



From mountain to sea

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





Contents

PURPOSE OF GUIDANCE	5
Objectives	5
SECTION 1: GENERAL PRINCIPLES	6
SECTION 2: MEDICATION PRINCIPLES, DUTIES AND RESPONSIBILITIES	7
SECTION 3: DEVELOPING SYSTEMS AND PROCEDURES FOR MANAGING MEDICINES	9
FLOWCHART FOR PLANNING TO MEET MEDICAL NEEDS:	13
SECTION 4: DEALING WITH MEDICINES SAFELY	14
SECTION 5: COMMON CHILDHOOD CONDITIONS	16
5.10 Asthma	16
5.12 Epilepsy	17
5.13 Diabetes	18
5.14 Allergic Reactions	19
5.15 Attention Deficit Hyperactivity Disorder (ADHD)	20
5.16 Impaired Adrenal Function	21
5.17 Cystic Fibrosis	22
5.18 Oncological Conditions	22
5.19 Tube Feeding	22
5.20 Clean Intermittent Catheterisation (CIC)	23
5.21 Tracheostomy	23
5.22 Stomas	24
5.23 Communicable Diseases	24
5.24 Eczema	25
SECTION 6: MEDICAL FORMS	26
Med form 1	26
Med form 2	28

Med form 2a	29
Med form 3	30
Med form 4a	32
Med form 4b	33
Med form 5	34
Med form 6: Blank Risk assessment	35
Exemplar Generic Risk Assessment for the safe administration of medication	36
Appendix 1: Record Keeping Form for Storage of Medication	38
SECTION 7: TRAINING	39

Guidance updated by the Inclusion, Equity and Wellbeing Team

Version	Status	Issue date	Reason
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
2.1	Guidance	April 2024	Update of information related to conditions and update of Med Forms. The use of Risk Assessment to support the administration of medication. Update on residential trips and the record keeping and storage of medication
2.2	Guidance	May 2024	Use of a Generic Risk Assessment to support the safe administration of medication and exemplar provided rather than pupil specific Risk Assessments. Updates to exemplar Risk Assessment for schools to amend as necessary. Previous two Risk Assessment exemplars have been amalgamated into one. A solution for Parents /carers who are denied a dispensary label when seeking medication for their child (as a precautionary intervention).

Purpose of Guidance

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 guidance has been written 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 / carers.

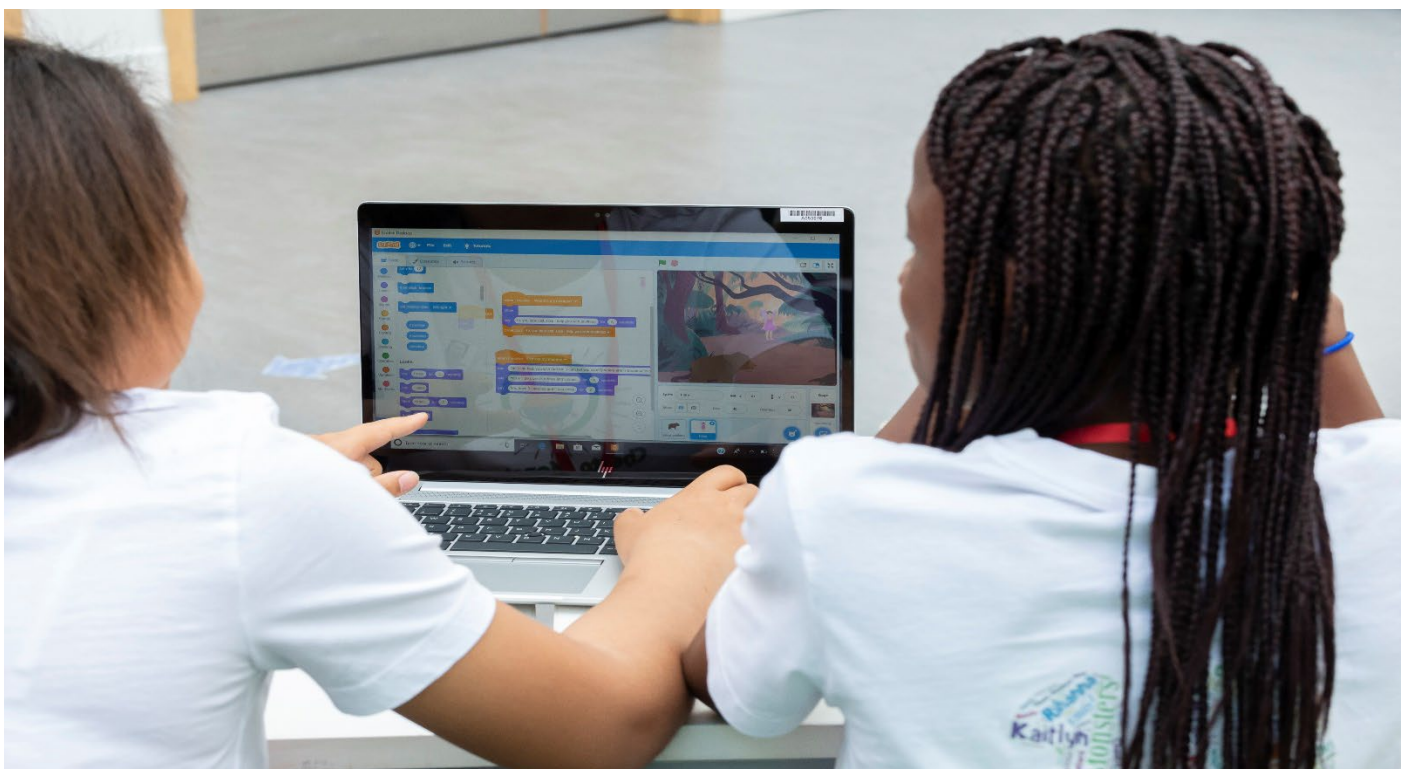
The guidance is also intended to assist schools in identifying where additional support can be sought.

Pro-formas are provided, as part of this document: Med Forms 1-6. These evidence the administrative part of the administering of medication within Aberdeenshire Educational establishments.

Objectives

- To ensure that all medication is stored appropriately in schools, is always accounted for and is available for the child's needs when required 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 / carers 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 6) and monitored through performance indicators. The Head Teacher / PT ASL of each school has the responsibility for implementing and monitoring the procedures in school as defined in this guidance.



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 a Health Care Plan / Protocol written by NHS Grampian professionals for very specific medical needs. These should be accompanied by the supporting documents of Aberdeenshire Med Forms included in this guidance

A risk assessment should also be completed (Med form 6). This can help schools identify the necessary safety measures to support pupils with medical needs and ensure that they and others are not put at risk. (An exemplar risk assessment is available in this guidance for schools to use and amend)



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 / carers, 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 (or person with designated responsibility eg Depute Head Teacher, PT ASL or PT Guidance) 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 parent / carers' 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 4a).

Head Teachers and PT ASL can use Med Form 4b to keep a record of training completed and refresher training required.

2.4 Head Teacher

The Head Teacher is responsible for implementing the guidance 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 / carers are aware of the school's 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/PT ASL 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 (Appendix 1). 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 / PT ASL. The Head Teacher / PT ASL is responsible for ensuring that the generic risk assessment has been completed. [A risk assessment exemplar is provided for Med form 6](#). Staff can amend the exemplar to suit the needs of the learners in their school.

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 and support staff who have pupils with health care needs in their class should be provided with all the relevant information and training to support them understand the condition and deal with situations appropriately.

Staff should be aware of the likelihood of an emergency arising, how it may present and what action to take if one occurs. Having a number of staff trained prevents difficulty when staff are absent or unavailable. [Med form 4](#) provides 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 5](#). 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; this information is detailed in [Med form 1](#).

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) will be able to identify if a protocol or health care plan (as used by Royal Aberdeen Children's Hospital) would be available for pupils with health care needs. They will also be able to signpost schools to the appropriate personnel for seeking a protocol/ health care plan for specific pupils. The Health team will also be able to offer advice on, or signpost training for school staff who are involved in administering medicine

Section 3

Developing Systems and Procedures for Managing Medicines

Introducing a Procedure

A clear procedure understood and accepted by staff, parents / carers and pupils provides a sound basis for ensuring that children with health care needs receive appropriate care and support at school. The procedure followed by the school should be based on advice provided by medical practitioners. **Schools should have/ seek a copy of any relevant Care Plans/ Protocols created by NHS to ensure the pupil's health needs are met.** NHS guidelines / protocols should be supported by Aberdeenshire documentation (Med Forms 1-6). Any request for medication to be administered where an NHS guidelines / protocol is not provided, parents / carers must complete Med Forms 1/ 3 and schools must complete Med Form 6 to detail the risks identified with the administration of medication, and the risks associated with storage and staff training (an exemplar is available). The school's procedure on supporting pupils who have health care needs or require medication in school should be communicated in the school prospectus/handbook to parents / carers and to staff.

A school's procedures would include:

- Making contact with relevant health professionals and requesting any guidelines / protocols created by NHS staff for the pupil
- The need for prior written agreement from parents / carers for any medication to be given to a child and the consent of the Head Teacher (**Med form 1**).
- The consent, agreement and procedure on pupils carrying and taking their medication themselves (**Med form 3**).
- A completed Generic Risk Assessment for the safe administration of medication (**Med Form 6- an exemplar is available**)
- Record Keeping (**Med form 2**) or (**Med form 2a**), Appendix 1
- Schools emergency planning procedures (**Med forms 5 and 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. **Alongside (Med Form 1), schools should have completed a generic risk assessment (Med form 6) to evidence that as far as possible risks regarding the administration of medication have been mitigated.**

Where possible, parents / carers of children requiring antibiotics should take into consideration dosage arrangements, which will allow the antibiotic to be taken before and after school. Parents / carers 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. If the medication is required a member of staff should notify the parent / carer to verify if there has been a dose already administered that day. If the medication is to be given the member of staff should supervise the pupil taking the medicine.

All medication provided to the school for this purpose must have a dispensary label detailing what the medication is for and the dosage. Only medication with a dispensary label should be administered by education staff. Medication with a dispensary label can be acquired at the Chemist via Minor Ailments. In the unlikely event the Chemist is unable to provide this service schools can accept the medication without a dispensary label, but parent / carers should be asked to label the medication appropriately with their child's name, date of birth and intended dosage. This would be accompanied by the consent form ([Med Form 1](#)) that would detail the same information. **This is only to be implemented when the attempt to seek a dispensary label has been denied.**

Alongside ([Med Form 1](#)), schools should have completed a generic risk assessment ([Med form 6](#)) to evidence that as far as possible risks regarding the administration of medication have been mitigated.

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.

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.
- Copies of all guidelines / protocols created by NHS
- Identify and organise any training requirements for staff
- Identify the role the school can fulfil.

This information can be collated on the Checklist to Support Pupils with ASN [Additional Support Needs \(ASN\) Aberdeenshire, Inclusion, Equity and Wellbeing \(asn-aberdeenshire.org\)](#)

Alongside [Med Form 1](#), schools should have completed a generic risk assessment ([Med form 6](#)) to evidence that as far as possible risks against the administration of medication have been mitigated. (An exemplar is available)

3.4 Administering Medication

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

- The pupil's name.
- Written instructions provided by parents / carers or doctor.
- Prescribed dose.
- Expiry date (as distinct from date it was dispensed).
- Signatures of parents / carers ([Med form 1](#) and [Med form 3](#)).

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 forms each time they give medication to a pupil. ([Med form 2](#)) or ([Med form 2a](#)) should be used for this purpose. It is recommended good practice to always have the dosage and administration witnessed by another adult. If the medication is a controlled drug- two members of staff must witness the administration. Evidence of staff administering / witnessing the administering of medication must be evident on the recording forms: [Med Form 2](#), [Med Form 2a](#).

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 to carry and administer their own medication is provided in [Med form 3](#). Med Form 3 also provides a confirmation of the agreement to administer medication and a copy should be provided to parents / carers. Schools should also have completed a Generic Risk Assessment ([Med Form 6](#)) to evidence that all risks are mitigated against. (An exemplar is available).

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 / carer should provide written details including:

Name of medication.

- Dose.
- Method of administration.
- Time and frequency of administration.
- Other treatment.
- Any side effects.
- What to do in an emergency

A parental consent form ([Med form 1](#)) records the details of medication in a standard format.

Med form 1 also provides a confirmation of the agreement to administer medication and a copy should be provided to parents / carers to confirm that a trained 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 2](#) or [Med form 2a](#) 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 the parent / carer, 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, during or after 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.

When arranging Residential Trips for children and young people the procedure defined for the administration of medication in this guidance must be adhered to and not amended. It is recognized that parents / carers may wish to be prepared in the event that their child may require medication such as paracetamol or calpol that is not linked to a

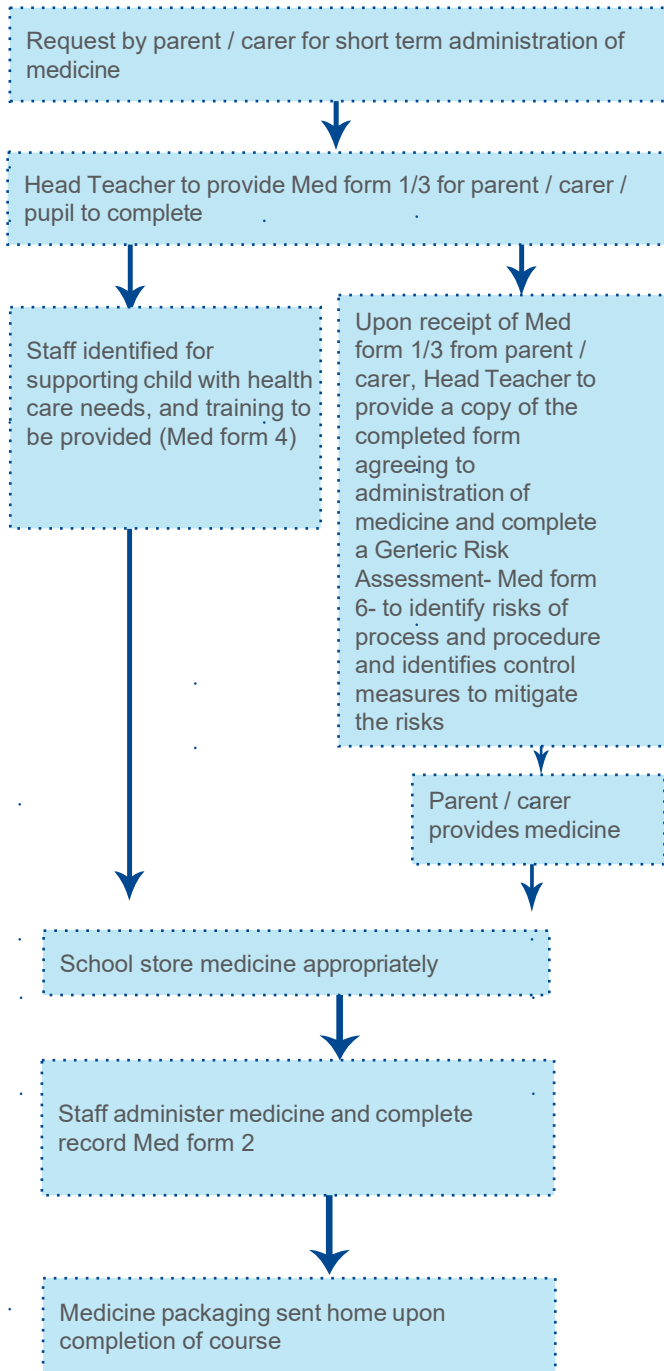
medical condition, or an illness that was evident before the trip commences. In this case, the procedures and protocols as laid out in this guidance still apply ie. safe storage, consent and record of administration. Schools cannot provide the medication- this must be provided by the parent / carer. School staff can only administer it with parental consent. Parents / carers can seek this medication from their Chemist, and it must have a dispensary label on it, which can be acquired at the Chemist via Minor Ailments. In the unlikely event the Chemist is unable to provide this service schools can accept the medication without a dispensary label, but parent / carers should be asked to label the medication appropriately with their child's name, date of birth and intended dosage. This would be accompanied by the consent form ([Med Form 1](#)) that would detail the same information. This is only to be implemented when the attempt to seek a dispensary label has been denied. Packeted / tablet forms would be worth consideration to save space and weight where many parents / and carers choose to do this. This would need to be arranged as part of the preparation procedures of the Residential Trip.

3.9 School Transport

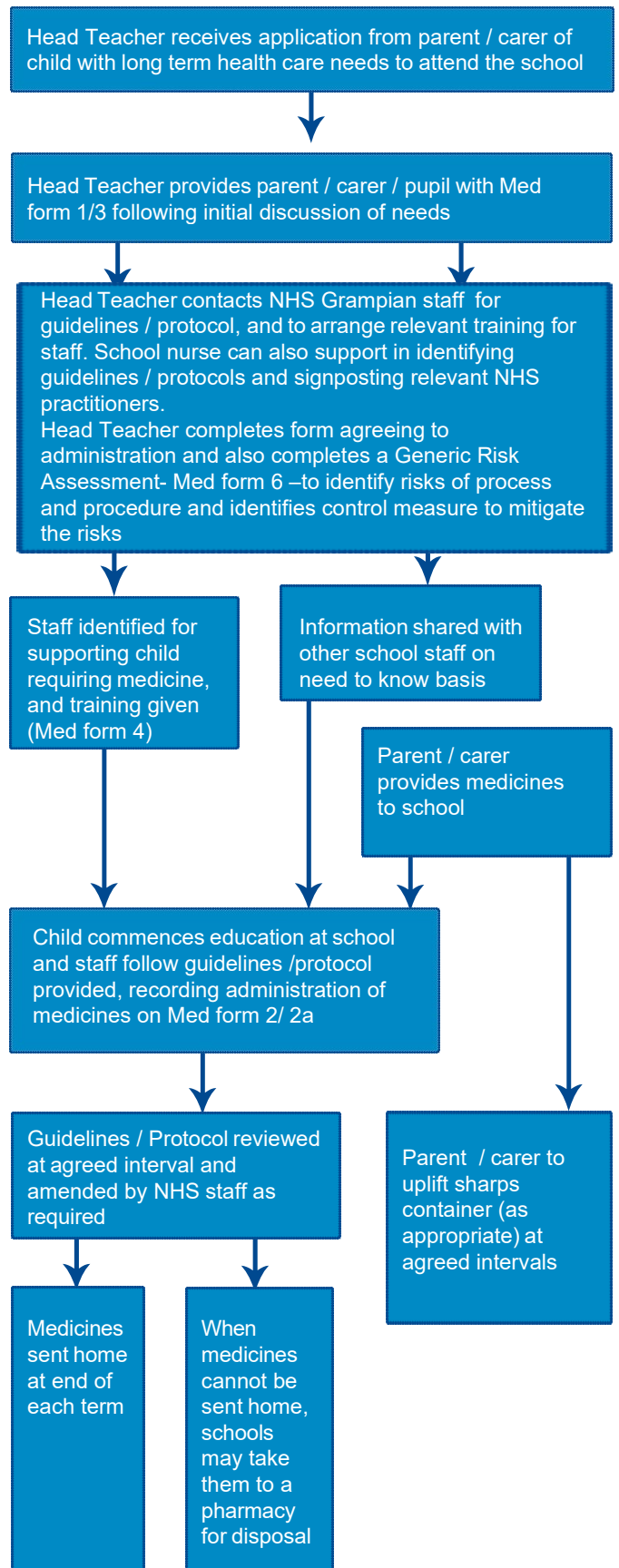
Aberdeenshire Council arranges home to school transport where legally required to do so. It has a duty to make sure that pupils are safe during the journey. When specialist NHS staff advise that the escort should be trained in administering medication to support a pupil – this will be completed. Currently the responsibility of the administration of medication for escorts is voluntary but to meet specific pupil's needs a school may have to reorganise their escorts.

Flowchart For Planning to Meet Medical Needs

Short term conditions



Long term conditions



Other planning documents supporting needs include:

- 'Planning for a Pupil with ASN' Checklist
- Personal Emergency Evacuation Plan
- Special dietary requirements plan
- Intimate Care Protocol

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. An exemplar generic risk assessment is available in [Med form 6](#) that Education staff can use and amend.

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. 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. Schools should however check the date before every administration and prompt parents / carers if the expiry date is soon so a replacement can be organised.

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 procedures about pupils carrying their own medication and control measures should be identified to mitigate the risks. This can be detailed in the Generic Risk Assessment ([Med Form 6](#)).

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, school 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 / PT ASL.

4.5 Meeting Pupil's Healthcare Needs

It is important that the school is clear about 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.

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 the Head Teacher, Depute Head Teacher, PT ASL or Guidance Teacher and will be the first contact for parents / carers 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.

School staff should not give medication without appropriate training from health professionals. Where staff are to assist a pupil with health care needs, the Head Teacher should discuss appropriate training with NHS Grampian, who will be able to advise on training needs and any refresher training that will be required.

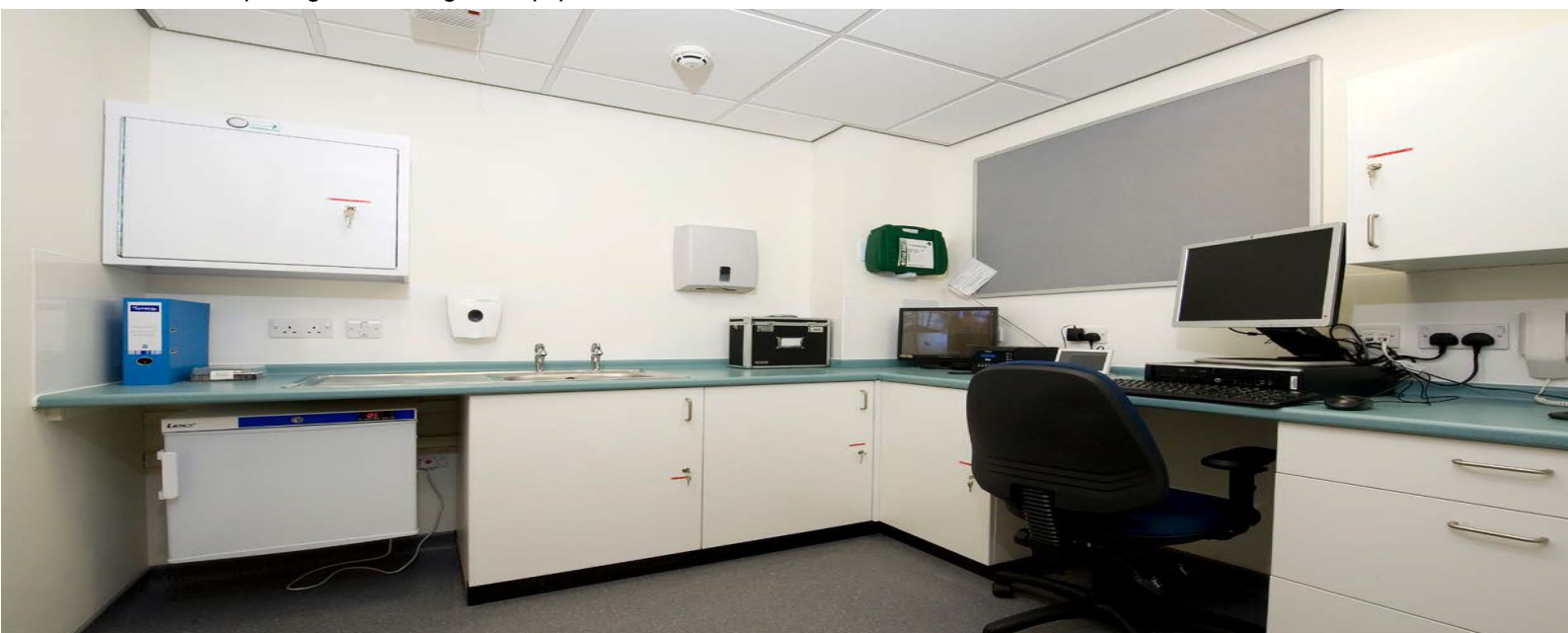
4.6 Intimate and Invasive Treatment

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. **Accordingly, parents / carers 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 and to provide training for education staff. If the school can arrange for two adults, as a minimum requirement one the same gender as the pupil, to be present for the administration of intimate or invasive treatment. 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.

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, epilepsy diabetes, and severe allergic reaction (anaphylaxis).

5.1 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

- 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.

Pupils with asthma should have an **Individualised Asthma Action Plan** provided by NHS Grampian. It is the parents / carers responsibility to share this with the school. In addition to the Individualised Asthma Action Plan schools would request the completion of **Med forms 1/3**. Schools would also complete **Med Forms 2 and 6**.

Medication and Control

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

Many young children use a spacer device with their inhaler with which they may need help to administer the reliever medication.

Each pupil's needs and the amount of assistance they require will differ. The support required will be detailed in the Individualised Asthma action Plan.

Children with asthma must have immediate access to their reliever inhalers when they need them. Pupils who can use their inhalers independently should be allowed to carry them with them. Any child who this relates to would complete **Med Form 3** in collaboration with their parent / carer, and would be able to responsibly administer their inhaler as per the prescribed advice. **Med form 6** should be completed to identify and mitigate the risks. 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 / carers should provide schools with a spare inhaler for their child's use in case the inhaler is left at home 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. Parents / 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.

The Individualised Asthma Action 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://asthma.org.uk/>

5.2 Epilepsy

Epilepsy is diagnosed when a person has at least two unprovoked (or reflex) seizures occurring greater than 24 hours apart.

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 (whereby awareness is not necessarily lost but may be impaired) 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 with an abrupt onset and offset characterised by the cessation of task. If uncontrolled can occur hundreds of times per day.

Focal Seizures

During a focal seizure epileptic activity is limited to particular area of the brain. The outward manifestation of the seizure depends where the seizure is coming from in the brain for example posturing of an arm in the fencing position may indicate frontal lobe involvement.

Medication and Control

Most children with epilepsy are well controlled by medication. Photosensitivity in epilepsy is very rare (affecting 3% of people with epilepsy).

[Photosensitive epilepsy - Epilepsy Action](#)

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.

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 or a risk assessment to be put in place. Any concerns about any potential risks should be discussed with pupils and their parents / carers. If required, additional advice can be sought from the Epilepsy Nurse, child's GP, Paediatrician or school Nurse.

All Children and Young people with Epilepsy have a **Personal Epilepsy Care Plan/Protocol (created by the NHS Grampian Epilepsy NurseTeam)** detailing the seizure type, duration and first aid guidance and when to call for help amongst other relevant information. Schools must also request **Med Form 1** to be completed and use **Med Form 2a** to record administration of emergency medication. Schools must also complete **Med Form 6** to identify and mitigate risks

In the event of a pupil having a seizure staff must record the time of the seizure, how long it lasts and how it presents. This information must be passed to the parent / carer.

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. If their seizure stops, they do not need to go to hospital, but their parent / carer should be informed.

Staff should call an ambulance if:

- emergency medication has not worked
- a child has a tonic clonic/ clonic seizure lasting over 5 minutes (and they do not have emergency medication)
- a focal seizure lasting longer than 10 minutes (and they do not have emergency medication)
- if the seizure lasts longer than usual
- if one seizure follows another without the pupil regaining consciousness,
- if the pupil has injured themselves or inhaled water or vomit.

When calling an Ambulance, it is imperative that schools inform the operator that it is regarding a pupil taking a seizure therefore the appropriate ambulance will respond.

Recommended websites:

[Home - Epilepsy Action](#)

Online Epilepsy Training:

To access online training staff must create a Turas account:

<https://turasdashboard.nes.nhs.scot/User/PersonalDetails/Create?openIdApplicationId=0c6117db-8794-474c-8596-c91798d4538a>

To create the Turas Account School Staff select the following options:

Sector: Local Authorities in Scotland

Organisation: Relevant council for example Aberdeenshire Council,

Professional group: Education

Professional role: Teacher or Pupil Support staff

Bespoke, child specific training is available by contacting generic email address: gram.rachepilepsynurse@nhs.scot

5.3 Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. The incidence of Type 1 diabetes is increasing every year. Children with Type 1 diabetes will need to have daily insulin injections or have insulin through a pump to maintain their blood glucose levels.

Signs of undiagnosed Diabetes may include: a pupil showing a combination of increased thirst, toileting more regularly, appearing thinner and tired.

Medication and Control

Type 1 diabetes in school will be managed either by multiple daily insulin injections (MDI) or via an Insulin pump. All children diagnosed will start on MDI therapy but may move onto insulin pump therapy in the future.

Children in school will require support and supervision to ensure safe delivery of insulin, along with time and a suitable place to administer the medication. In some cases, for example younger children, staff will be trained to support the administration of insulin during school hours. Children with diabetes need to ensure that their blood glucose levels remain stable and need to monitor their levels at regular intervals. There are different ways in monitoring blood glucose testing, via a finger prick blood sample, Continuous glucose monitoring or flash glucose monitoring. Each child will have their own care plan for school, please seek guidance from this on what is relevant for them. Children will need to check blood glucose before insulin is delivered, however there may be other times and children should be able to test their bloods whenever they wish.

Training is available from the Diabetes nursing team within your local area to support with diabetes management, this would include insulin administration, blood glucose management, safe management of sharps and managing high or low blood glucose.

Each pupil may experience different symptoms and this will be detailed in their Individualised Management Plan provided by the Diabetes Team

Newly-diagnosed pupils or new pupils who are known to have diabetes will be issued with a copy of the NHS Grampian guidance '**Managing Diabetes in Schools**' and a **Diabetes Management Plan prepared by the Diabetes Specialist Nurse**. The Diabetes Management Plan should follow the pupil throughout their school career, school nurses are responsible for ensuring details such as contact details stay relevant, any changes to the child's diabetes management will result in a new, updated plan being provided by the Paediatric Diabetes Specialist nurses

The **Diabetes Management Plan created by NHS Grampian** should be supported by Aberdeenshire Documents: **Med form 1/ 3, 2 and 6**.

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. The Diabetes Nursing team recommend updating your knowledge/Training every 2 years.

Recommended websites:

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

<https://www.digibete.org/>

5.4 Allergic Reactions

What is an Allergy?

An allergy is the response of the body's immune system to normally harmless substances, such as food, inhaled allergens, medication and insect stings. This can be relatively minor, such as localised itching, but in more severe cases it can cause anaphylaxis, a condition which can lead to upper respiratory obstruction and collapse and can be fatal.

Allergic reactions usually begin within minutes and rapidly progress but can occur up to 2-3 hours later.

Common Symptoms include:

- Sneezing
- Nettle rash / hives
- Swelling of lips, eye, face
- Itchy eyes, ears, lips throat and mouth
- Sickness, vomiting and diarrhoea
- Wheezing / coughing / shortness of breath

What is Anaphylaxis?

Anaphylaxis is a life threatening severe allergic reaction. **It is a medical emergency, and requires immediate treatment.** A severe allergic reaction can cause an anaphylactic shock and must be treated with an Adrenaline Auto Injector (AAI). **There are three types of AAI in the UK- Epi Pen, Jext, and Emerade.** The most common causes of anaphylactic reactions include:

- Certain foods (including dairy, peanuts, tree nuts, and shellfish). However, all foods can potentially cause anaphylaxis
- Insect stings
- Drugs and contrast agents (used in some x-ray tests), particularly those given by injection.

A reaction is usually classed as anaphylaxis if there are changes in a person's breathing, heart rate or blood pressure. Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure.

Any one or more of the following symptoms may be present. These are often referred to as the **ABC symptoms**:

AIRWAY:

swelling in the throat, tongue, or upper airways (tightening of the throat, hoarse voice, difficulty swallowing) persistent cough, hoarse voice, difficulty swallowing, swollen tongue

BREATHING:

Difficult or noisy breathing, wheeze, or persistent cough

CIRCULATION:

dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness

Management

An allergic reaction could occur at any time at school, so all staff should be trained on what to do in the event of an allergic reaction. Allergy training should be refreshed yearly and new and temporary staff should be trained as soon as possible. Contact the School Nurse to organise training.

No allergic child/young person should be excluded from participating in any school activity, but extensive strategies should be put in place to help include the allergic individual.

The Allergy Action Plan provided by NHS Grampian should be supported by the Aberdeenshire documents **Med Form 1 and 6**.

The rescue medication should be provided to the school. Primary pupils should always have their rescue medication easily accessible, and staff should be familiar with where to find it. Secondary pupils should always carry their own rescue allergy medication. A small bag is often used for this. Parents / carers and staff should regularly check the expiry date of the rescue medication and if school staff notice the expiry date is soon, they should alert the parents / carers to update it.

Recommended websites:

www.anaphylaxis.org.uk

www.allergyuk.org

www.cyans.scot.nhs.uk

www.resus.org.uk

5.5 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. ADHD presents differently in girls and boys, hence we often think it is more prevalent in boys. 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 the symptoms are interfering with the child's life in school and at home. ADHD presentations can mask and / or present along side other issues in children who present with behavioural difficulties. It is important to be aware of the impact of this.

Medication Treatment

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.
- c) Other medications used are non-stimulant Atomoxetine and Guanfacine but these would usually be managed from home

Some common side effects of medication include:

- Loss of appetite (if possible, medication to be given after lunch -discuss with medical professional)
- 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 / carer each day, or a 5 day supply of that dose could be brought in (properly labelled) by the parent / carer each Monday morning. When the medicine is given it should be recorded on the appropriate medication sheet and signed. ([Med form 2a](#))

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

For additional support please contact the ADHD Team by contacting gram.camhs@nhs.scot and writing FAO ADHD Team

To manage the recording of Medication for ADHD schools should request the completion of **Med Form 1** and should complete **Med form 2a** and **Med Form 6**.

5.6 Impaired Adrenal Function

Severe stress such as a serious accident or illness including vomiting can precipitate an adrenal crisis in someone with impaired adrenal function. It is therefore important that they receive extra steroids at these times either orally or by intramuscular injection. An information session is offered to all schools/nurseries with a pupil with this condition; please note education staff are not expected to administer the injection except in exceptional circumstances, but the procedure will be demonstrated.

An emergency kit with oral and injectable hydrocortisone should be kept in school along with a copy of the child's management plan. Specialist condition education is available via Clinical Specialist Nurse (CSN). Emergency treatment includes giving the child/ young person extra oral hydrocortisone as per the management plan and full training can be provided. A Red Flag alert with Scottish Ambulance Service is enacted for both home and school address.

For further information and to discuss education needs please contact the Endocrine Team: gram.rachendo@nhs.scot & cc in the school nurse.

[Booklet](#) available for schools

NHS Grampian will provide a **Child's Management Plan**. This should be supported by the additional Aberdeenshire documents: **Med Form 1**, **Med form 2a** and **Med Form 6**.

5.7 Cystic Fibrosis

Cystic Fibrosis (CF) is a life limiting genetic condition. It is caused by a faulty gene which affects a protein called the cystic fibrosis transmembrane conductance regulator (CFTR). This protein controls the movement of salt and water in and out of the cells and due to this working ineffectively or not at all, there is a production of thick mucous that builds up in the lungs, digestive system and other organs. Subsequently, this causes people who have CF to be more susceptible to chest infections and difficulties absorbing fats and nutrients from foods.

Recommended website:

[Homepage | CF Trust](#)

If you have any questions or concerns about supporting a child with Cystic Fibrosis please contact the Specialist Nurse who will also be able to provide training for school staff.

Care Plans will be provided by NHS Grampian. They should be supported by the additional Aberdeenshire documents: **Med Form 1, 2/2a** (if medication is required) and **Med Form 6**.

Contact: Paediatric Cystic Fibrosis Specialist Nurse
01224 551140
gram.rachcf@nhs.scot

5.8 Oncological Conditions

The Oncology Nurse Specialist will support the parents / carers 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 attend school will be shared. Discussion will take place regarding a child who is immunocompromised being in school. A sample letter will be provided by NHS re setting up an early warning system in school re chickenpox, shingles, and measles. An individual plan will be agreed (and provided to schools) following discussion re effects of treatment, steroids and increased appetite, hair loss, change in physical appearance, fatigue, eating difficulties, mobility issues.

Resources available to schools:

- [Welcome back! A guide for teachers helping children and young people returning to school after a diagnosis of cancer.](#)
- [Returning to school: A teacher's guide for pupils with brain tumours Published by Cerebral/ Royal Marsden](#)
- A face-to-face session is available on request for education staff to help them support a child returning to school after an Oncology diagnosis.

Helpful website: www.cclg.org.uk

5.9 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. To tube feed any child you need to be fully trained and competent – this training will be provided by a Nutricia nurse and can be organised via the Dietetic Team.

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. This tube will be secured using tape or a nasal bridle (semi-permanent securing device).

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. A gastrostomy site can become infected but there are many ways this infection can be treated.
- Certain gastrostomy tubes e.g. button and balloon devices can be accidentally removed, it's important to know what action to take in this situation. **Parents / carers will guide you to what you need (you may require a spare balloon device) and what they would like you to do in this situation as there is a time constraint in getting the tubes reinserted and this can only be completed by trained professionals.**

Jejunostomy Feeding

- When feeding through the stomach is not tolerated by a child, a jejunal tube will be placed into the child's small bowel, bypassing their stomach.
- There are two different styles of jejunal tube you may come across in children. Some jejunal tubes are simply gastrostomy tubes (inserted through the stomach) with a longer extension passed through the inside of it to reach the small bowel. Some jejunal tubes are surgically placed straight into the child's small bowel and held in place by an internal flange or a balloon device. As above child's tube sites can become infected.

Any form of tube training will be provided by Nutricia Nurses and organized via the Dietetic Team.

If you have any questions or concerns about the child's feeding tube, please contact the child's parents / carers who will be able to organise a tube review. Schools can also seek assistance through the School Nurse.

A protocol/ care plan will be provided by NHS Grampian Dietetic Service and this should be supported by the additional Aberdeenshire documents: Med Form 1 and Med Form 6 and the Individual Pupil Protocol for a Child/ Young Person with Intimate Care Needs which can be located [Intimate Personal Care Guidance](#)

5.10 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 trained staff who have completed a training programme to carry out the catheterisation. Training and on-going support will be provided by a Specialist Nurse.

The Health Care Plan provided by NHS Grampian should be supported by the additional Aberdeenshire documents: Med Form 6 and the Individual Pupil Protocol for a Child/ Young Person with Intimate Care Needs which can be located [Intimate Personal Care Guidance](#)

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

5.11 Tracheostomy

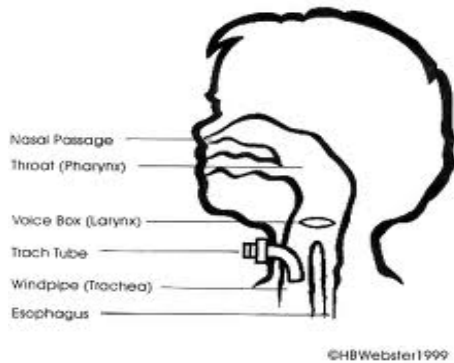
A tracheostomy is an artificial opening to the windpipe (trachea) that is held open by a tracheostomy tube. Air now goes in and out through the tracheostomy tube by passing the nose and mouth. This helps the child to breathe more easily. There are a variety of reasons why a child may need a tracheostomy, 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 trained and 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. The Specialist Nurse will also be able to provide training for school staff.

School staff supporting a pupil with a Tracheostomy should have a **Care Plan provided by NHS Grampian** and this should be supported by the Aberdeenshire documents: **Med Form 6** and the **Individual Pupil Protocol for a Child/ Young Person with Intimate Care Needs** which can be located [Intimate Personal Care Guidance](#)



5.12 Stomas

Stoma formation in childhood can be temporary or permanent dependent on circumstances. There are two types of 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).

If you have any questions or concerns about a child's stoma in school, please contact the child's parent / carer. Education staff supporting a pupil with a stoma should receive training from the Specialist Nurse and parent / carer or child.

School staff supporting a pupil with a Stoma can request pupil specific protocols to support the management of a stoma in school. These would be provided by the specialist nurse on request. This should be supported by Aberdeenshire documentation **Med Form 6** and **Individual Pupil Protocol for a Child/ Young Person with Intimate Care Needs** which can be located [Intimate Personal Care Guidance](#).

5.13 Communicable Diseases

Basic Principles to Minimise the Spread of Infections Include:

- Exclusion of ill individuals from nursery, school, work etc. Any individual who is unwell with symptoms of acute illness should stay at home until they are well. Those with a sudden onset enteric (diarrhoea and/or vomiting) symptoms should follow standard management i.e. stay at home until 48 hours after symptoms have settled unless advised otherwise by Health Protection Team.
- Frequent, thorough hand washing using running water and liquid soap followed by drying with paper towels/separate towels.
- Encourage cough and sneeze etiquette – “Catch it, Bin it, Kill it” posters available at: [National Infection Prevention and Control Manual: Respiratory hygiene 'Catch it, bin it, kill it' \(scot.nhs.uk\)](#)

- Maintaining a clean environment, especially toilet areas and high touch points as well as dealing with spillages of body fluids immediately and appropriately
- Appropriate use (wearing and timely removal) of protective clothing e.g. disposable gloves and aprons. Take care to don and doff PPE in the correct order
- Appropriate management of soiled linen, sharps and waste. Soiled clothing should be returned home to the parents / carers in a waterproof bag and/or items should be laundered at the hottest wash possible for the fabric
- Covering broken skin and prompt first aid for injury or exposure to body fluids
- Appropriate vaccination in accordance with 'Immunisation against infectious disease – "Green Book" available at [Immunisation against infectious disease - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Infection Prevention and Control guidance for childcare settings can be found at: [1_infection-prevention-control-childcare-2018-05.pdf \(windows.net\)](#)

Advice can also be sought from the School Nurse

The Health Protection Team 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: gram.healthprotection@nhs.scot

Please ensure you inform your QIM/QIO if the Health Protection Team are advising you to take action regarding communicable diseases or environmental hazards.

5.14 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).

It is helpful for parents / carers to provide the child's own wash product, a small clean towel and their favourite emollient if their hands are affected. A small jotter can also be useful as a means of communication i.e. for parents / carers to inform school that their child has experienced a lack of sleep due to a flare or scratching.

To manage some of the symptoms a pupil may require a prescription for cream. If this is required to be administered in school the supporting Aberdeenshire Documents **Med forms 1/3, Med forms 2/2a and Med form 6 and Individual Pupil Protocol for a Child/ Young Person with Intimate Care Needs** which can be located [Intimate Personal Care Guidance](#).

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 Staff to Administer Medication:

This form is for parents / carers to complete if they wish the school staff 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

1. To be completed by the parent / carer:

Pupil Information	
Pupil Surname	
Pupil Forename (s)	
Address	
Postcode	
Date of Birth	
Condition or illness	

Medication:			
Name of medication (as described on the container)			
How long is your child required to take the medication?			
Date dispensed			
Full Directions for Use:			
Dosage and Method			
Timing			
Special Precautions / any known allergies			
Self- Administration	YES		NO
Procedures to take in an Emergency			
Emergency Contact Details			
Name			
Telephone Number			
Work Phone Number			
Relationship to Pupil			
Address			

Declaration:	
I understand that I must deliver the medicine personally/ ensure the safety of this medication reaching the school and accept that this is a service which the school is not obliged to undertake.	
Signature	
Date	
Relationship to Pupil	

2. To be completed by the Head Teacher (or designated person):

Confirmation of the Head Teacher's Agreement to Administer Medication:	
I agree that this pupil will receive the medication identified on this form. The pupil will be supervised / supported with their medication by trained members of staff.	
This arrangement will continue until either the end date of course of medicine or until instructed by parents / carers	
Signature	
Print Name	
Designation	
Date	

Once complete, a copy must be made of this document and given to the parent / carer with the original being stored in the pupil's PPR.

A copy can also be kept with the medication- ensure any copies made are updated when required

School Use:
A Generic Risk Assessment on the Safe Administration of Medication Within Educational Settings is required to accompany this form

Pupil Name

Class/year group



Supporting Children and Young People with Health Care Needs and Managing Medicines in Educational Establishments May 2024

Med Form 2

RECORD OF MEDICATION ADMINISTERED IN NAME OF 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 (when complete store in child's PPR).

Date	Time	Name of Medication	Quantity at start (ml or no. of tablets)	Dose given	Quantity that remains (ml or no. of tablets)	Any Reactions	Other recording (e.g. blood sugar level)	Signature of Staff member and witness	Print Names	
Signature of Head Teacher or designated person (DHT, PT ASL, PTG)							Date			

Pupil Name

Class



Supporting Children and Young People with Health Care Needs and Managing Medicines in Educational Establishments May 2024

Med Form 2a

RECORD OF MEDICATION ADMINISTERED IN NAME SCHOOL 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 all medication** (when complete store in child's PPR).

Date	Time	Name of Medication	Quantity at start (ml or no. of tablets)	Dose given	Quantity that remains (ml or no. of tablets)	Any Reactions	Other recording (e.g. blood sugar level)	Signature of Staff	Print Name	Signature of Staff	Print Name	
Signature of Head Teacher or designated person (DHT, PT ASL, PTG):								Date:				

Med Form 3- Request for Pupil to Carry His/ Her Medication and Administer it:

This form is for parents / carers to complete if they wish their child to carry his / her own medication with the option of also administering it. The school will not give consent unless you complete and sign this form, and the Head Teacher or designated person (DHT, PT ASL, PTG) has agreed the request.

1. To be completed by the parent / carer:

Pupil Information	
Pupil Surname	
Pupil Forename (s)	
Address	
Postcode	
Date of Birth	
Condition or illness	

Medication:					
Name of medication (as described on the container)					
How long is your child required to take the medication?					
Date dispensed					
Full Directions for Use:					
Dosage and Method					
Timing					
Special Precautions / any known allergies					
Self- Administration	<table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> </table>	YES		NO	
YES		NO			
What Administration Support is required					
Procedures to take in an Emergency					
Emergency Contact Details					
Name					
Telephone Number					
Work Phone Number					
Relationship to Pupil					

Address	
----------------	--

2. To be completed by the parent / carer and pupil:

Parent / Carer Declaration	
I understand my responsibility as parent / carer in ensuring my child has the correct medication they require for the school day. I will provide a safe means for them to carry and access it. I will ensure they are confident in taking the medication as prescribed.	
Signature	
Print Name	
Relationship to Pupil	
Date	

Pupil Declaration	
I understand my responsibility in school in carrying and taking my medication responsibly as per the prescribed advice. If I lose my medication in school or on school transport, I will report to school staff immediately.	
Signature	
Print Name	
Date	

Confirmation of the Head Teacher's or designated person (DHT, PT ASL, PTG) Agreement to Administer Medication:	
I agree that this pupil will carry and administer the medication identified on this form. If required, the pupil will be supervised / supported with their medication by trained members of staff.	
This arrangement will continue until either the end date of course of medicine or until instructed by parents / carers	
Signature	
Print Name	
Designation	
Date	

Once complete, a copy must be made of this document and given to the parent / carer with the original being stored in the pupil's PPR.

School Use:	
A Generic Risk Assessment on the Safe Administration of Medication Within Educational Settings is required to accompany this form	

Med Form 4a – Staff Training Record:

Head Teachers- Please ensure staff have this form when attending training so they can request the trainer completes the document:

Record of Medical Training for Education Staff	
Staff Member Name	
Designation	
School	
Type of Training Received	
Date Training Completed	
Training Provided by	

Trainer Declaration	
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 Signature	
Trainer Print Name	
Date of Training	
Suggested Review Date	

Trainee Declaration	
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	
Staff Member Print Name	
Date of Training	

A copy of this completed form is to be provided to Aberdeenshire Council Member of Staff. Original to be kept by Head Teacher or designated person (DHT, PT ASL, PTG)

Med Form 4b: Staff Training Record- to inform training requirements

Staff Member	Training	Date	Refresher Date	Training	Date	Refresher Date	Training	Date	Refresher Date

Med Form 5


This should be completed and displayed in prominent areas of the school

EMERGENCY PLANNING

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

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


Med Form 6: Blank Risk Assessment

Purpose of Risk Assessment and Date		Aberdeenshire COUNCIL 
Risk Assessment Written By:		
Other individuals involved in Risk Assessment:		

Hazard / Risk	Medication / Procedure / Objective	Person/s Affected	Risk level before controls are in place			Control Measures	Risk level with controls in place		
			L	M	H		L	M	H

Review termly or when required

Exemplar Generic Risk Assessment:

Purpose of Risk Assessment	Safe Administration of Medication Within Educational Settings	Aberdeenshire COUNCIL 
Risk Assessment Written By:	<i>Head Teacher / Depute Head Teacher / PT ASL</i>	
Other individuals involved in Risk Assessment:	<i>Pupils, Education Staff, Parents / Carers, Head Teacher, Depute Head Teacher, NHS Grampian staff</i>	

Hazard / Risk	Medication / Procedure / Objective	Person/s Affected	Risk level before controls are in place			Control Measures	Risk level with controls in place		
			L	M	H		L	M	H
Inappropriate storage resulting in medicines being misplaced, unavailable or unusable	Storage of Medication	Pupil		X		Procedures in place (Med Forms 1-3 and Med Form 6) whereby all medicines to be administered are consented to and stored appropriately. Secure storage is available for medication Termly inspections of records and storage areas are conducted by the Head Teacher or PT ASL (Appendix 1) Staff to dial 999 if medical emergency arises and child is at risk of harm Confirmation of pupils identity, dosage and expiry dates are checked each time medication is administered Contact numbers of child's parents / carers / GP are available if required	X		
Medicating without consent	Administration of medication	Pupil	X			Consent form signed by Parent/Carer and medication provided by Parent/Carer with a dispensary label Staff to dial 999 if medical emergency arises and child is at risk of harm	X		
Medicating without staff support	Administration of medication	Pupil		X		Consent form signed by Parent/Carer and pupil. Pupil demonstrates ability to manage administering their medication requirements as per the instructions provided by NHS. Pupil is aware and adheres to the fact that the medication is for their sole use and if they have lost or mislaid it, they must inform a school member of staff immediately	X		

Over medicating	Administration of medication	Pupil		X	<p>Dependent on specific medication the options include:</p> <p>Staff to complete training specific to the administration of medication- (this is only available for certain medications) Staff to follow NHS Protocol/Care Plan and follow procedure. Staff to inform Parent/Carer of the procedure that has been completed e.g. administration of Buccal Midazolam, Epi Pen <u>Or</u> Staff to phone Parent/ Carer prior to administering medication to ensure the timing of doses incase child was given prior to school e.g. paracetamol <u>Or</u> Staff to follow instructions as per the completed consent form and dispensary label e.g. Baclofen</p> <p>Staff to ensure medication is prescribed for the child/ young person prior to administration. Staff to check the use by date on the medication prior to administration. Staff to follow guidance on dosage stated on the dispensary label. Staff to seek a witness for administering the medication (mandatory for Controlled Drugs) Staff to record the administration of medication on Med form 2/ 2a</p>	X		
Allergic reaction	Administration of Medication	Pupil		X	As per the NHS Care Plan/Protocol and/or form signed by Parent/Carer	X		

Review termly or when required

Education Staff Note: This is a generic risk assessment that Education staff can amend to suit the needs of the learners in their schools. This Risk Assessment format can be used to cover the administration of medication for all pupils within an educational setting.

Appendix 1: Record Keeping Form for the Auditing of the Safe Storage of Medication

This form can be used by Head Teachers or designated person (DHT, PT ASL, PTG) to demonstrate the termly monitoring of the storage of medication:

Record Keeping and Storage of Medication					
School:				Session:	
Pupil Name	Medication	Location of Storage	Expiry Date	Termly Check completed-date and initials of staff member	

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

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

Training provided through Aberdeenshire Council includes:

- First aid
- Moving and handling
- Risk Assessment



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