarding care or medication should be renewed at the beginning of each academic year. New forms must be completed and signed. It is the responsibility of the parent/carer to inform the establishment of any changes.

Where the pupil does NOT have a School Health Care Plan and changes are made to the support required in the educational establishment, the appropriate action should be taken as indicated below:

- If a doctor prescribes any change to the dose, time or manner of administration of routine medication, this should be treated as a new medication and the appropriate form completed (Forms 2, 3, 4 or 5);

- If a parent/carer requests any change to the dose, time or manner of administration of non-prescribed medication, this should be treated as a new medication and the appropriate form completed (Forms 2 or 5);

- If the parent/carer requests any change to the care (not involving medication) required by a pupil, this should be treated as a new care arrangement and the appropriate form completed (Forms 7, 8, 9 or 10).

Where the pupil does have a School Health Care Plan and changes are made to the support required in the educational establishment, a new School Health Care Plan, where available, should be given to the parent/carer for completion. If the parent/carer is unable to do this or where no plan is available, the establishment should contact the School Nursing Team who will facilitate the completion of the School Health Care Plan.

10.6 Recording the Administration of Medication or a Procedure

A written record should be kept of all medication administered to pupils. The record should be kept along with the medication, checked before every administration and completed by the member of staff administering the medication. (Appendix 1i School Medication Record) is a blank example of an administration of medicine recording sheet. For additional information regarding Methylphenidate (Ritalin or Equasym) please see Section 11.

When a pupil administers his/her own medication, a detailed record is not required.

10.7 Storage of Medication and/or Test Materials

a) Emergency medication should be stored in a zipped poly pocket with the instructions/emergency flow diagram.
In EE&CC establishments, emergency medication should be kept in a secure, easily accessible place.

In primary schools, emergency medication should be kept in a central, easily accessible, designated area. Pupils from Primary 4 onwards should be encouraged, where appropriate, to carry their own asthma inhalers, though a spare should be kept centrally.

In secondary schools, pupils should carry their own emergency medication, where appropriate, and spare medication kept in a central, easily accessible, designated area. When it would be inappropriate for a pupil to carry his or her own emergency medication, the School Nursing Team should be contacted for advice.

In special schools, where registered nurses are not available in schools at all times, emergency medication should be kept in a central, easily accessible, designated area. Where appropriate, pupils from Primary 4 onwards should be encouraged to carry their own asthma inhalers, though a spare should be kept centrally.

In special schools, where registered nurses are available in school at all times, emergency medication should be kept in a central, easily accessible designated area.

b) Storage of Routine Prescribed and Non-Prescribed Medication
Routine prescribed and non-prescribed medication/test materials should be in suitable locked storage but should be accessible to staff designated by the Head Teacher. Where pupils are managing medication themselves, they should not normally be expected to give up their medication for storage unless it is deemed that managing it themselves would place other pupils at risk.

Medication should be stored in the container in which it was dispensed with the original, unaltered, dispensing label.

Medication should not be stored next to a radiator or in direct sunlight. Some medicines need to be refrigerated. The temperature of refrigerators containing medicines needs to be monitored regularly. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. If an educational establishment has to store large quantities of medicines, then a lockable medical refrigerator should be considered. The establishment should restrict access to a refrigerator holding medicines.

11. Arrangements for the Administration of Methylphenidate

Methylphenidate is a medicine governed by the Misuse of Drugs Regulations 2001. Careful consideration must be given to the storage and recording of the administration of methylphenidate. This will safeguard staff against possible allegations of misappropriation of medication governed by the Misuse of Drugs Act 2001.

11.1 Storage of methylphenidate
Methylphenidate must be kept in a locked cabinet at all times.
11.2 *Recording the administration of Methylphenidate*
A record of the number of tablets held in the educational establishment must be kept. When a further supply is delivered to the establishment, the record must be updated and signed by the parent/carer and a member of staff or two members of staff. A blank example of an administration of medicine recording sheet for Methylphenidate, incorporating a column for updating the number of tablets held in school, is given in Appendix 1j.

12. **Procedures for Pupils Returning to an Educational Establishment after a Prolonged Absence due to a Medical Condition**

When a pupil is well enough to return to their educational establishment, the establishment may contact the School Nursing Team who can offer advice and support to parents/carers and school staff.

13. **Storage of Medication and/or Test Materials**

13.1 The Head Teacher is responsible for ensuring that medicines are stored safely as detailed in these guidelines (section 10.7).

13.2 Emergency medication, including asthma inhalers, should be stored in close proximity to the pupil. A back-up supply can be stored in an unlocked, easily accessible central area.

13.3 All other medication or tests, which are administered by staff, should be stored in a locked cabinet, to be opened only by persons authorised by the Head Teacher. Some medication needs to be refrigerated.

13.4 Where pupils are managing medication themselves, an assessment of the risks to others must be made and, if this is deemed dangerous in any way, the pupil should be expected to give up their medication for storage.

13.5 Particular care needs to be taken in the recording of the quantity of controlled drugs such as Methylphenidate (Ritalin or Equasym) received and administered. This is to ensure against the potential of allegations of misappropriation. See Section 11 and Appendix 1j in these guidelines.

14. **Renewal and Disposal of Supplies**

14.1 It is the responsibility of the parent/carer or pupil over the age of 16 to renew supplies of the medication or test materials as required. If necessary, the Head Teacher should arrange for the appropriate form to be passed to the parent/carer when the supply is becoming low *(Appendix 1f)*, or when out of date *(Appendix 1g)*, to obtain a fresh supply of the medication or materials.

14.2 The parent/carer is responsible for disposal of date-expired medicines. Wherever possible the parent/carer should collect medicines held at the educational establishment within 7 days of the expiry date and at the end of each academic year *(Appendix 1h)*.
14.3 In those cases where pupils are transported to their educational establishment by the Authority and the establishment is not located near the family home, an arrangement should be agreed between the establishment and the parent/carer as to how medicines can be safely delivered to the parent/carer for disposal. Alternatively, medicines can be taken to a local pharmacy for safe disposal.

15. Prohibition of other Medication

15.1 No medication should be held by non-residential educational establishments other than those required under the arrangements described in this document.

16. Training and Information – CPD for Staff

It is important that educational staff members are able to recognise certain conditions and their implications. The following course is provided to support staff in meeting pupils’ needs.

1. Managing Severe Allergies and Asthma in Educational Establishments

This course will be advertised throughout each session on the West Dunbartonshire CPD website and will be delivered by appropriately qualified clinical staff.

Training for other specific conditions, including diabetes, cystic fibrosis and epilepsy will be provided for individual establishments when required by specialist nurses from the Royal Hospital for Sick Children in Yorkhill, the Royal Alexandra Hospital in Paisley or the Vale of Leven Community Children’s Nursing Service.

It is recognised that every educational establishment is different and the information in sections 16.1 – 16.4 is only a guide. However, it is essential that all Head Teachers ensure that all staff members are aware of these procedures and that the requirements set out in this document are met. The number of staff stated in Table 2 is the minimum number who should attend CPD sessions, regardless of the size of the establishment. This is to cover absences. Large schools and schools with split sites should look at increasing these numbers of staff.

The Head Teacher should ensure that a register is kept of staff members who have attended appropriate CPD training. Proformas for this purpose are provided at the end of this document (Appendices 3 – 3c Staff Attendance Records). Staff members are required to update their knowledge by attending CPD sessions annually.

16.1 CPD in Managing Severe Allergies and Asthma in Educational Establishments

This course specifically covers the following areas in relation to the management of severe allergies:

- the causes and physical effects of a severe allergy;
- school management to help prevent an allergic reaction;
- recognising signs and symptoms of an allergic reaction;
- caring for a pupil who is having an allergic reaction;
• storage of medication and emergency procedures.
This course specifically covers the following areas in relation to the management of asthma:

• the causes and physical effects of asthma;
• management to help prevent an asthma attack in an educational establishment;
• recognising signs and symptoms of an asthma attack;
• caring for a pupil who is having an asthma attack;
• storage of medication and emergency procedures.

All establishments require to ensure that an appropriate number of staff have attended this course. (see Table 2 for overview)

16.2

Table 2: Recommendation for attendance

<table>
<thead>
<tr>
<th>Course: 1. Managing Severe Allergies and Asthma in Educational Establishments</th>
<th>Core level of staff training essential for all establishments</th>
<th>When a pupil enrols who has severe allergies, asthma or epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE&amp;CC</td>
<td>Core of 2 members of staff, to include one from senior management and staff who have remit for first aid</td>
<td>Core level plus the pupil’s key worker</td>
</tr>
<tr>
<td>Primary School</td>
<td>Core of 3 members of staff, to include one from senior management and staff who have remit for first aid</td>
<td>Core level plus the pupil’s class teacher</td>
</tr>
<tr>
<td>Secondary School</td>
<td>Core of 5 members of staff, to include one from senior management, and staff who have remit for first aid</td>
<td>Core level</td>
</tr>
<tr>
<td>Special School with registered nurse</td>
<td>Core of 3 members of staff, to include one from senior management</td>
<td>Two members of class team</td>
</tr>
<tr>
<td>Special school without registered nurse</td>
<td>Core of 3 members of staff, to include one from senior management and staff who have remit for first aid</td>
<td>Core level plus the pupil’s class teacher</td>
</tr>
</tbody>
</table>

Further information

Severe Allergy: see Appendix 5 and 5a for
• more detailed information on severe allergies;
• an emergency care flow diagram.

Asthma: see Appendix 5b for
• more detailed information on asthma;
• an emergency care flow diagram.

Epilepsy: see Appendix 5c and 5d for
• more detailed information;
• an emergency care flow diagram.
16.3 Managing Epilepsy in Educational Establishments

The management of epilepsy training will be undertaken by the School Nursing Service who can be contacted on the following phone numbers:

- Clydebank: 0141 951 8140
- Alexandria: 01389 817 348

Training sessions will typically cover:

- the causes and physical effects of epilepsy;
- recognising an epileptic seizure;
- caring for a pupil who is having a seizure;
- when emergency services should be called;
- when and how to administer emergency medication.

Staff members who volunteer to administer emergency epilepsy medication must have attended the course within the previous year. If the members of staff attended the course more than one year ago, or if they have never attended the course, they are required to satisfactorily complete the course before they are able to administer emergency medication.

16.3 Managing Diabetes in Educational Establishments

The management of diabetes training will be undertaken by a Diabetic Nurse Specialist from the Royal Hospital for Sick Children in Yorkhill, the Royal Alexandra Hospital in Paisley or the Vale of Leven Community Children’s Nursing Service. The specialist nurse will visit the establishment of a pupil newly diagnosed with diabetes and give advice and information to staff directly involved with that pupil. They will cover the following areas in relation to the management of diabetes:

- the causes and physical effects of diabetes;
- school management to help prevent low blood sugar;
- recognising signs and symptoms of low blood sugar;
- storage of medication and emergency procedures.

Further Information

Diabetes: see Appendix 5e for

- more detailed information on diabetes;
- an emergency care flow plan.

16.4 Managing Cystic Fibrosis in Educational Establishments

The management of cystic fibrosis is specific to the individual pupil and cannot be delivered as a generic course. The Cystic Fibrosis Nurse Specialist will provide training in this area and will contact the educational establishment to arrange sessions, as appropriate, to meet the needs of pupils with cystic fibrosis.

The Head Teacher should identify the staff who have responsibility in relation to any individual pupil who has cystic fibrosis and ensure that these staff are given time to attend the updates given by the Cystic Fibrosis Nurse
Specialists and keep an up to date record of attendance of staff at these update sessions.

Further information

Cystic Fibrosis: see Appendix 2f for

- more detailed information on cystic fibrosis.

17. Channels of Communication

17.1 If difficulties arise over the administration of medication or clinical tests, the Head Teacher should:

a) through the parent/carer, seek a possible revision of the medication or care/test regime from the medical staff involved

or

b) contact the Quality Improvement Manager (Specialist), the Head of Service (Support) or the Section Head Early Education and Childcare.

18. Confidentiality

All pupils have a right to confidentiality. Care should be taken to disseminate relevant information to staff without drawing undue attention to pupils with health care needs. Health information about individual pupils should not be openly displayed without the permission of the pupil and their parent / carer.

19. Public Indemnity

Any member of staff acting in accordance with these guidelines will be covered by the Authority’s Public Liability Policy to indemnify a member of staff against claims by pupils or others.

Terry Lanagan
Executive Director of Educational Services
Date: June 2011