

**Guidelines for the Administration of
Medicines and Meeting Children's
Health Care Needs**

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1.0 Meeting Health Care Needs

1.1 Introduction

Many pupils will at some time need to take medication in school. For many this will be short-term, perhaps finishing a course of medication. Other pupils have medical conditions such as asthma or diabetes that if not properly managed could limit their access to education. Some children have conditions that also require emergency treatment e.g. severe allergic conditions (anaphylaxis) or epilepsy. Pupils with such conditions are regarded as having health care needs. Most children with health care needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. A positive response by the school to a pupil's health care needs will not only benefit the pupil directly, but can also positively influence the attitude of the whole class.

1.2 Individual Health Care Plans

Some children who have enduring medical conditions will require a health care plan. The staff grade community paediatrician (school doctor) will advise schools which pupils require them. Form 1 is an example of a health care plan. Children will not usually require all parts to be completed. The school health team nurse or doctor will help schools draw up individual health care plans. Additional advice is available in the Policy for the Safer Moving and Handling of Children.

A health care plan may reveal the need for some school staff to have further information about health care procedures or specific training in administering a particular type of medication. School staff should never administer medication or carry out procedures without appropriate training from health professionals

1.3 Confidentiality

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

1.4 Responsibilities

From time to time Headteachers or staff members will be asked by parents/guardians to arrange for their children to be given medicine during the school day. While Headteachers will be willing to co-operate in any matter which will support the child's health and welfare it is necessary to ensure that where such requests are received appropriate arrangements are made to safeguard the interest of both staff and pupils.

A decision on the administration of medicine will be taken by the Headteacher based on what is manageable in the school. The support offered to families has to be flexible and the child's needs must come first.

The following procedures have been produced to assist in safeguarding the interests of staff and pupils.

It should be noted that school staff are under no duty to administer medication to pupils in school. If it is agreed that a nominated person takes on the responsibility it is purely on a voluntary basis.

It is important at this stage that a distinction is made between prescribed and non-prescribed medication:-

- a Prescribed Medication (refer to sections 2, 3, 4) is any medication requiring a Medical or Dental Practitioner's prescription.
- b Non-Prescribed Medication (refer to section 5) is any medication not requiring a Medical or Dental Practitioner's prescription.

These guidelines have been vetted by the council's insurers and competent volunteers will be acting within the policy of insurance cover for employees.

2.0 Procedures for Prescribed Medication in Schools

2.1 Wherever possible parents/carers should be encouraged to come into school and dispense medication to their child, or make arrangements for pupils to return home at lunchtime for medication. Where this is not possible the following procedures should operate:-

- a. All prescribed medication, in the smallest practical amounts should be brought to the school by the parent/carer, **not the pupil**, and should be delivered personally to the Headteacher or designated member of staff.
- b. Any request to administer prescribed medication must be accompanied by clear, written, signed instructions from the parent/carer on form 2 "Request for the School to give prescribed Medication " which includes dose, frequency, duration of course and date prescribed.
- c. It is good practice to allow pupils who can be trusted to do so to manage their own medication from a relatively early age and schools should encourage this. If pupils can take their medicine themselves, staff may only need to supervise. An example would be inhalers for pupils with asthma. Some children with diabetes may require to inject insulin during the school day. Appropriate facilities should be provided to allow the pupil to do this in private.
- d. The school policy should say whether pupils could carry and administer their own medication, bearing in mind also the safety of other pupils. A suggested parental consent form is provided in Form 3.
- e. Identification of the pupils and their medication must be carried out by the Headteacher or named volunteer before each administration of medication. This means formally identifying the pupil by asking them to state their name and address.

If a pupil is unable to identify his/her self (because of age or additional needs) then a photograph should be attached to their medical records. Following administration of medication to the pupil, the medication record should be completed and signed (see Form 7).

- f. Where any change in medication occurs, clear written instruction from the parent/carer should be provided to the school.
- g. All information regarding medication should expire at the end of each school session. If the administration of medication is to continue all relevant information must be confirmed in writing at the commencement of the new session. Medicines which are in use and in date should be collected by the parent/carer.
- h. In all cases where following the administration of medication there are concerns regarding the reaction in the child, medical advice must be sought immediately.
- i. If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency if the child is below the age of legal capacity. If necessary, the school should call the emergency services for an ambulance.
- j. A written record detailing the issue of all prescribed medication to pupils should be kept together with the administration instructions from the parent/carer. These instructions should be checked before administering the medication.
- k. The pupil's individual record should give his/her name, the date and the time of administration, the name of the medicine, the dosage and the name of the staff member. Form 2 should be used for this purpose. Form 2 should be retained on the premises for a period of five years.
- l. If difficulties arise over administration of prescribed medication the Headteacher should:-
 - (i) through the parents/carers seek from the medical staff involved a revision of the regime with regard to the medicine
 - (ii) through the parents/carers seek from the medical staff involved referral to the local hospital.
 - (iii) in the event that the parents/carers are not available immediate referral should be made to the child's GP.

It is stressed that the arrangements described in these guidelines relate only to situations where there is an explicit request by the parents. In **no circumstances** should school staff administer prescribed medication on their own initiative.

3.0 General Awareness and Specific Training

- 3.1 The most common medical conditions in school age children which require support are asthma, diabetes, epilepsy, eczema, allergic reactions (anaphylaxis if severe), cystic fibrosis and attention deficit hyperactivity disorder (ADHD). Irrespective of whether staff in schools have volunteered to support pupils with health care needs and administer medication to these pupils they all may come into contact with such pupils during the course of a school day.

A basic understanding of these common conditions will help staff recognise symptoms and seek appropriate support.

- 3.2 NHS boards, NHS Trusts or other health professionals should provide basic awareness training for education staff and specific training for those volunteering to administer regular or emergency medication. This training is usually provided by the staff of the School Health Service/Community Paediatric Department. Primary Care NHS Trusts acting on behalf of the NHS Board have the responsibility to make funds available for such training. Voluntary agencies which focus on particular concerns also provide an invaluable source of information and awareness training for education staff. Her Majesty's Inspectors of Education have also commissioned the University of Strathclyde to produce a practical guide for student primary teachers entitled 'Responding to Changes in Children's Health' and it is available on the HMIE website. Practising teachers in primary schools and in other educational settings may also find the information contained in this guide to be useful.
- 3.3 Before any members of staff administer prescribed medication they must be fully confident that they are competent to do so by virtue of any instruction and/or training they have received.
- 3.4 All training should be recorded, name of the subject, names and qualifications of competent trainers, dates and person receiving instruction. Community school nurses will advise on regular training (Form 4). Training records should be retained for 5 years.
- 3.5 If there is no volunteer issues should be referred to the Service Manager for advice.

4.0 Non-Prescribed Medication

- 4.1 Pupils sometimes ask for painkillers (analgesics) at school such as paracetamol. School staff should generally not give non-prescribed medication to pupils. They may not know whether the pupils has taken a previous dose, or whether the medication may react with other medication being taken. **See section 5.2 A child under 16 should not be given aspirin, unless prescribed by a doctor.**
- 4.2 If a pupil suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate painkillers in the original container labelled with their child's name with written instructions about when their child should take the medication. A member of staff should supervise the pupil taking the medication and notify the parents, in writing on the day painkillers are given.
- 4.3 The following are examples of non-prescribed medication which are not to be used as first aid items in schools. The list is not exhaustive:
 - milk of magnesia tablets
 - magnesium trisilicate
 - TCP
 - anthisan cream
 - acriflex creams
 - burneze spray
 - savlon (cream or liquid)

- 4.4 The reason for not providing non-prescription medication is as follows:
- a in the case of tablets and linctuses, you may not know if any medication has already been taken, or if it has what dosage and when. This being the case, your "prescription" may adversely affect any further treatment.
 - b if the wrong cream was used for the wrong injury, or used inappropriately for burns or an open wound, there may be long term discomfort for the casualty. There is also the chance of adverse allergic reaction.
 - c owing to the number of variables, the Health and Safety Executive (HSE) has advised that no medication should be used in any first aid treatment and should the necessity arise, the casualty should be referred to a doctor or trained nurse in a Health Centre for treatment.

5.0 Dealing with Medicines Safely

- 5.1 Schools should not store large volumes of medication. Parents should be asked to supply weekly or monthly supplies of the doses to be taken at school in their original container with the name of the child, the name of the drug, the dosage frequency and expiry date. This may require parents obtaining a separate prescription for the medication to be taken at school.
- 5.2 Where a child needs two or more prescribed medicines, each should be in a separate container. Only appropriate health professionals should ever transfer medicines from their original containers. **The headteacher is responsible for making sure that medicines are stored safely.** Children should know where their own medication is stored and who holds the key. A few medicines, such as asthma inhalers and Epi-pens, must be readily available to pupils and must not be locked away. Most schools allow pupils to carry their own inhalers. Other medicines should generally be kept in a secure place not accessible to pupils.
- 5.3 If the school locks away medication that a pupil might need in an emergency, all staff should know where to obtain keys to the medicine cabinet. Where a child is managing medication themselves they normally should not be expected to give up their medication for storage. In allowing children to retain medication an assessment needs to be made of the potential risk to others.
- 5.4 Some medicines need to be refrigerated. The temperature of refrigerators containing medication needs to be monitored regularly. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. If a school has to store large quantities of medicines then a lockable medical refrigerator should be considered. The school should restrict access to a refrigerator holding medicines.
- 5.5 Particular care needs to be taken where a school stores controlled drugs such as methylphenidate.
- 5.6 Any medication which has passed its expiry date is the responsibility of the parent/carer. Expired medication should be collected from school by parents/carers within 7 (seven) days of expiry date. The school should contact parent/carer immediately if medication remains uncollected. The school should also inform relevant Community Health Care staff (this will usually be the community school nurse).

After 14 days any uncollected medicine should be returned to a pharmacy.

6.0 Recording

- 6.1 All issues of medicines/drugs etc. must be recorded on the forms provided and retained for 5 years along with the letters of authorisation. All records and administration of medicines should be considered as confidential and kept secure. If children are on long-term medication the authorisation must be renewed each year. (Form 7)

7.0 Administration

Before any members of staff administer medication they must be fully confident that they are competent to do so by virtue of the training they have received. The availability of suitable discreet and hygienic accommodation should be sought for the administration of drugs. Disposable gloves and aprons are the recommended personal protective equipment to be used.

7.1 Oral

In many cases these medications will be self-administered but some pupils may require assistance.

7.2 Eyedrops

These will normally need to be administered by a member of staff.

7.3 Inhalers

See additional information on Asthma Medication in Section 12.

7.4 Injections

These will either be self-administered or administered by a qualified nurse or doctor. See *Section 13* for the administration of the Epi-pen syringe for allergies.

7.5 Rectal

See Section 15.

8.0 Legal Liability

- 8.1 Where legal liability arises in connection with the administration of medication in schools, the Council's Liability Insurance arrangements will provide an indemnity but only where such a claim has arisen following actions within the administration arrangements set out in these guidelines. Any medical action beyond this would not come within the indemnity provided by the Council's Insurance Policy.
- 8.2 In all cases a member of staff will have been deemed to have acted in good faith if these guidelines have been followed. Staff are expected to respond at a level of skill of a caring parent/carer and are not expected to be medically capable.

- 8.3 Where reference is made to a community school nurse it means the named registered community school nurse who is an employee of Forth Valley Primary Care NHS Trust.

9.0 School Outings

- 9.1 It is good practice for schools to encourage pupils with health care needs to participate in school trips or sporting activities, wherever safety permits. Schools must ensure arrangements for school outings comply with the requirement of the Disability Discrimination Act.
- 9.2 Sometimes the school may need to take additional safety measures for outside visits. Consideration should be given to the appropriate lines of communication in an emergency. Arrangements for taking any necessary medication will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. Sometimes an additional supervisor or parent might accompany a particular pupil. If staff are concerned about whether they can provide for a pupil's safety, or the safety of other pupils on a trip, they should seek medical advice from the School Health Service or the child's GP. For further information on school trips see the Scottish Executive Education Department Circular 10/94 'Guidance on Safety in Outdoor Activity Centres'.

10.0 Sporting Activities

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

11.0 Guidelines on Asthma Medication

- 11.1 There are many people with asthma and most can expect to lead a normal life if medicines are taken properly and used regularly. Despite the large number of children who have asthma, the condition is rarely fatal. However it should not be underestimated. More children are admitted to hospital with asthma than any other single condition.
- 11.2 These guidelines are advisory and are minimum requirements. Children with asthma will require a health care plan.
- 11.3 It is important to know the triggers for an asthma attack so that steps can be taken to reduce or eliminate the child's exposure to such triggers.
- 11.4 The parent/carer will give the school giving information on their child's asthma that should be incorporated into their health care plan.

11.5 **Asthma Treatments**

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

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

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

Reliever inhalers are crucial for the successful management of asthma. Delay in taking reliever treatment, even for a few minutes, can lead to a severe attack.

11.6 A few children with severe asthma or learning difficulties may use a nebuliser to deliver both reliever and preventor medication. The Headteacher and volunteer staff should liaise with the pupil's parent, doctor and the named registered community school nurse regarding the management and administration of the nebuliser.

11.7 Incorrect inhaler technique will result in poor asthma control. The pupil will not receive the maximum effect of the drugs. More importantly if it is noticed that the pupil is having to take his/her inhaler frequently there is a possibility that either his/her technique in using the inhaler may be incorrect. The school would then notify the child's parent/carer and community school nurse as soon as possible so that appropriate action can be taken. If it is noticed that the pupil is taking his/her inhaler more frequently or having breathing difficulties it should always be taken seriously and acted upon.

11.8 **Medication used by "Another Person"**

If a child who does not have asthma "experiments" with another pupil's medication it is not necessarily harmful. Relievers act simply to dilate or open up airways and may not have an adverse effect on the child.

11.9 **Procedures:**

These procedures refer to both reliever and prevention inhalers.

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

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

11.12 Children should keep their reliever with them at all times, in their pocket or in an inhaler pouch. If local difficulties arise the Headteacher should contact the named community school nurse or asthma clinic nurse. (See *Section 3C*).

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

- 11.14 Some children need a discreet reminder to take their medication (especially before physical education). Others are shy of taking it in front of others. Staff should help by encouraging the child to take his/her medication correctly.
- 11.15 The parent/carer should provide two named inhalers. A spare inhaler to be kept in school and one to use on the journey to and from school.
- 11.16 All inhalers must be marked with the child's name and kept in an agreed place which is always accessible.
- 11.17 Parents must provide adequate medication for children.
- 11.18 ***What to do if a child suffers an Asthma Attack***

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

- a. ensure that the reliever medication is taken promptly and properly.
 - b. stay calm and reassure the child and encourage the child to breathe slowly and deeply.
 - c. call a doctor or an ambulance if:-
 - you have doubts about the child's condition
 - the reliever has no effect after five (5) minutes
 - the child is either distressed, unable to talk or is fighting for breath
 - the child is getting exhausted
 - d. while waiting for help administer the reliever 16 times in 10 minutes.
 - e. after the attack encourage the child to continue with normal school activities.
- 11.19 Some children with asthma learn from their own experience of attacks. They usually know just what to do and will carry out the correct emergency procedure. Protocols for dealing with an individual child's attack will be part of their health care plan.

12.0 Procedural guidelines for the administration of the Epi-pen syringe for pupils with allergies

- 12.1 Children who may require to use the autoinjector (Epi-pen or Anapen) syringe are admitted to schools, but notification of the allergy and the requirements to carry and use the syringe must be communicated in writing (form1) from the parent or carer to the Headteacher. These children require a health care plan.

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

- 12.2 The child's healthcare plan must be a contain the agreed action plan should an allergic response occur. Preparation is vital as a rapid response to an allergic reaction is essential. A protocol for each child and young person should be agreed and displayed. Form 1a iv is a suggested template.

- 12.3 As part of the appropriate response the child will be transported to hospital by ambulance. The hospital should be informed that the pupil is en route and the pupil's details given. The parent/carer must then be informed.
- 12.4 Pupils will be trained in their own home how to administer their own injection but very young pupils may find this difficult or be unaware of the attack taking place. In this case an adult will need to administer the injection. In such cases a member of staff will have been deemed to have, acted in good faith when these written guidelines have been followed.

Training will be required in the following:-

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

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

The school shall have the responsibility for keeping detailed records which should be retained for five years.

13.0 Diabetes

- 13.1 More than 15,000 children of school age have diabetes. Children can develop diabetes at any time. Many teachers will at some time teach a child with diabetes. Children with diabetes are treated by a combination of insulin tablets or injections and a balanced diet. Although most children will not require injections or tablets in school all of them will require a school health care plan. All children with diabetes are cared for by the diabetes team at Stirling Royal Infirmary who will provide advice and support to schools.
- 13.2 Any child taking insulin is at risk of hypoglycaemia (hypo) meaning low blood sugar. Their health care plans will detail their individual hypo symptoms and will list action to be taken if a hypo occurs. Generally a hypo is more likely to occur if the child has missed a snack or lunch or has taken part in extra physical activity and not eaten extra food.
- 13.3 As diabetes is a lifelong condition it is important that children and young people are encouraged to be as independent as possible in the management of the condition. In order to achieve improved control some young people may require to inject during the school day. This should not be problematic but an individual protocol will be needed (Form 1 page 7).

14.0 Epilepsy

- 14.1 Epilepsy is a condition in which there is a tendency to have recurring fits, seizures or attacks. These attacks vary from person to person but are always due to a disturbance in the normal activity within the brain. Most children's epilepsy will be controlled by medication and if seizures do occur they are often mild and over quickly.

All children with epilepsy will require a health care plan which will detail action to be taken in the event of a seizure.

- 14.2 Children with severe epilepsy require emergency medication. This would be detailed in their health care plan. Additionally a protocol should be completed and displayed. (Form 1 page 7)

15.0 Intimate Care

- 15.1 Intimate care encompasses areas of personal care, which most people usually carry out for themselves but some are unable to do so because of impairment or disability. Detailed guidance on intimate care is contained in the SEED publication 'Helping Hands'. In addition each school will have a community nurse to whom they can refer for advice. The headteacher should arrange appropriate training for school staff who administer intimate care. Staff should protect the dignity of the pupil as far as possible, even in emergencies.
- 15.2 All staff must be familiar with normal precautions for avoiding infections and must follow basic hygiene procedures. Staff must have access to protective, disposable gloves and take care when dealing with spillage of blood or other bodily fluids and disposing of dressings or equipment including sanitary towels.
- 15.3 Given the right approach, intimate care can provide opportunities to teach children about the value of their own bodies, to develop their safety skills to enhance their self-esteem.
- ◆ allow the child, whenever possible, to express a preference regarding/to choose his/her carer and encourage them to say if they find a carer to be unacceptable
 - ◆ allow the child a choice in the sequence of care
 - ◆ ensure privacy appropriate to the child's age and the situation
 - ◆ allow the child to care for him/herself as far as possible
 - ◆ be aware of and responsive to the child's reaction
 - ◆ when carrying out intimate care away from the school issues of privacy and safety must be paramount.

16.0 Guidelines for First Aid

Introduction

- 16.1 It is a statutory requirement that every employer must make adequate First Aid provision for all employees. In addition, Children's Services recognise its duty of care to make provision for all visitors to educational establishments. In this context, children are deemed to be visitors.
- 16.2 In most common circumstances, contractors will be required to make their own arrangements for First Aid cover. It is however, appropriate to extend the establishment's First Aid cover to such persons at times when Children's Services employees are present in the building.

At other times arrangements should be made to allow access to First Aid facilities by persons or groups letting facilities at educational premises, unless it has been specified in writing that users must provide their own First Aid cover. Where First Aid cover is extended to other users they should be informed of the arrangements for First Aid. A First Aid kit may be held by a caretaker or other Children's Services representative and made available to building users at need.

- 16.3 First Aid for the purpose of these Guidelines is:-
- a Treatment for the purpose of preserving life and minimising the consequences of injury and illness until medical attention is obtained.
 - b Treatment of minor injuries which do not require treatment by medical practitioner.
- 16.4 These Guidelines apply to all educational establishments. References to Headteachers, teachers etc., should be regarded as referring also to Heads of Section, Managers and other Supervisors and Officers.
- 16.5 All teaching staff act 'in loco parentis' during the time the school is open for children.
- 16.6 These Guidelines are supplemental to, and do not replace, the Council's Guideline on First Aid at Work.

Organisation

- 16.7 The Headteacher will have overall responsibility for First Aid arrangements. Procedures appropriate to the establishment will be made known to all staff.
- 16.8 Each establishment should appoint at least one trained First Aider. Additional First Aiders may be required for large establishments, split sites, or where the First Aider is not available for the full working day.

Arrangements

- 16.9 The duties of the First Aider are to:
- Take charge in situations where personal injury or illness has occurred and further medical attention is required.
 - It should be noted that the recommended contents of First Aid kits does **not** include antiseptics, analgesics, (i.e. painkillers such as aspirin) anaesthetic sprays or other similar materials commonly found at home. These are not necessary for first line emergency First Aid and must not be kept or administered as part of the First Aid provision in schools. First Aid supplies must be designated items **only**.
 - Sting relief sprays (such as "Waspease") and burn relief spray (such as "Burnease") must not be used.
 - Record in the First Aid Treatment Log all cases where First Aid treatment has been administered.

- 16.10 In cases of serious personal injury, competent medical attention should be obtained by the quickest available means. This will normally be by way of the emergency 999 service. The responsibilities of the First Aider for care of injured parties ends when the patient has been handed over to medical care (this includes the care of ambulance personnel or, in the case of a child, the care of a parent or carer).
- 16.11 As the patient's condition could worsen and require immediate skilled help, all serious cases should be transported to hospital by ambulance.
- 16.12 No attempt should be made to move an injured patient until an appropriate examination and assessment has been made. This may require a class or sporting activity to be curtailed or postponed in order to maintain the well-being of the injured person.
- 16.13 For all but the most minor of injuries, the First Aider should be summoned to the scene of the incident.
- 16.14 Parents/carers should be informed of all cases of illness or injury. In case of serious illness or injury this should be done by the quickest available means. If the parent/carer is unavailable then the child's emergency contact should be informed. In case of minor illness or injury a note or other appropriate message must be sent home with the child.
- 16.15 First Aid kits will be kept centrally and in such other locations as required and will be available at all time when the premises are in use. First Aid provision should be available within a reasonable walk of all school locations.
- 16.16 Notices giving details of the locations of the nearest First Aid kit, how the First Aider may be contacted and procedures for contacting the emergency services should be displayed at suitable sites. Normally in each classroom or workroom, staff base and staff room, but at least in each building or department.
- 16.17 All out of school activity locations and transport should have adequate First Aid provision.

17.0 Parents/Pupils With Certain Religious Views

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

STIRLING COUNCIL CHILDREN'S SERVICES

Health Care Plan for a Pupil with Medical Needs

Establishment: _____ Date: _____

Name of Pupil: _____

Date of Birth: _____

Condition: _____

Class: _____

CONTACT INFORMATION

Family Contact 1

Name: _____

Phone No: (home) _____ (work) _____

Relationship: _____

Family Contact 2

Name: _____

Phone No: (home) _____ (work) _____

Relationship: _____

GP: _____ Tel no: _____

Clinical/Hospital Contact

Name: _____ Tel no: _____

Plan prepared by:

Name: _____

Designation: _____ Date: _____

Distribution

School Doctor: _____ School Nurse: _____

Parent: _____ Other: _____

Describe condition and give details of individual symptoms

Medication: Effect and any side effects Details of dose, method and time of administration form 2 must be completed before medicine can be administered.

Members of staff trained to administer medication for this child:

Arrangements for administration during offsite activities:

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

Pupil: _____

Head of Establishment: _____ Date: _____

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

_____ Date: _____

Administration of Rectal Diazepam and /Buccal Midazolam

Individual Care Plan to be completed in consultation with the Medical Practitioner.

Each child will require an individual protocol, which should be displayed in accordance with guidance from Medical Practitioner.

Name of child: _____ Date of Birth: _____

Seizure classification and/or description of seizure which may require rectal diazepam or buccal midazolam

Usual duration of seizure:

Other useful information:

Treatment Plan

1. When should rectal diazepam/ buccal midazolam be administered?
(Note here should include whether it is after certain length of time or number of seizures)

2. Initial dosage: how much rectal diazepam/ buccal midazolam is given initially?
(Note recommended number of milligrams per person)

3. What is the usual reactions to rectal diazepam/ buccal midazolam

4. If there are difficulties in the administration of rectal diazepam e.g. constipation/diarrhoea, what action should be taken?

5. Can a second dose of rectal diazepam/ buccal midazolam be given? Yes No

After how long can a second dose be given?

(State number of milligrams to be given and how many times this can be done after how long)

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

7. When should 999 be dialled for emergency help?

If the prescribed dose of rectal diazepam/buccal midazolam fails to control seizure

Other (please state)

8. Who should witness the administration of rectal diazepam/ buccal midazolam ?

9. Who/where need to be informed:

Prescribing doctor:	Tel no:
_____	_____
Parent/carer:	Tel no:
_____	_____
Other:	Tel no:
_____	_____

10. Is insurance cover in place? YES 4 NO

11. **PRECAUTIONS:** Under what circumstances should Rectal Diazepam/ Buccal Midazolam **NOT** be used?

ALL occasions when Rectal Diazepam/ Buccal Midazolam is administered must be recorded (see attached record sheet)

THIS PLAN HAS BEEN AGREED BY THE FOLLOWING:

PRESCRIBING DOCTOR

Name: _____

AUTHORISED PERSON(S) TRAINED TO ADMINISTER RECTAL DIAZEPAM/ BUCCAL MIDAZOLAM

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

CHILD if appropriate/PARENT/CARER

Name: _____

Signature: _____ Date: _____

EMPLOYER OF THE PERSON(S) AUTHORISED TO ADMINISTER RECTAL DIAZEPAM/ BUCCAL MIDAZOLAM:

_____ Date: _____

HEAD OF ESTABLISHMENT

Signature: _____ Date: _____

THIS FORM SHOULD BE AVAILABLE FOR REVIEW AT EVERY REVIEW

Copies to be held by: _____

Copy holders to be notified of any changes by: _____

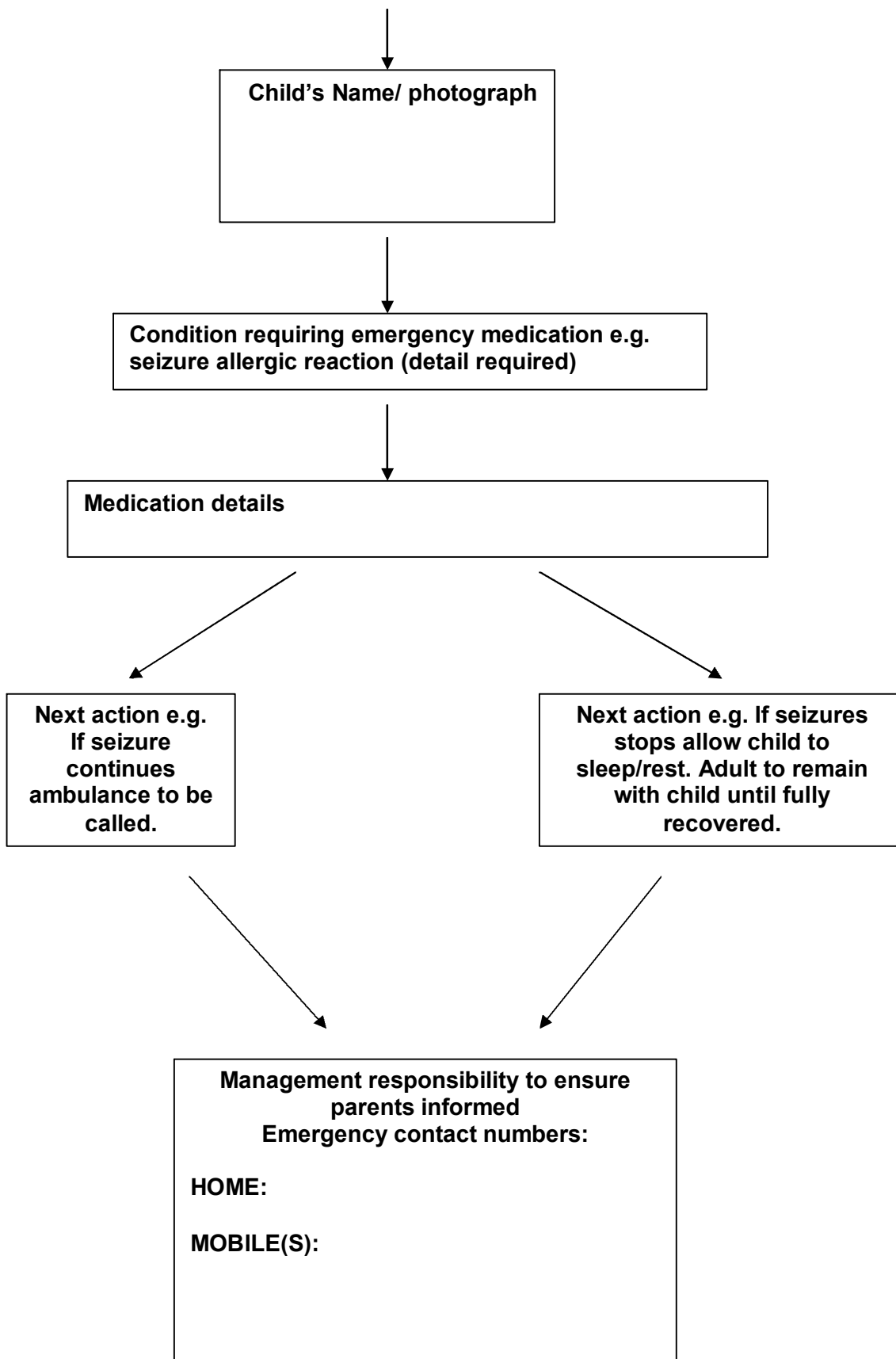
RECORD OF USE OF RECTAL DIAZEPAM/ BUCCAL MIDAZOLAM

Name _____

1a iv

Date				
Recorded by				
Type of seizure				
Length and/or number of seizures				
Initial dosage				
Outcome				
Second dosage (if any)				
Outcome				
Observations				
Parent/carer information				
Prescribing doctor informed				
Other information				
Witness				
Re-order of Rectal Diazepam				
Name of person re-ordering				

Template for protocol for emergency action e.g. seizure, allergic reaction, hypo



Child's Name	Date of assessment	Review	
Assessment number			
Risk factors	Weight	Age	Height

Limb flexibility:
Limb strength:
Balance:
Endurance:
Co-ordination:
Medical diagnosis:
Sensory:
Attachments:
Self perception/expectations:
Understanding/awareness:
Communication:
Likes/dislikes:
Cultural aspect:
Previous experience:
Gender issues:
Clothing:

Equipment in use:

1b iii

Task:	Risk reduction: Method of handling: Equipment:	Supervision/instruction: Dependency: Number of staff:
Transfer to other seats or changing plinth.		
Turning on changing plinth to allow for changing and hygiene.		
Repositioning in chair.		
Maintaining safety: plinth.		
Maintaining safety: chair.		
Wheelchair: internal.		

Task:	Risk reduction: Method of handling: Equipment:	Supervision/instruction: Dependency: Number of staff:
Walking		

Multidisciplinary input:	Advice received, review date:

CONCLUSION	
With current controls in place is moving and handling of this child HIGH, MEDIUM or LOW risk?	
<i>'I have been fully consulted in respect of the contents of this assessment'</i>	Signature of parent/carer:
<i>A moving and handling assessment has been carried out and the highlighted action is required to comply with the 'Manual Handling Regulations Operations, 1992'.</i>	Signature of assessor:

NOTES
<p>HANDLERS SHOULD WEAR UNRESTRICTIVE CLOTHING AND FLAT, SENSIBLE FOOTWEAR.</p> <p>HANDLERS SHOULD NOT WEAR SHARP JEWELLERY.</p> <p>HANDLERS IN PAIN, ESPECIALLY IN THE BACK SHOULD NOT HANDLE.</p> <p>PREGNANT WORKERS SHOULD DISCUSS HANDLING WITH THEIR MANAGER IMMEDIATELY AND NOT CARRY OUT HIGH OR MEDIUM RISK MOVES OR ANY MOVES OF WHICH THEY FEEL INCAPABLE.</p>

ADDITIONAL MEASURES REQUIRED	
TO BE ACTIONED BY:	
ACTION SIGNED OFF:	
DATE:	

COMMENTS
<p>Use this space for notes relating to the child that may be relevant for reassessment e.g. change in condition, incident occurrence whilst Handling.</p>

STIRLING COUNCIL CHILDREN'S SERVICES

The school will not give your child medicine unless you complete and sign this form, and the headteacher has agreed that school staff can administer the medicine.

ESTABLISHMENT:

Details of pupil:

Surname: _____ Forename(s) _____

Signature of pupil: _____

Address: _____

Date of Birth: _____ M F

Class: _____

Condition or illness: _____

Medication:

Name/type of medication (*as described on the container*):

For how long will your child take this medication _____

Date dispensed: _____

Full directions for use: _____

Dosage and method: _____

Timing: _____

Special precautions: _____

Side effects: _____

Self-administration: _____

Procedures to take in an Emergency:

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

Contact Details:

Name: _____

Daytime tel no: _____

Relationship to pupil: _____

Address: _____

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Signature: _____ Date: _____

Relationship to pupil: _____

NOTE

Medication will not be accepted by the school unless this form is completed and signed by the parent/carer or legal guardian of the child and the administration of medication is agreed by the headteacher.

This service is provided by volunteer staff who have had instruction and basic training. The headteacher reserves the right to withdraw this service and will inform the parent/carer accordingly.

STIRLING COUNCIL CHILDREN'S SERVICES

This form must be completed by parents/carers

Pupil's name: _____

Class: _____

Address: _____

Condition or illness: _____

Name of medicine: _____

Procedures to be taken in an emergency: _____

CONTACT INFORMATION

Name: _____

Daytime tel no: _____

Relationship to child: _____

I would like my son/daughter to carry and administer his/her medication for use as necessary.

Signed: _____ Date: _____

Relationship to child: _____

STIRLING COUNCIL CHILDREN'S SERVICES

FORM FOR RECORDING MEDICAL TRAINING FOR STAFF

Name: _____

Type of training received: _____

Name(s) of medication involved: _____

Date training completed: _____

Training provided by: _____

I confirm that _____ has received the training detailed above.

Trainer's signature: _____ Date: _____

I confirm that I have received the training detailed above.

Trainee's signature: _____ Date: _____

Suggested re-training date: _____

STIRLING COUNCIL CHILDREN'S SERVICES

REQUEST FOR SCHOOL TO ISSUE PAIN RELIEF MEDICATION

SCHOOL: _____

Dear Headteacher

I request that _____ (full name of pupil) be given to the maximum of 2 (two) pain relief tablets in any one school day. The above named pupil is suffering from the following medical health condition.

Dysmemorrhea (period pains)	<input type="checkbox"/>	Indicate by	<input type="checkbox"/>
Headache	<input type="checkbox"/>		
Earache	<input type="checkbox"/>		
Toothache	<input type="checkbox"/>		

Other _____

The container has been clearly labelled by me as parent/guardian and states child's name and contents.

Day and dates to be issued

Day					
Date					

Signed _____ Date _____

Address _____

NOTE

Medication will not be accepted by the school unless this form is completed and signed by the parent or guardian.

This request remains in force for a maximum of five consecutive days. If it is necessary to continue treatment beyond five days a further request will be required.

This service is provided by volunteer staff who have had instructions and basic training. The Headteacher reserves the right to withdraw this service and will inform the parent/guardian accordingly.

CHILDREN'S SERVICES

Policy for the Safer Manual Handling of Children

Introduction

All children have the right to an adequate and appropriate education. This applies equally to children with physical disabilities. Some disabled children will be educated in specialist settings many others will attend mainstream schools. Children's physical well being is an integral part of education no matter where that education takes place. Ensuring disabled children's well being may involve manual handling.

Manual handling is defined as any activity that involves the use of bodily force in lifting, lowering, pushing, pulling, carrying, supporting, or otherwise moving a person either wholly or in part.

This definition includes assisted walking, transfers from one place to another, handling activities in preparation for movement, handling activities for repositioning and upon completion of movement, and whether the movements are carried out completely manually or in conjunction with handling equipment.

This policy takes account of the relevant legislation. It is additional to and does not replace the current Stirling Council Children's Services Health and Safety Guidance.

Aim

The purpose of this policy is to attain, as far as is reasonably practicable, manual handling systems that allow for the holistic well being of the child, protect the health and safety of employees and adhere to statutory legislation and regulations. Movement for children with physical disabilities is an integral part of their education. It is important for their long-term physical health that they remain as mobile as possible. This policy aims to support this.

Principles

Stirling Council Children's Service undertakes to:

- Secure the Health, Safety and Welfare of people at work, and protect people other than those at work against risks to their health and safety arising from work activities.
- Develop, implement and measure the performance of safe systems of work.
- Provide all such information, instruction, training, and supervision necessary to ensure, so far as is reasonably practicable, employees health and safety at work.
- Allow all staff to contribute towards the development of good handling practice.
- Avoid manual handling operations where it is reasonably practicable to do so and where it is impractical reduce the risks presented by manual handling to the lowest reasonably practicable level.
- Assess manual handling operations that present a risk of injury, taking into account the pupils' abilities, needs, and wishes, the environment, the task to be performed, equipment to be used, and the individual capabilities of employees.
- Review manual handling tasks whenever there is any significant change in the manual handling assessment.

- Provide access to competent health and safety advice and guidance. In the first instance this will be via the Service Manager with responsibility for children with additional support needs.
- Provide and maintain equipment, which meets all current safety standards.
- Ensure employees and their managers using equipment have adequate training and health and safety information, and where appropriate, written instructions pertaining to its use.

Safe Systems of Work

All pupils requiring manual handling will have a manual handling risk assessment.

The purpose of this risk assessment is to

- ensure all those working with the child understand all risk factors
- provide meaningful illustrations of how the child is to be handled
- ensure the correct equipment is used in the correct manner
- provide a means of evaluating the appropriateness of chosen handling methods.

The risk assessment will lead to the formulation of a manual-handling plan, which will be part of the child's health care plan. (See Administration of Medicines Meeting Children's Health Care Needs Policy Form 1).

The assessment should be done in conjunction with the child's parents/carer.

The child's wishes must always be taken into account when devising a handling plan. If for any reason it is not feasible to agree to the child's wishes, reason must be given to the child and parents, and a mutually satisfactory outcome negotiated.

The handling plan will incorporate advice from the multi-disciplinary team as appropriate e.g. physiotherapist, occupational therapist. Relevant professionals will be invited to attend the assessment session.

Consistency of handling is very important to children with mobility problems, therefore the plan should include information about how the child is normally handled at home, and about their previous experience of being handled.

Stirling Council Children's Services will ensure an advisor is available to carry out the risk assessment and contribute to the writing of the manual-handling plan.

The manual handling advisor

- should have practical and theoretical knowledge and experience appropriate to the equipment in use
- should be able to take into account all aspects of equipment, load, individual capability, task and environment
- should be able to detect faults in the lifting equipment and assess the risks of continued use
- should be able to be objective and to reach independent decisions regarding the safety of lifting equipment and to decide when and whether testing of equipment, and what nature of testing, is necessary

All Stirling Council Children's Services employees who work with the child must adhere to the handling plan.

The plan will be subject to regular review. Additionally any person working with the child can request a review of the plan. Should this lead to alteration of the handling plan the written plan must be amended.

The plan should include task specific information, example: "Pupil name holds on to a grab rail on his left side with support from one person, second person assists with rearranging clothing and hygiene" and specific information on pupil response "Pupil name will not make eye contact when unhappy"

Some children whose skills are developing or who may be losing physical skills may struggle to maintain balance, which may result in them falling. Attempts to prevent a child falling at all costs could potentially be more harmful than a controlled fall.

Children's plans will contain specific advice if or when a controlled fall is the best response.

Where equipment use is identified the names and sizes of hoists/slings etc must be stated. Equipment must always be used in accordance with the manufacturers instructions.

The handling plan must have a review and evaluation date.

Time

Stirling Council Children's Services recognise that safe handling is an important part of children's overall development. Time must be made available and taken to ensure the handling plan is adhered to.

Training

Before any member of staff is involved in handling children they will be given appropriate training.

The training will cover:

- Use of mechanical aids
- Good handling technique
- Appropriate systems of work
- How to recognise handling potentially harmful to children or staff

The training will take account of the impact of children's differing ages and abilities. If a child has a condition which has particular impact or effects individual advice will be given and when appropriate it will be incorporated into their health care plan.

Training sessions will not give advice about individual pupils. This advice will be part of the child's manual handling plan.

Employee Responsibilities

Each Stirling Council employee must take reasonable care of his or her own health and safety, and that of others their actions may affect.

They must:

- Carry out manual handling tasks according to the training provided and as described in the child's plan
- Report injuries or accidents, to include 'near misses'.
- Use equipment according to the manufacture's instructions and as they have been trained
- Report faulty or damaged equipment.
- Acknowledge their limitations in manual handling and request advice or support.

Conflict Resolution

"Overall, it is fair to say that manual handling issues excite substantial divisions of opinion amongst professionals, patients, clients and disability organisations".

'Manual Handling in Health and Social Care – an a-z of law and practice' (Mandlestam 2002)

Differences of opinion are perhaps unavoidable in the field of manual handling, and conflict may occur between health and education professionals, between professionals and children and their families. Children's Services recognise that these differences of opinion can occur while all parties are seeking to act in what they believe to be the child's best interest.

It is likely that conflicts will be resolved through negotiation and discussion between all those working with the child. The manual-handling advisor will be the arbiter and his/her view will be reflected in the child's plan. Ultimately Stirling Council Children's Services employees must adhere to the child's plan.

This policy takes account of the authority's responsibilities arising from the following legislation

The Manual Handling Operations Regulations 1992 (MHOR)
Health and Safety at work Act 1974 (HASAWA)
Management of Health and Safety at Work Regulations 1999
(Management of HASAW Regs)
Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
Provision and Use of Work Equipment Regulations 1998 (PUWER)
Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1995 (RIDDOR)

It also takes account of current best practice and advice from the Disability Living Foundation and the Royal College of Nursing.