ADMINISTRATION OF MEDICINES IN SCHOOLS

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Policy Reference: id628	**Date of Issue:** January 2012
Prepared by: Alison MacRobbie, Palliative Care/ Community Services Pharmacist	**Date of Review:** January 2014
Lead Reviewer: Alison MacRobbie, Palliative Care/ Community Services Pharmacist	**Version:** 2
Authorised by: Policy, procedures and guidelines Subgroup NHSH	**Date:** January 2012

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Contents

1. Policy Statement

Close co-operation among schools and early education providers, residential establishments, parents, health professionals and other agencies is crucial in order to provide a suitably supportive learning environment for children and young people with health care needs to enable them to participate fully in educational activities.

NHS Highland (NHSH) will fulfil its statutory responsibility for securing the medical inspection, supervision and treatment of children and young people in schools and enter into joint arrangements with the education authorities of The Highland Council (THC), to develop jointly agreed guidance on the administration of medicines taking into account the councils' policies. The Education Services within HC, with the cooperation of head teachers, will assist NHSH to discharge this responsibility.

All stakeholders e.g. the education authority, schools, NHSH, parents, children and young people, social services etc. will work in cooperation to determine the need, plan and co-ordinate effective local provision within the resources available. NHSH and THC have adopted the Scottish Executive Document, The Administration of Medicines in Schools 2001 as overarching guidance (http://www.scotland.gov.uk/Publications/2001/09/10006/File-1).

Each educational establishment (e.g. school, pre-school establishment, school hostel) must have a health and safety policy, which includes procedures for supporting children and young people with health care needs, including managing medication. The policy will be backed up by formal systems and procedures, drawn up in partnership with the head teacher, health professionals, staff including hostel staff and parents.

NHSH staff and contractor professions e.g. School nurses, GPs, Community Paediatricians, Paediatric Nurse Specialists, Consultant Paediatricians etc. will also help schools and parent(s) to draw up individual health care plans for children and young people with significant health care needs, and will provide training to support the implementation of individual health plans. The most appropriate professional, i.e. co-ordinating the child or young person's healthcare needs and prescribing medication for the child or young person, will provide the health input.

2. Key Principles

The guiding principle adopted by prescribers will be that medicines should be taken out with school hours. The administration of prescribed medicines within an educational establishment is a matter within the discretion of the head teacher. There is no legal requirement for teaching staff to administer medication; this is a voluntary role, however non-teaching staff may have a contractual obligation to fulfil this role provided appropriate training has been given.

The term "medication" applies to medicines prescribed by a registered healthcare professional, usually employed or contracted by NHS Highland, and who is a recognised independent or supplementary prescriber. This may include doctors, dentists, nurses, pharmacists and allied healthcare professionals (e.g. physiotherapist, podiatrists). Routes of administration approved for administration are oral, rectal, topical (applied externally), autoinjector e.g. epipen or PEG feed.

Non-prescribed medicines will not be administered by staff in schools under any circumstances and will only be administered to children and young people resident in school hostels by staff acting in accordance with the approved Symptomatic Relief policy and guidance.(appendix 1). Policy and guidance in relation to residential school trips and outdoor pursuits activities is also included in this appendix.

Medicines will only be administered on the basis of an individual health care plan or where agreement is given for specific written instructions provided by the medical practitioner, pharmacist or optometrist or other prescriber. Verbal instructions will not be accepted. Changes to administration arrangements should be effected through the provision of new written instructions by the prescriber, new prescription or new labelling by the pharmacist or dispensing practice.

Complementary therapy procedures and the administration of supplements will only be carried out in schools, nurseries and early years centres, social work residential units and during outdoor activities and excursions with the approval of an NHS registered practitioner.

School staff who administer medication are legally required to exercise reasonable care to avoid injury and to participate in accordance with the procedures detailed in these guidelines acting on behalf of, and within the course of their employment with, the authority which is vicariously responsible for their actions. Trained and approved staff will be indemnified by the education authority in respect of any claims made against them arising out of the implementation of those agreed procedures in the course of their employment. The education authority will indemnify any member of staff, acting in good faith, for the benefit of the child or young person in an emergency situation.

The education authority will not agree to school staff volunteering to administer medicine through a standard syringe and needle. Exceptional circumstances may be individually agreed occurring in THC area.

Employers of health service staff acknowledge, support and indemnify those staff in providing appropriate training for school staff in undertaking the administration of medicines agreed for specific children and young people. Health staff will evaluate the effectiveness of training and,

where confident that staff[1] can carry out the administration procedures capably, will certify this in writing.

A programme of refresher training will be agreed and implemented for both healthcare staff and council staff. Each organisation is responsible for ensuring appropriate training for their staff to support pupils with medical needs.

Where no member of a school's staff is identified to administer medication invasively, support solutions will be locally devised between health and education services including parents and children and young people where appropriate. Within these and other medication arrangements, clear procedures for calling the emergency services will be outlined.

When medication is administered in an urgent or emergency situation, parents will be notified by school staff.

Parents/Guardians who have legal responsibility for the care of a child or young person should keep those children or young people at home when they are acutely unwell. Parents and guardians should request that medicines prescribed for their child should be administered out with school hours, where possible.

[1] Staff may mean teaching staff where administration of medicines is a voluntary role or teaching assistants where administration of medicines is included as part of their employed function.

3. Circumstances of Medical Needs involved

Occasional or Intermittent Medical Needs

Some children or young people may need to take medication, or be given it, at school or whilst undertaking an education supervised activity on an occasional or intermittent basis at some time in their school life. This describes children or young people with well controlled chronic conditions on regular medication generally taken at home but where occasional treatment may be needed in certain circumstances (e.g. asthma inhaler prior to exercise) or children or young people who may be on medication for a short period only, e.g. to finish a course of antibiotics. To allow children or young people to take this medication will minimise the time they need to take off school.

In line with general principle 1, medication should only be taken at school where there is no alternative and this will require the agreement of the head teacher. Information on these needs will be gathered by schools at least annually, at the beginning of the academic year or when a child or young person commences a new school. Parents have a responsibility to ensure this information is updated where circumstances or needs change.

Significant and Regular Medical Needs

Some children and young people have significant health care needs and they fall into two distinct groups:

1. Children or young people who suffer from particular chronic conditions but can continue to attend school if they receive regular medication during the school day.

2. Children or young people who may suffer from intermittent attacks which place them at greater risk than other children or young people and who require the urgent or immediate administration of a specified prescribed medicine e.g. severe allergy, epilepsy.

For these groups of children or young people, the school will draw up Individual Health Care Plans in collaboration with parents with involvement of relevant healthcare professionals. The school nurse may be the first point of contact and will signpost to the relevant healthcare professional. The most common medical conditions in school age children or young people, which require such support, are allergic reactions, severe asthma, cystic fibrosis, diabetes and epilepsy.

The Health Care Plan should be tailored to the individual needs of the child or young person (see proforma section 10) and should include:

- details of a child or young person's condition
- special requirements e.g. dietary needs, pre-activity precautions
- medication and any side effects
- what to do, and who to contact in an emergency
- where medication is stored
- the roles which the school, health professionals, parents and other stakeholders agree to undertake.

It is emphasised that agreements over actions to be taken, or procedures to be followed, apply only to the individual child or young person named in the health care plan. Staff should not assume that the specific arrangements agreed for one child or young person might be applied to any other.

Pupils resident in school hostels

This policy and practice guidance will be implemented by school hostel care staff who also require to be familiar with the health care needs of resident children or young people, including the formulation of any individual health care plans and the administration of any prescribed medication issued to children or young people. In general children or young people resident within school hostels are of secondary school age.

As school hostels primarily serve remote communities, many parents are either unable, or are severely restricted in their ability, to visit. Accordingly, parents of hostel children or young people must ensure that any necessary prescribed medicines are safely delivered to the hostel. School hostel staff will then take the place of parents when delivering essential medication to the school and authorising its use as prescribed. School hostels are regulated by The Care Inspectorate for Scotland and require to meet the relevant standards for medicines administration.

Hostel care staff may also be required to manage the treatment of children or young people for minor ailments or refer children or young people to a local doctor or dentist where it is considered that the child or young person may require direct medical attention.

In the case of school hostel residents, non-prescribed medicines may be administered. Non-prescribed medicines will however only be administered according to the joint agreed policy framework for symptomatic relief (or homely remedies policy) for children or young people (appendix 1) which specifies the limited range of medicines available, indications and contra-indications, the range and frequency of doses and the circumstances for referring for additional medical intervention. This local policy framework will be reviewed and agreed biennially by the council, NHSH and hostel staff.

On enrolment of the resident and prior to admission to the hostel, the child or young person's parents must submit a completed Administration of Medicines – Parental Consent Form which provides the following information:

- details of any medical condition the child or young person may have
- agreement to notify hostel staff in writing of any medication required by the child or young person
- agreement to hostel staff administering any necessary medication to the child or young person
- acknowledgement that the medicines listed in the symptomatic relief policy and guidance for children and young people will be the only non-prescribed medicines that may be given by school hostel staff to the child or young person.

Receipt of medicines from parents will be acknowledged and details will be recorded on the individual child or young person's Medical Record Sheet. Any medicines issued to a child or young personl will be recorded on this Record Sheet.

In line with this policy and practice guidance, prescribed medicines will only be administered in strict accordance with the written instructions provided by the prescriber Non-prescribed medicines

from the agreed policy will be administered at the discretion of the hostel care staff in accordance with the manufacturer's instructions. In the case of both prescribed and non-prescribed medicines, no medicines will be administered without prior reference to the child or young person's Medical Record Sheet.

Prescribed and non-prescribed medicines will be stored in a designed, lockfast cabinet. In the unlikely event of a medicine being required to be kept refrigerated, this should be stored in a designated refrigerator located in a locked room (Section 8 of this document provides further information on the storage of medicines). Hostel staff should record on form HDM2 (see section 10) detail of any medicines administered to an individual child or young person residing in the hostel.

Residential School Excursions

School staff should, as part of the risk assessment undertaken prior to any excursion, be aware of any medical needs of children and young people participating in the excursion. If the child or young personl requires any prescription medication this must be supplied by parents as described in the following section (Parents and Guardians) of this guidance. Receipt of medicines from parents will be acknowledged and details will be recorded on the individual child or young persons Medical Record Sheet. A copy of this record sheet must be taken on the activity or trips and any medicines issued to a child or young person must be recorded on this Record Sheet.

When children or young people are being enrolled in residential activities or school trips parents must submit a completed Administration of Medicines – Parental Consent Form which provides the following information:

- details of any medical condition the pupil may have
- details of any medication required by the child or young person
- agreement to staff administering any necessary medication to the child or young person
- acknowledgement that the medicines listed in the Symptomatic Relief Medication: Policy for children and young people will be the only non-prescribed medicines that may be given by Council staff to the child or young person.

In line with this policy and practice guidance, prescribed medicines will only be administered in strict accordance with the written instructions provided by the prescriber for the individual child or young person.

Staff accompanying children or young people on a residential school excursion may be required to treat pupils for minor ailments where:

- it is not possible to consult a medical practitioner or obtain advice or treatment from a community pharmacist;
- the child or young person has the capacity to be consulted;

otherwise refer children or young people to a local doctor or dentist where it is considered that the child or young person may require direct medical attention.

Non-prescribed medicines may be administered to children or young people on residential school excursions. Non-prescribed medicines will however only be administered according to the joint agreed policy framework for symptomatic relief (or homely remedies policy) for children and young

people (appendix 1) which specifies the limited range of medicines available, indications and contra-indications, the range and frequency of doses and the circumstances for referring for additional medical intervention.

Staff accompanying children and young people on residential school excursions are responsible for ensuring that an accurate record is maintained of any non-prescription medication which is given from the policy including; date, time, name of medication and dosage and a record of the member of staff administering (Form HDM1) During the excursion, non-prescribed medicines should be kept safe by a designated member of staff.

Where children and young people are taking part in an outdoor activity or in a school trip the information to parents/carers should include, where appropriate, a request to ensure that their child brings his or her own sunscreen and insect repellent, and adequate food and drink. Staff may also carry a supply of sunscreen, insect repellent and high energy foods, but preparations such as sun screen and insect repellent can only be offered to children or young people where the parents have given prior written permission for use of the specific brand/variety of product.

4. The Role of Parents, Children and Young People and Staff

Parents and Guardians

Parents or guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Throughout this document the term parents refers also to guardians. Parents must complete, sign and date a consent form (see FORM Admin 1a) prior to any medication being administered by staff.

Once the parental consent form has been completed and the head teacher has agreed to the administration of medicine, the parent or guardian must deliver the medication to school. Under no circumstances will an oral instruction be accepted from a parent or guardian. All medication must be delivered complete with the original pharmacy or dispensed label identifying:

- child or young person's name
- date of dispensing
- name of the medication and strength
- dosage and the frequency
- expiry date
- quantity
- method of administration
- additional instructions

It will be the parents' responsibility to replace date expired medication timeously and dispose of outdated stock safely.

Where a child or young person's needs have been assessed as significant, parents should, in collaboration with health professionals and the head teacher, reach an understanding on the school's role in helping with the child's health care needs and in drawing up an individual Health Care Plan. Parents' cultural and religious views will be respected. The head teacher should seek parents' agreement before passing on information about their child's health to other school staff. Parents should appreciate that sharing of information is important if staff and parents are to secure the most informed care for a child or young person. Refer to policy on consent and information sharing (see Getting It Right For Every Child)

Children and Young People

It is good practice to allow children and young people with identified conditions to manage their own medication from a relatively early age and schools should encourage this. An example would be inhalers for children or young people with asthma. Some children with diabetes may require to monitor their blood sugar or to inject insulin during the school day. Appropriate facilities should be provided to allow the child or young person to do this in private. Children or young people will be expected to comply with the arrangements agreed with the school for taking their medication. The school health and safety policy should explicitly state the rules regarding children and young people carrying and administering their own medication, bearing in mind the safety of other pupils. If a parent wishes his or her child to carry and administer his/her own prescribed medication the parent will require to complete Form 1b (see Section 10 of this document).

If children or young people 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 especially if the child or young person is below the age of legal capacity, generally agreed as under 12 years. If circumstances require it, the school should call the emergency services for an ambulance.

Staff

All school staff may have day to day contact with children and young people exhibiting the most common medical conditions which require support, and a basic understanding of these common conditions will help staff recognise symptoms and seek appropriate support. Procedures for dealing with medical emergencies should be outlined for all staff in the school health and safety policy. NHS Highland has the responsibility to provide basic awareness training for education staff and specific training for those administering regular or emergency medication.

Those school staff who administer medicine to named children and young people with significant health care needs require more detailed training. Specific training needs will be identified in individual children and young peoples' Health Care Plans and provided by appropriate health professionals.

Any member of staff giving medicine to a child or young person should check:

- the child or young person's name
- written instructions provided by parents or doctor
- prescribed dose
- dose frequency
- previous doses taken within 24 hours if possible
- expiry date
- any additional or cautionary labels.

If in doubt about any of the procedures the member of staff should check with the parents or a health professional before taking further action.

Staff should complete and sign record cards Form Rec 1(see Section 10 of this document) each time they give medicine to a child or young person. Such record sheets offer protection to staff and proof that they have followed agreed procedures.
The Schools General (Scotland) Regulations 1975 (S.1. 1975/1135) require authorities to keep children or young peoples' progress records including health records for 5 years after the child or young person's final attendance at school.

Head teachers should give careful consideration to any information about health or medical conditions of children or young people which might be communicated to staff. Two principles should apply. The first is that information must be given in strict confidence, bearing in mind the rights to privacy and confidentiality held by children and young poeple and their families. The second is that information should only be provided on a strict "need to know" basis. In other words:

- that school staff would require to take account of a health or medical condition because it affects the child or young person's learning
- or that school staff may be required to respond to a situation or to needs which may arise in the classroom

- or in a few cases, in the wider school campus because of the child or young person's health or medical condition.

This includes arrangements for supply or temporary staff.

Head teachers should take an informed view of information to be communicated, in conjunction with child health staff as required. The routine circulation of extensive lists of available information on the health of children or young people should be avoided as this may be counter-productive.

Transport – children or young people who are likely to have significant requirements for administration of medicines and who require education transport will require to have an escort who has been trained to administer appropriate medication. Under no circumstances may drivers undertake this role. Arrangements require to be anticipated. All drivers must have a means of obtaining assistance if required in emergency e.g. mobile phone.

5. Information on Conditions and Medications and Protocols

General guidance on common medical conditions and their management which require the administration of medicines in an educational setting are available on the NHS Highland website (http://www.nhshighland.scot.nhs.uk/Services/Pages/MedicinesInSchools.aspx). Information on the following conditions is available:

Allergic reactions including anaphylaxis
Asthma
Attention Deficit Hyperactivity Disorder (ADHD)
Cystic Fibrosis
Dermatitis
Diabetes
Epilepsy.

The guidance documents include information on the roles and responsibilities of those involved e.g. organisations and individuals and information relating to school trips.

Protocols for managing an individual child or young person's condition will be contained in the Individual Healthcare Plan for that child.

A template protocol is available on the website. Specific pre-formatted protocols for allergy and anaphylaxis are also available.

Summary Information is included below. The most up to date information is available on the website.

Allergic reactions (including anaphylaxis) in school

Allergic reactions to foods and insect bites/stings are recognised with increasing frequency, and are major cause of concern to parents and teachers alike. Most reactions are mild and will require no treatment, or treatment with oral antihistamines only.

The term 'anaphylaxis' is used to describe a severe allergic attack which causes a problem with breathing or the airway, impaired circulation or impaired consciousness. Where the potential for an anaphylaxis has been identified, it is important that school staff are aware, and that appropriate treatment is on hand. Useful leaflets are available at www.allergyinschools.co.uk. Information on anaphylaxis is given on the Anaphylaxis Campaign site www.anaphylaxis.org.uk and the Epipen site www.epipen.co.uk.

Children at risk of allergic reactions should have access to oral antihistamine at home and in school. Intramuscular adrenaline (Epipen) is only required for anaphylaxis. A written individual protocol must be provided.

INTRAMUSCULAR ADRENALINE (EPIPEN) IS ONLY REQUIRED FOR PROVEN ANAPHYLAXIS

Roles and responsibilities

NHS Highland will:

- make provision in the school health service for training for parents as well as school and preschool staff in the avoidance of common food allergens and the administration of antihistamine and intramuscular adrenaline.
- put in place arrangements for individual protocols to be implemented at school/preschool, using standard templates devised by NHS Highland. Please note: where a child or young person has an end of life plan the protocol may change more frequently.
- prepare and discuss with school staff individualised protocols for the management of allergic reactions. A written individual protocol is required to provide clear guidance to school staff
- where a food has been identified as the precipitant, provide advice on food avoidance and refer to a dietician where necessary.

The General Practitioner (GP) will:

- prescribe appropriate medicines for the child or young person and Epipen® brand adrenaline (epinephrine) should be used in order to avoid confusion and facilitate training. Liquid oral antihistamine preparations should be used even in adolescence as they will start working more quickly than tablets
- arrange for an appropriately trained school nurse or community children's nurse to deliver training to school or preschool staff in basic food avoidance and the administration of oral antihistamine and intramuscular adrenaline
- provide appropriate quantities of medicines for parents to pass on to school and out of school care. A supply for each household will also be required.
- refer the child or young person to the hospital out-patient clinic if, in the case of food allergy, challenge testing is required (either incases of diagnostic doubt, or when re-challenge is required to confirm persisting allergy).

The parent will:

- obtain supplies of appropriate medicines Epipen and oral antihistamine for school and out of school care and ensure that they remain in date (allow at least 12 months until expiry date)
- when Epipen and oral antihistamine is within 3 months of its 'use by' date, contact the GP for further supplies.
- have age appropriate discussion with the child, including food avoidance, and when to ask for help.
- supply medication to be held in school at the beginning of each school session and collect the medication at the end of the session to ensure it is kept in date.

The school will:

- notify the parent if a new supply of medication is required.
- ensure relevant staff access appropriate training.

Attention Deficit Hyper Activity Disorder (Hyperkinetic Disorder)

ADHD occurs in up to 5% of children. It is characterised by inattention, over-activity and impulsiveness and is usually present from early childhood. Education is often disrupted, family life stressful and peer relationships may suffer. In the majority of cases ADHD will persist into secondary school.

Stimulant medication is often prescribed for sufferers, usually methylphenidate. This is available under several brand names, the most common examples are Ritalin or Equasym. A single dose is usually effective for just 4 hours. Commonly it is prescribed to be taken before school, and with lunch. Modified release preparations lasting 8 to 12 hours (Concerta XL), Equasym XL) allow children who are stabilised on treatment to avoid taking medication at school.

A health care plan should be drawn up for each pupil with ADHD who requires to take medication in school. Training for school staff will include storage of medication and record keeping as the active ingredient in the medication named above is a class A drug. Further information on the safe storage of medication is provided in Section 8 of this document.

Asthma

Asthma is sufficiently common that all staff should have a basic awareness of the condition. One in seven children has asthma and several in each class are likely to have the condition. There is nothing to stop the vast majority of children with asthma leading a full and active life.

Asthma is a condition that affects the airways – the small tubes that carry air in and out of the lungs. Asthma symptoms include coughing, wheezing, a tight chest, and getting short of breath - but not every child will get all of these symptoms. The airways can react badly when someone with asthma has a cold or other viral infection or comes into contact with an asthma trigger.

Triggers include: colds, viral infections, pollen, cigarette smoke, exercise, air pollution, pet hair and stress. Everybody's asthma is different and everyone will have his or her own triggers. Consequently some children require to take their reliever medication (blue inhaler) prior to PE and playtime especially in the cold winter months and/or during the hayfever season.

When a child develops asthma symptoms (cough, wheeze, a tight chest, and shortness of breath), this is called an asthma attack. It's at this point that the child will need to take a dose of their reliever medication (blue inhaler).

Asthma varies in severity. Some children will experience an occasional cough or wheeze whereas for others, the symptoms will be much more severe. Avoiding known triggers where appropriate and taking the correct medication can usually control asthma effectively.

Reliever inhalers

Relievers are usually blue e.g. salbutamol (Ventolin), terbutaline (Bricanyl). This is the inhaler that children need to take immediately when asthma symptoms appear. Relievers work quickly to relax the muscles around the airways. As these muscles relax, the airways open wider and it gets easier to breathe again.

Preventer inhalers

Preventers are usually brown, orange, or red e.g. beclometasone, budesonide (Pulmicort), and fluticasone (Flixotide). These usually contain a small dose of steroid for inhalation into the lungs. They should be taken every day (usually first thing in the morning and last thing at night), even when asthma seems well controlled. Preventer inhalers should NOT normally be needed by children in school hours.

Spacers and nebulisers

Spacers make metered dose inhalers (spray inhalers) easier to use and more effective. They allow more of the medication to be breathed straight down into the lungs. Children should NOT need to use a nebuliser in school. There is now evidence to indicate that for the vast majority of people with asthma, inhaled therapy is best delivered by inhalers or inhalers with spacers.

A health care plan should be drawn up for each child or young person with unstable asthma e.g. greater than one admission to hospital in past 12 months and/or requiring multi-dosing in school on a regular basis. Training in the recognition and treatment of an asthma attack will be provided for school staff where a child with unstable asthma has been identified.

Cystic Fibrosis (CF)

Cystic Fibrosis) is the UK's most common life-threatening inherited disease. It affects approximately 1 in 2500 children.

In CF the lungs function normally at birth but the mucus produced is abnormally thick. By blocking some of the smaller airways, this sticky mucus starts to cause lung infections and lung damage. Physiotherapy helps children with CF to clear mucus from their lungs. It is usually done at home, but sessions can last up to one hour and leave the child feeling tired.

Children with CF often have a persistent non-infective cough, which can be embarrassing if mucus is brought up. They are at risk of infection from other children, but pose little risk to other healthy children. Many children with CF also have asthmatic type symptoms. During chest infections children with CF will feel unusually tired. Frequent courses of intravenous antibiotics are sometimes necessary and when required are given for 2 weeks every 2 to 3 months via an intravenous Hickman line or Portacath. When these intravenous lines are in situ, children are NOT allowed to participate in PE, swimming or other vigorous activities to avoid the risk of dislodgement.

A quiet room with hand washing facilities and a lockable cupboard may be required for a parent or nurse to administer these antibiotics.

The digestive system is also affected in 90% of children with CF and the child may require extra snacks and energy rich foods should be encouraged. The child may often feel full quickly and may have a poor appetite. At meal times, children require to take enzyme capsules to help them digest their food. Most older children are able to manage these independently but younger children may require supervision.

Children with CF are as academically able as their contemporaries. Children may experience frequent absences from school and good liaison between school and home is required to ensure the child keeps pace with appropriate learning targets. Physical exercise is of benefit to children with CF, but full participation may not be possible if the child is unwell.

A health care plan should be drawn up for each child with cystic fibrosis, in collaboration with their consultant, specialist nurse and child health team. This should include advice on emergency treatment as asthmatic type symptoms are common as well as what to do if the intravenous line becomes dislodged. Appropriate training will be provided for school staff when a child with CF has been identified. On the rare occasion that 2 or more children, who are not related, enrol in the same school, it is highly desirable that these children do not mix and are placed in different classes to avoid cross infection.

School trips

Trips should not present as a problem provided a risk assessment is completed and appropriate precautions are taken. Changes in treatment should be discussed well in advance of a trip especially if there is an overnight stay. The degree of supervision required for the child should be discussed with parents. Regular meals and snacks should be given. Fatigue may be an issue during periods of sustained physical activity. Some children may need to avoid animals.

Diabetes

Insulin dependent diabetes mellitus (IDDM) is a disorder that develops when a person does not produce enough of the hormone insulin. Insulin helps the sugar from the food we have eaten to move from the bloodstream into body cells where it can be used to produce energy.

People who develop IDDM in childhood usually require insulin by injection. This helps to lower the blood glucose and is balanced by a diet of known carbohydrate content. Carbohydrates are divided into 2 groups:

- fast acting sugars e.g. sweet biscuits, chocolate
- starchy carbohydrates e.g. bread, cereals, pasta and rice.

Children with diabetes require regular meals containing approximately the same amount of starchy food each day, and will need small amounts of starchy carbohydrates between meals - at the usual morning school break and during the afternoon. Children with diabetes commonly require injections of insulin with their midday meal.

A child with diabetes should not be in any way different from other children in potential achievement. There is no need to avoid any school activity provided that some extra carbohydrate food in the form of a sport drink or mini Mars bar is taken before and/or during exercise. A child with diabetes should be submitted to the same kind of discipline as any other child, **but should not be detained from meals**.

Hypoglycaemia a 'hypo', occurs when the blood sugar falls too low, usually after extra physical activity or if a meal is delayed. Hypo symptoms include: hunger, stomach pains, pins and needles, headache, faintness, drowsiness, pale, inattentive, sweaty, slurred speech, bad temper.

If symptoms and signs are ignored increasing drowsiness, coma or fits may follow. **The child should not be left to lie down unattended.**

Even if the supervisor/carer is doubtful it is best to give some carbohydrate because a 'hypo' is easily treated and even if carbohydrate is given when the blood sugar is normal or high the extra glucose will not cause harm. The child will respond rapidly if hypoglycaemia is responsible. If treated promptly recovery is usually rapid and the child may return to normal class activities.

Hyperglycaemia or ketosis occurs when the sugar in the blood reaches high levels following, for example: Missing an injection, poor diabetic control, an infection, over-eating. Symptoms include: thirst (it is important that sugar free diet drinks are given at this time), frequency of passing urine. If symptoms are ignored the child may become flushed, drowsy and may vomit. Hyperglycaemia does not develop rapidly and usually takes several hours. If the child has been vomiting and is becoming drowsy, emergency services or the child's GP should be contacted.

A health care plan will be drawn up for each child with diabetes in collaboration with the child's Consultant, Diabetes Specialist Nurse and Child health team. This will include written information on the management of hypoglycaemia.

School trips

Diabetes should not prevent the child from taking part in school trips, sporting activities, etc. but a little extra care may be needed and advice is readily available from the Diabetes Specialist Nurse or community children's nurse who can be contacted through child health office.

Epilepsy

Epilepsy is the most common serious neurological condition. A child with epilepsy has recurrent seizures, unless the seizures are controlled by medicine. A seizure occurs when the nerve cells in the brain, which affect the way we think and behave, stop working in harmony. When this happens the brain's messages become temporarily halted or mixed up. Epilepsy can be caused by damage to the brain through a head injury or by an infection. However, in most cases, it has no identifiable cause.

Seizures

A seizure can either affect part of or the whole brain. There are around 40 different types of seizures, some of which are more common in childhood. Depending on whether a seizure affects the whole or part of the brain it is called either a generalised or partial seizure. Generalised seizures affect the whole, or a large part, of the brain and result in a loss of consciousness. Partial seizures only affect part of the brain and only partially affect consciousness.

The most common types of seizure school staff will encounter include:

Tonic-clonic

Children who experience tonic-clonic seizures (formerly known as grand-mal seizures) lose consciousness. Their body goes stiff and their limbs jerk. When the seizure finishes the child slowly

regains consciousness. The child will be confused at first and it is important to stay with the child and reassure them. Emergency medication may be necessary for prolonged tonic-clonic seizures.

Absence

During an absence seizure (formerly known as petit-mal seizure) a child will momentarily lose consciousness. It will appear as if they are daydreaming or distracted. These seizures can happen frequently causing a child to 'tune in and out' of what is going on around them. This can be very confusing for the child or young person. Absence seizures are most common in children between the ages of six and twelve years of age. As a result, children who have absence seizures risk missing out in vital learning. If a child is having absences seizures during the day, the child's parents may not be aware that their child has epilepsy. Spotting these seizures can help doctors make a diagnosis. There is no first aid needed for absence seizures, but they must not be mistaken for daydreaming or inattentiveness.

Complex partial

A child experiencing a complex partial seizure will only be partially conscious. They will not fall to the ground as in tonic-clonic seizure but they will not be aware of or remember what happened during, and even in the moments before, the seizure. During the seizure the child may display repeated actions like swallowing, scratching or looking for something. This should not be mistaken for bad behaviour.

Although there is no real first aid required for complex partial seizures, it is important not to restrain the child or young person unless they are in immediate danger. For example, if the child is walking towards a busy road, staff should try and guide them to safety. When the seizure ends the child is likely to be confused so it is vital to stay with them to reassure them.

Triggers

A trigger is anything that causes a seizure to occur. There are many different triggers, but some are more relevant to school settings. These include excitement, anxiety, tiredness or stress. Contrary to popular belief only a small proportion of children with epilepsy have their seizures triggered by flickering light (known as photosensitive epilepsy). Less than 5 per cent of all people with epilepsy are photosensitive.

Additional support

The majority of children with epilepsy take medicine to control their seizures. This medicine is usually taken twice daily outwith school hours. The only time medicine may be urgently required by a child with epilepsy is when their seizures fail to stop after the usual time or the child goes into 'status epilepticus'. Status epilepticus is defined as a prolonged seizure or a series of seizures without regaining consciousness in between. This is a medical emergency and is potentially life threatening. In this situation, the emergency administration of sedative is indicated. The sedative is usually a drug called Midazolam that is administered in the cheek or nose. If a child with epilepsy is likely to require emergency medicine to stop a seizure, it is vital that the parents notify the school. A healthcare plan will be written where there may be a need to administration in an emergency. The child health team will provide appropriate training for staff volunteering to administer medication.

School trips

Every child with epilepsy has a right to participate fully in the curriculum and life of the school, including outdoor activities and school trips. However, sensible precautions need to be taken and a risk assessment taken forward to assist in planning the trip. Some activities may not be suitable for all children, for example, during periods when epilepsy is unstable. For more information on epilepsy visit www.epilepsy.org.uk or call the Epilepsy Helpline, freephone: 0808 800 5050

Complementary Therapies and Supplements

Complementary therapy procedures and the administration of supplements will only be carried out in schools, nurseries and early years centres, social work residential units, by foster carers, and during outdoor activities and excursions with the approval of an NHS registered practitioner.

End of Life Care Plans

Children with conditions which are advanced and unable to be cured, may be attending school. It may be anticipated that crises could occur and plans for care delivery need to be put in place. The obligations for council staff and healthcare staff are different. Council staff require to provide appropriate first aid management of the situation and seek health care staff assistance urgently. The plans will require to be highly individualised and may be subject to more frequent review than the recommended minimum of annually. The individual healthcare plan will direct the care provision required of council staff which may include providing shelter, reassurance and support and immediate contact for urgent attendance of healthcare staff. Health care staff will be able to assess the appropriate care directions regarding resuscitation and take this responsibility.

6. Individualised Health Care Plans

It is not anticipated that detailed plans will be required for short-term needs where a child for example is taking a course of antibiotics. In such cases it would be sufficient to record: **details of the medication, time of administration and any possible side effects** on form Admin 1a. These arrangements would also apply to children with well controlled asthma.

The main purpose of an individual school health care plan for a child or young person with significant health needs is to identify the level and type of support that is needed at school. This written agreement clarifies for parents, children and young people and staff the help that the school can provide and receive.

The need for a health care plan and the medical detail of any such plan should be assessed by a health professional in collaboration with school staff and parents.

The school's response has to be tailored individually to each child or young person's needs as children and young people vary in their ability to cope with poor health or a particular medical condition.

Schools should agree with parents and health care practitioners how often they should jointly review the health care plan depending on the health care needs. Good practice would indicate that this should be done at least once a year and the head teacher should make the appropriate arrangements.

Each plan will contain different levels of detail according to the needs of the individual child or young person. In some cases details of child or young person's need may be recorded in other plans e.g. a Coordinated Support Plan, a Support Plan or a Personal Learning Plan. If this is the case, a specific reference to the pupil's individual health care plan should be included.

More detailed Health Care Plans are required for children or young people with greater long-term needs. Health care staff will draw up Individual Health Care Plans in collaboration with school staff and parents. The school nurse may provide direction to appropriate healthcare professional input. The most common medical conditions in school age children which may require such support are allergic reactions, severe asthma, cystic fibrosis, diabetes and epilepsy.

Drawing up a Health Care Plan

The plan should be tailored to the needs of the child or young person and a proforma is available, but as a minimum should include:

- details of a child or young person's condition
- what to do and who to contact in an emergency
- causative factors
- indications for treatment
- medication including details of dose and method of administration
- daily care requirements (including regular procedures or exercises, dietary needs, pre-activity precautions)
- members of staff trained to administer medication

Those Involved

Those who will need to contribute to a detailed Health Care Plan are:

- the school nurse, the child's GP or other health care professional (depending on the level of support that the child needs)
- the head teacher
- the parent or guardian
- the child or young person (if suitably mature and capable of understanding)
- class teacher (primary schools) year head/guidance teacher (secondary schools)
- care assistant, support staff or hostel staff (where applicable)
- school staff who have agreed to administer medication or be trained in emergency procedures.

Co-ordinating Information

Co-ordinating and disseminating information on an individual child or young person with health needs, particularly in secondary schools, can be difficult. The head teacher should give a member of staff specific responsibility for this role as the Lead Professional for the child's plan. This person can be a first contact for parents and staff and can ensure liaison with external agencies. Advice on the communicating of relevant information to staff in schools is provided in Section 4 of this document.

Transitions - Parents/guardians should have a copy of the individual healthcare plan to assist in communicating information when a pupil changes education environment. Information on specific requirements e.g. facilities, equipment, staff training should be communicated well in advance of planned moves to enable smooth transitions.

Staff Training

A Health Care Plan may reveal the need for identified school staff to have specific information about health care procedures or specific training in administering a particular type of medication or in dealing with emergencies. Where school staff are to assist a child or young person with health needs, the head teacher should arrange appropriate training in conjunction with NHS Highland. School staff should **never** administer medication without appropriate training from health professionals.

Roles and responsibilities

Healthcare professionals have responsibility for:

- advising who should have a health care plan
- collaborating with parents and school staff in drawing up the health care plan, which includes the emergency procedures protocol
- participating in the review of the health care including advice on whether the health care plan continues to be required
- Providing relevant medicines-related training to school staff

The school has responsibility for:

- identifying a teacher with responsibility for each individual health care plan
- coordinating the drawing up of the health care plan
- issuing the completed health care plan to all relevant people
- ensuring that school staff who are involved in administering medicines follow the advice and guidance on administration of medicines detailed in the health care plan
- following the emergency procedures detailed in the protocol
- arranging the review of the plan at least annually
- ensuring relevant school staff receive appropriate training provided from NHS Highland

Parents have responsibility for:

- informing the school that their child has a medical condition
- collaborating with health and school staff in drawing up the health care plan
- providing appropriate medication supplies

Transitions

It must be noted that there will be some children or young people who remain in school after the age of 16. In most cases, this should not give rise to any difficulties as regards consent as once the child or young person has attained the age of 16 he or she can make decisions for him or herself as regards medical treatment. However in the case of a child or young person with a learning disability, acquired brain injury, or the like where there is doubt as to the ability of the child or young person to consent considerable thought needs to be given to the care plan for that individual. In terms of the Adults With Incapacity (Scotland) Act 2000, the 'adult' is a person who has reached the age of 16 years. Parents no longer have an automatic right to make decisions with regard to the welfare of the child who is now of course an adult. It is certainly the case that the adult's GP would be in a position to issue a Certificate of Incapacity which would cover medical treatment in general. But in a number of cases, where there are more complex needs, it may well be that a Welfare Guardian might require to be appointed and one of the powers afforded to that Guardian might be power to consent or withhold consent to medical treatment. Individual cases will, of course, require different approaches.

7. Privacy, Confidentiality and Support

Privacy

It is good practice to enable responsible children or young people to manage their own medication from quite a young age. Some children or young people may require to take or administer medication for themselves during the school day. Examples of this would be use of inhalers for asthma and injecting insulin for diabetes.

Every effort should be made to support children or young people in their independence and ability to manage their own medication. Appropriate facilities should be provided to allow the child or young person to do this in private. The school health and safety policy should state clearly the rules which will operate to enable children or young people to manage their own medication bearing in mind the safety of all pupils.

It is important to remember that a child or young person has the right to privacy in the ongoing management of his/her medication in keeping with the right to confidentiality.

Confidentiality

Schools have a general duty of care for their pupils. Head teachers and school staff must treat children and young people's medical information confidentially. Confidential and sensitive information about a child or young perosn should be made available only to those who need to know such as teachers or other members of staff who are specifically involved with a child or young person. Escorts and others should only be told what is necessary for them to know to keep the child safe. The head teacher should agree with the child or young person, where he or she has the capacity, or otherwise the parent, any other persons who should have access to records such as the health care plan and other significant information about the child or young person.

Consideration must also be given to any additional safety measures required for school trips and sporting activities. Teachers should be aware of children and young people with specific health needs with reference to any restrictions to a child or young person's ability to participate in these activities. This information should be noted in the child or young person's health care plan.

A young person in Scotland below the age of 16 does have the capacity to consent to his or her own treatment subject to the test that he or she understands the implications otherwise the parent would take that responsibility. The age of capacity is generally agreed to be from 12 years of age although there may be occasions when a young person having attained the age of 12 would not have sufficient maturity or understanding to give informed consent to treatment. Where a child or young person refuses to take medication school staff should not force him or her to do so. The school should inform the parents promptly of the decision made by the child or young person. If necessary the school should call the emergency services.

Support

A child or young person's health care plan may show the need for identified staff to have specific information about health care procedures or specific training in administering a particular type of medication or in dealing with emergencies appropriately.

School staff involved in supporting a child or young person with his or her health care plan should be given appropriate training from health professionals. The education authority and head teachers will ensure this training is given in conjunction with NHS Highland. NHS Highland is responsible for giving advice on training and for providing training about health care procedures, specific training in administering a particular type of medication or in dealing with emergencies appropriately. (See section of this guidance which covers 'Training Arrangements.)

8. Secure Storage and Handling of Medicines

General

Where the head teacher agrees to the administration of medication within the school this must be undertaken in accordance with safe and secure storage and administration of medicines in schools as described in this policy. Administration of medications shall only be authorised where that medication must be administered during school hours.

Medication requiring special storage conditions such as refrigeration must comply with secure storage requirements.

Delivery of Medication

Once the parental consent form has been completed and the head teacher has agreed to the administration of medication, the parent must deliver the medication to the designated member of staff in the school.

All medication must be delivered intact with the original pharmacy or dispensed container and not re-packaged to another container. If necessary, parents should be encouraged to ask the prescriber for a school supply. The community pharmacist should be asked to label it appropriately with the label on the actual container and not the outer packaging.

Containers should be clearly labelled with all the relevant information:

- pupil's name
- date of dispensing
- name of the medication and strength
- dosage and frequency
- expiry date
- quantity
- method of administration
- additional instructions

Non-Prescribed Medication

Under no circumstances will non-prescribed medications be administered in schools.

Storage, Receipt and Security of Medication

In general terms, all medication accepted by the head teacher for administration to children and young people shall be stored in a locked and safe place with access restricted to those staff members who also have responsibility for the administration of the medication. All medication received must be recorded on the appropriate medication administration form. The effectiveness of storage arrangements should be regularly evaluated.

Children and young people must have access to their medication when required. Named key holders of medication will be identified to all staff members.

For children and young people requiring Epipen for anaphylaxis, the Epipen should be kept out of children's reach but readily available. The health professional drawing up the individual health care plan can help to identify where the Epipen is best kept to ensure it is easily and quickly obtained.

Depending on age or ability, children or young people should be encouraged to carry their own inhaler or epipen or other medicines. If children or young people are unable to carry their inhaler devices, a drawer in a teacher's desk is acceptable as inhalers may need to be needed quickly especially prior to and during periods of exercise. If the drawer must be locked, keys should be held by more than one person.

Children or young people who carry their own medication for self management purposes are required to keep that medication on their personal possession at all times. Special arrangements for safe storage will be required for PE. Medication will be handed to the class teacher for that period for safe keeping.

Parents should be advised timeously when a child's medicine stock is running low and a fresh supply requested if required.

Refrigeration

The number of medications requiring refrigeration is low and most will not be required on a routine basis within schools. In the unlikely event that medication requires storage in a refrigerator, a local resolution should be found if possible for short-term storage to comply with guidelines. In the first instance the pharmacist or prescriber should be contacted to confirm if refrigerated storage is necessary and if administration is required during the school day.

In hostels refrigeration may be required to store children or young people's medication e.g. insulin. A sealed container may be used to store medication and must be placed in the main body of the fridge not on the door compartments or vegetable drawers. Don't place insulin in, or close to, the freezer compartment. Insulin should not be used if it has been frozen.

Refrigerators for storage of medication should be kept locked or kept in a locked room with restricted access. The temperature of the refrigerator should be monitored daily when storing medication and recordings of maximum and minimum temperature kept tovalidate the recommended normal limit range between 2 to 8 degrees centigrade. Where the temperature of the fridge is noted to be outwith the required range of 2 to 8 degrees centigrade, the public health team or Pharmacy Medicines Information Department should be contacted for advice.

Administration and Recording of Medication

Except where it has been formally agreed that children and young people are responsible for carrying and administering their own medication, a record must be maintained of ALL medication administered or supervised by staff on an individual pupil record sheet . To avoid the risk of over-dosage of medication, and to facilitate audit, it is essential that a pupil record sheet is filled in promptly after each administration.

If the child or young person requires urgent or emergency administration of medication, the child or young person's parent or guardian must be promptly advised of any medication administered, including dose and frequency.

Standardised training must be provided to staff who administer regular or emergency medication. Training will be provided by staff from NHS Highland.

Disposal

Discard any excess medication from partially used ampoules immediately by pouring it onto absorbent material and placing in a sharps bin. Used ampoules, syringes or straws should be placed in a sharps bin immediately and stored in a restricted area in the medical room prior to safe disposal. Sharps bins will be provided and replaced when required by the child health team.

If medication is date expired or has to be discontinued this should be returned to the parent (not via the child or young person) and the information recorded on the administration form. At the end of each session all medication should be returned to the parent and this information recorded on the administration form. In the event of any difficulty, surplus medication should be returned with parental consent if possible to a local pharmacist for disposal. No medicines should be kept in the school during summer holidays.

Safety

In the event of a needle stick injury, guidance should be obtained from the nearest Hospital Accident and Emergency Department who will give advice and assess any risk.

Audit

Head teachers should plan and undertake a regular audit of the storage and administration arrangements agreed for implementation. It is recommended that there is a checklist to evaluate compliance with the policy as follows:

- all medication stored must be prescribed for pupils currently on the school roll
- storage – appropriate locked cupboard and key holders identified
- labelling of medication complies with policy
- check regularity and accuracy of completion of administration forms
- staff training has been implemented as requested
- refrigerator temperatures are maintained and recorded.

9. Training Arrangements

Responsibility for Provision

In accordance with the Scottish Executive document *Administration of Medicines in Schools 2001* NHS Highland has the statutory responsibility to provide training.

NHS Highland will ensure that appropriate agreements are in place with the education authority. These should determine the respective responsibilities of each in relation to the administration of medicines in schools including local protocols, procedures and training. In addition, the education authority and schools must ensure that time is made available for staff training.

At individual school level, members of the child health team can arrange training for school staff who administer medication.

Voluntary organisations specialising in particular medical conditions can provide advice on good practice e.g. *Heartstart*, which works collaboratively with schools and health boards to provide CPR (Cardio Pulmonary Resuscitation) training for pupils and staff. This type of input should be coordinated after discussion with the child health team.

Delivery

(a) **Basic Awareness Training**

This can be provided for all staff involved with children or young people with health care needs. It can be delivered at school open days, parent evenings and staff in-service days. This may include training on non-prescribed medicines included in the symptomatic relief policy.

Some specialist medical services provide an outreach facility to schools advising on the management of certain conditions, e.g. Asthma, Epilepsy, Cystic Fibrosis and Diabetes.

(b) **More Detailed Training**

This will be provided to those members of staff who administer medicines for specific pupils.

Record of Training

The education authority and school should be satisfied that any training provided has given staff sufficient understanding, confidence and expertise.

A member of the child health team should confirm capability in administration of the medication.

Forms T1 and T2 should be used to record the two different types of training as outlined above.

Regular refresher courses are necessary to update training. These should take place at agreed time intervals and participation in refresher training should be formally noted.

Accessibility

School staff should feel confident that they can readily contact a member of the child health team as necessary. Close collaboration between the school, children and young people, parents and the healthcare professionals will be required to ensure prompt delivery of an effective training programme.

10. Documentation and Forms of Agreement

Process of Approval

Jointly agreed documents and policies relating to medicines administration in schools must be approved through the joint Steering Group for the Administration of Medicines in Schools in the first instance and subsequently through the relevant joint officers groups. Documentation for an individual authority is approved through the governance arrangements for that authority.

This section contains all the necessary forms to be used to:

- List of symptomatic relief medicines **(HDM1)**
- Individual Health Care Plans for pupils **proforma(HCP1)**
- Request for a school to administer medication (**Admin 1a)**
- Request for a pupil to carry his/her own medication and administer (**Admin 1b**)
- Record of details of medication administered to individual pupils in education establishments/hostels (**Rec1**)
- Record of basic awareness training for staff (**T1**)
- Record of details of specific training for individual staff members in the administration of medicines (**T2**)
- Symptomatic Relief - Permission to administer

Minimum Recording

It is not anticipated that detailed plans will be required for children with well controlled asthma with regular medication. Other children may be on medication for a short period only, e.g. to finish a course of antibiotics. In such cases it would be sufficient to complete Forms **Admin 1a**. Form **Rec1** would also be required to record medication administered.

Individual Health Care Plans

More detailed Health Care Plans are required for children or young people with more long-term needs. The healthcare professionals will assist in drawing up individual plans in collaboration with parents and school staff. The most common medical conditions in school age children which may require such support are ADHD, allergic reactions, severe asthma, cystic fibrosis, diabetes and epilepsy.

An individual Health Care Plan will require forms **HCP1, Admin 1a** and **Rec1.** The Plan will also include the relevant guidance and protocol for the particular condition appropriately modified for the individual child where emergency medication may be required e.g.:

Allergic reactions requiring Piriton
Allergic reactions requiring Piriton and Epipen
Asthma
Hypoglycaemia
Epilepsy seizure management +/- emergency medication protocol.

Guidance on the above can be found in the NHS Highland Medicines in Schools site:
http://www.nhshighland.scot.nhs.uk/Services/Pages/MedicinesInSchools.aspx

and protocol templates for allergic reactions:

http://idl1.nhsh.scot.nhs.uk/newextranet/Clinical%20Guidelines%20and%20Information/Referral%20Guidelines/Paediatric/allergy/home.htm

Please note: Protocols should be on one side of A4, laminated and readily available in an emergency.

HDM1
List of Non-Prescribed Symptomatic Relief Medicines
Name of Hostel
Officer-in-Charge

Name of Medication	Dose	Frequency	Indications	Special Precautions/Contraindications
Paracetamol	See Policy & Packaging	4-6 hourly. Not more than 4 doses daily	Pain/Fever	Ensure pupil is not taking another medication containing paracetamol
Chlorphenamine	See Policy & Packaging		Allergy	
Ibuprofen	See Policy and Packaging	8 hourly	Joint/muscle pain	Ensure pupil is not taking another medication containing ibuprofen
Hyoscine Hydrobromide	See Policy and Packaging	20 minutes prior to travel	Prevention of motion sickness	Ensure pupil does not have glaucoma

The administration of symptomatic relief medicines for pupils resident in hostel accommodation allows for the above treatments to be administered at the discretion of hostel staff. Authorisation must first be obtained from the Office-in-charge of the hostel, and the appropriate Doctor informed of any regular administration as per symptomatic relief policy.

Authorised by: Consultant Paediatrician (print name) Signature:

Authorisation valid for 1 year only.

RECORD OF DETAILS OF MEDICATION/ADMINISTERED TO INDIVIDUAL PUPILS IN HOSTELS & SCHOOLS

Pupil's name:		Method of administration :	
Name of medication		Strength:	
Name of School		Name of Hostel *	

N.B. Check date of dispensing is within three months and medication not expired (if this date is noted). If in doubt please contact dispensing source for further advice (see label).

Date	Dose	Time	Check date of dispensing/ expiry is valid - Please tick	Comments e.g. medication refused/dropped etc. Condition e.g. seizure, any reaction	Signature of member of staff	Stock Balance

Reason for returning to parent:						
Balance received by:	Print name:		Signature:		Date:	

NB This record to be retained for a minimum of *five* years after leaving school in *pupil file.*

**This section for hostel pupils only: Authorisation to administer Symptomatic relief medicines to pupils resident in hostels must be obtained from the manager in charge of the hostel.Regular use of medicines must be reported to the pupil's medical practitioner.*

Authorised by:	Consultant Paediatrician (print name)		Signature		Date (valid for 1 year	

RSE1

SCHOOL RECORD OF DETAILS OF MEDICATION ADMINISTERED TO INDIVIDUAL PUPILS ON A RESIDENTIAL SCHOOL EXCURSION.

Name of School							
Excursion Leader				Designation			
Details of Excursion							
Dates							
Location							
Details of Medication Administered:							
Name of Pupil				Date of Birth			
Date	Name of Medication	Dose	Time	Route of administration	Please √ if date of expiry is valid	Comments e.g. medication refused/dropped etc and condition e.g. seizure	Signature of member of staff

NB This record to be retained in the pupil's file for a minimum of five years after the pupil leaves school.

Admin 1a

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Form for parents to complete if they wish the school to administer medicine

SCHOOL		**NAME OF HEAD TEACHER**	

The school will not give your child medicine unless you complete and sign this form, and school staff agree to administer the medication.

Details of Pupil

Surname:		Forename(s):			
Address:					
Date of Birth:		Gender:		Class:	
Condition or Illness:					

Medication 1 : *Parents must ensure that medication supplied is in date and is properly labelled with a Pharmacy or Dispensed label which states:*

- *Pupil's name*
- *Name of medicine*
- *Dose*
- *Frequency of administration*
- *Date of dispensing*

Name/type of medication:				
How long will your child take this medication?				
Quantity:				
Full directions for use:	Note dosage and method e.g. Oral, Injection, Tube Feed, or other. Timing when medicine should be given: Special precautions: Side effects: **N.B. "As directed" is <u>not</u> acceptable.**			
Self administration:	Yes		No	

Admin 1a

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION (continued)

PROCEDURES TO FOLLOW IN AN EMERGENCY

Contact 1

Name:	
Emergency phone no:	
Relationship to pupil:	

Contact 2

Name:	
Emergency phone no:	
Relationship to pupil:	

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.

I undertake to inform the agreed member of staff immediately of any changes in the medication and provide an appropriately labelled supply.

Please Note: Verbal information will <u>not</u> be acted upon.

Medicines will be replaced/replenished by me as required and I understand and agree that the school are not responsible for ensuring supply of the medication.

Signature(s):		Date:	
Relationship to pupil:			

ADMIN 1b

FOR PUPIL TO CARRY HIS/HER PRESCRIBED MEDICATION
Form for parents to complete if they wish their child to carry and administer his/her own prescribed medication

This form must be completed by parents/guardians

School		**Class**	

Pupil's name:		Date of birth:	
Address:			
Condition or illness:			
Name of prescribed medication (dose, times of administration)			
Procedures to be followed in an emergency:			

Contact Information

Name:	
Emergency phone no:	
Relationship to pupil:	

I would like the above named pupil to keep his/her prescribed medication on him/her for use and for him/her to self administer as described above.

Signed:		Date:	
Relationship to pupil:			

Warning – Document uncontrolled when printed	
Policy Reference: id628	**Date of Issue:** January 2012
Prepared by: Medicines in Schools Strategic Steering Group	**Date of Review:** January 2014
Lead Reviewer: Alison MacRobbie, Palliative Care/Community Pharmacist	**Version:** 1
Authorised by: PPG Subgroup of ADTC & THC	**Page** 38 of 67

Health Care Plan for a Pupil with Medical Needs

Date .....

Name of Pupil .....

Date of Birth .....

Condition .....

.....

Class ..... School/Preschool setting .....

Contact Information

Family Contact 1
Name .....
Phone No: (home) ..... (work) .....
Mobile No .....
Relationship .....

Family Contact 2
Name .....
Phone No: (home) ..... (work) .....
Mobile No .....
Relationship .....

GP
Name .....
Phone No .....

Clinic/Hospital Contact
Name .....
Phone No .....

Plan Prepared By:
Name ..... Date .....
Designation .....

Distribution
School Record ..... School Nurse/Health Visitor .....
Lead Medical Practitioner (GP/Consultant/Community Paediatrician) .....
Parent ..... Other (e.g. specialist nurse, community children's nurse) .....

Describe condition and give details of pupil's individual symptoms/signs

Condition .....

Emergency Situation .....

Causative Factors .....

Symptoms Displayed .....

Indications for treatment .....

Medication .....

.....

Details of Dose .....

Method and time of administration .....

Daily care requirements (e.g. before sport, dietary, therapy, nursing needs)

.....

.....

Action to be taken in an emergency .....

.....

Follow up care .....

.....

Members of staff (more than 1 in each school) trained to administer medication for this child
(state if different for off-site activities)

.....

.....

I agree that the medicines above may be administered to my child in accordance with this plan. I agree to provide the school with all medicines required in appropriately labelled containers. I agree that the medical information contained in this form may be shared with individuals involved in the care and education of

Pupil's Name: .....
Permission for pupil to carry own medication .....

Signed ……..Date …….
Parent or Guardian (if below the age of legal capacity)or Pupil
Signed (on behalf of school)……..Date……
Please include designation
Signature of Health care professional……..Date……
Please include designation
Review date……

RECORD OF DETAILS OF MEDICATION/ADMINISTERED TO INDIVIDUAL PUPILS

Pupil's name:		Method of administration :	
Name of medication		Strength:	
Name of School		Name of Hostel *	

N.B. Check date of dispensing is within three months and medication not expired (if this date is noted). If in doubt please contact dispensing source for further advice (see label).

Date	Dose	Time	Check date of dispensing/ expiry is valid - Please tick	Comments e.g. medication refused/dropped etc. Condition e.g. seizure, any reaction	Signature of member of staff	Stock Balance
Reason for returning to parent:						

Balance received by:	Print name:		Signature:		Date:	

NB This record to be retained for a minimum of *five* years after leaving school in *pupil file.*

**This section for hostel pupils only: Authorisation to administer Symptomatic relief medicines to pupils resident in hostels must be obtained from the manager in charge of the hostel.Regular use of medicines must be reported to the pupil's medical practitioner.*

Authorised by:	Consultant Paediatrician (print name)		Signature		Date (valid for 1 year	

T1

Record of Training	Name of School

Staff Name	Basic Awareness (Insert condition)	Refresher Training (Insert condition)	Medication involved (insert medicine names)	Date of Training	Trainer Name, designation	Trainer signature	Head Teacher signature

* Head Teacher: Please note these forms can be photocopied and distributed to those staff members present at the training session.

T2
Record of Specific Training for Individual Staff Members in Administration of Medicines.

Record of Training	**Name of School**

Type of Training Received inc. name of medication	
Names(s) of Pupil(s) involved:	
Names(s) of staff trained:	
I confirm that the above named has received the training detailed and is capable of administering the medication as described in the training.	
Trainer's Signature:	Date:
Designation:	

I confirm that I have received the training detailed above and agree that I feel capable of administering the medication as described in the training.

Trainee's Signatures:	Date:	Trainee's Signatures:	Date:
Suggested Retraining Date:			

Glossary of terms

Policy	A policy is a written statement, which conveys the general intentions, approach and objectives of the organisation. It enables management and staff to make informed decisions, deal effectively and comply with relevant legislation, organisational rules and good working practices. Each policy should have a purpose and specific steps (procedures) as to how the policy is to be accomplished.
Guideline	Systematically developed statements of best practice to assist practitioner and patient decisions about appropriate health care for specific clinical condition or disease area
Procedure	A set of detailed step-by-step instructions that describe the appropriate method for carrying out tasks or activities to achieve the highest possible standards to ensure efficiency, consistency and safety.
Health Care Plan	Written statement, identifying in advance, arrangements for health care professionals to meet the needs of a named patient/client agreed by the physician responsible for the patient and by other appropriate health professionals
Protocol	A set of instructions, usually written, on the management of a patient or group of patients.
Group protocol	A specific written instruction for the supply or administration of medicines in an identified clinical situation. It is drawn up locally by doctors, pharmacists and appropriate professionals, and approved by the employer, advised by the relevant professional advisory committees. It applies to groups of patients or other service users who may not be individually identified before presentation for treatment.
Independent Prescriber	A clinician who is responsible for the assessment of patients with undiagnosed conditions and for decisions about the clinical management required, including prescribing
Supplementary prescriber	A clinician who takes over the continuing care of a patient, which may include prescribing, after initial assessment by an independent prescriber

Check List for Head Teachers

The following list contains factors to be considered when planning for a pupil with medical needs. The aim is to assist in ensuring as many aspects and risks have been anticipated as possible.

- Letter to parents requesting information on pupil's medical needs. (Reviewed annually)
- Emergency contact information (Reviewed at least annually)
- Is there information in school handbook to inform parents of the need to keep schools up to date on medical information.
- Do you have a process for ensuring that any medicines kept in schools are "in date" with current instructions in original container with child's name and date of birth and instructions on dose, frequency etc.
- Are you aware which pupils are self medicating?
- Remind parents of responsibilities and if possible ask for medicines to be given outwith the school day.
- Have a system for ensuring once needs are established, individual health care plans may require to be in place, are reviewed and updated or removed as required.
- Is training required to support the plans? Consider appropriate timing & preparation work in advance of transition.
- Classroom needs, specialist equipment, support staff, number & type of personnel.
- Safe storage of medicines and process for accessing.
- System for up dating cover staff.

Transport

- Implications of medical need on transport.
- Training for escorts & information for drivers.
- Taxi drivers carry mobile phones or means of communication.

School trips, After school Activities etc

- What are the implications of condition for the extended school day? e.g. Diabetic pupils may require appropriate food? Strobe lighting may cause problems for epileptic youngsters, consider swimming pool safety. Ensure details are on health care plans.

Symptomatic Relief Policy and Guidance for Children
Medicines in School Hostels, School Outdoor Pursuits (residential) and Residential Schools

Appendix 1
Symptomatic Relief Policy and Guidance for Children & Young People

Contents 47

INTRODUCTION

Staff in schools, early years centres and nurseries must not administer any medication to young people except where this is part of an individual healthcare plan.

Symptomatic relief involves the safe administration of a limited range of non-prescribed medicines to children and young people who are resident in schools, school hostels or undertaking residential school activities in the UK or abroad. All non prescribed medicines will only be made available to staff who have received the appropriate training, follow this guidance and manufacturer's instructions, refer to the young person's medical record sheet or equivalent and makes a check for allergies. Accurate records of medicines administered must be maintained.

The policy is designed for the benefit of pupils and to support school or hostel staff and volunteers to provide timely access to the treatment of a range of minor symptoms. The advantages of symptomatic relief include:

- Provides timely access to medication
- Children and young people experience the minimum of discomfort
- Reduces child or young person's waiting time for treatment and education can continue with the minimum of disturbance
- Provides relief for minor symptoms where it is not possible to contact a medical practitioner or pharmacist
- Makes appropriate use of skills and knowledge of staff and volunteers to fulfil their duty of care with clear, unambiguous guidelines.

Symptoms Which May be Treated Using This Guideline

The Symptomatic Relief Guideline allows treatment of the following symptoms:

- Pain (paracetamol, ibuprofen)
- Mild Fever (paracetamol, ibuprofen)
- Allergy (chlorphenamine)
- Motion Sickness (hyoscine hydrobromide)

All medicines within this guideline are recognised "over the counter" remedies and should only be used for the indications listed.

In most cases, such symptoms will only be as a result of minor illness. More serious conditions must always be considered and, if in doubt, or if symptoms persist beyond 48 hours, referral should be made to a Medical Practitioner.

If staff are concerned about the condition of a child or young person, or if symptoms are not relieved by the administration of medicines from this guideline, they should not hesitate to contact a Medical Practitioner.

Children or Young People Criteria

Eligibility Criteria

In order to be treated under this guideline, patients must meet the following criteria:

- Child/Pupil in a Highland Council school hostel, school outdoor pursuits (residential), or residential school.
- Under the care of a registered Medical Practitioner
- Have parental/guardian consent and agreement or consent from the child if over the age of 12 and deemed able to provide consent (see guidance on consent).

Exclusion Criteria

Children or young people meeting any of the following criteria must not be treated under this guideline with any of the medicines included in this guideline:

- Children or young people not in the care environments identified
- Pre-existing contraindications as stated
- Unknown or uncertain medication history
- Documented allergy to a named medicine
- Report from a parent/pupil or recognised contraindication to the use of a drug

Where children or young people meet the criteria to be treated under this guideline, but decline or refuse such treatment for any reason, this should be recorded in the notes and a medical assistance contacted if required.

RESPONSIBILITIES AND ORGANISATIONAL ARRANGEMENTS

Role of Care Provider and Procedure

The responsibility of delivering care under this policy rests with the provider. All children or young people in the relevant categories should be considered for the appropriateness of symptomatic relief.

Where the child or young person's medication history is unknown or uncertain, careful consideration should be given prior to prescribing symptomatic relief. Careful consideration should be given to contraindications, drug interactions and potential side effects before prescribing in accordance with this guideline.

When the prescribing of symptomatic relief is not considered appropriate, the relief of minor symptoms should be dealt with in the normal manner i.e. first aid procedures and where appropriate request medical assistance.

Role of Prescriber and Prescribing Process for residential schools

The responsibility for prescribing under this guideline rests with an independent prescriber. All children or young people in residential schools should be considered for the appropriateness of symptomatic relief.

The prescribing procedure is as follows:

The independent prescriber prescribes medication included in this symptomatic relief policy by writing on the individual healthcare plan, the words “SYMPTOMATIC RELIEF” under medication required. This entry should be signed and dated in the normal manner.

The independent prescriber may exclude any item which, in his/her judgement would not be appropriate. For example “SYMPTOMATIC RELIEF EXCEPT PARACETAMOL”. Review of the individual healthcare plan will be required when any prescribed medication changes.

Role of Staff and the Administration Procedure

Administration of medicines under this guideline can only be undertaken by appropriately trained staff, whom are responsible for the child or young person’s care. The decision to administer symptomatic relief, in the interests of the child or young person’s comfort, is a matter of personal judgement.

Staff must meet the following criteria in order to administer symptomatic relief in accordance with these guidelines:

1. To be employed (including volunteers) or contracted to Highland Council.
2. To have attended an information / training session.
3. To have demonstrated understanding and competency by satisfactory completion of an assessment questionnaire.

Any suspected adverse drug reactions associated with a medicine administered for symptomatic relief should be reported to a Doctor immediately and documented in the child or young person’s notes.

Symptomatic relief can only be administered by staff in residential schools if prescribed as above for the individual child or young person. Administration must be recorded as stated in this guideline.

Staff who have undertaken training and assessment, and are deemed competent will be accountable for their own actions regarding the exercising of personal judgement on the matter of administration of medicines for symptomatic relief.

The Highland Council has public liability insurance and provided the Council’s procedures are followed, the Council will indemnify staff who volunteer or are required to make available medicines under this policy.

When administering medicines for symptomatic relief it will be the responsibility of staff to be familiar with and adhere to the following:

1. Highland Council and NHS Highland Guidance on Administration of Medicines in Schools
2. Symptomatic Relief Guideline for Children & Young People
3. The Intimate Care Policy and Guidance
4. The responsibilities associated with acting 'In Loco Parentis'
5. The common law 'Duty of Care'

Dosage Guidance

All medicines should be used in accordance with the manufacturer's guidance.

If the maximum dosage has been reached and if further treatment is required within 24 hours, a Medical Practitioner should be contacted.

If symptomatic relief is required for more than two consecutive days then a Medical Practitioner should be contacted for advice and to undertake a review of the child or young person's needs.

Record of Administration

The staff member administering symptomatic relief should record the administration on the child or young person's medicines recording sheet. Each establishment will have a list (see Appendix 1) of the symptomatic relief medicines.

It is important that the dose of medicine administered is also recorded.

For example, if paracetamol is required and 10ml paracetamol mixture 250mg in 5ml is given, the record would record all these details.

The time of administration must also be recorded and the entry signed in the normal manner by the staff member or volunteer administering the medicine.

Where these records are held in a temporary situation e.g. school excursions, they must be transferred to the main record as soon as possible.

Responsibility of Hostel Managers, Residential School Matron/Head or School staff

It is the responsibility of line managers to ensure that each staff member, volunteer or contractor has been made aware of and received training on the use of this guideline before he/she can administer symptomatic relief. It is also the responsibility of such managers / matrons to ensure that each staff member administering symptomatic relief has completed a satisfactory assessment of understanding and competence.

Role of a Pharmacist

Pharmacists are a source of information and expertise in relation to medicine administration and prescribing. (S)he may advise nursing and medical staff with regard to interactions, side effects, contraindications, appropriate dosing and administration.

If any doubt exists as to the appropriateness of symptomatic relief for a patient, a Pharmacist may be contacted for advice. Details of Community Pharmacists are available on the Pharmaceutical List for the relevant Health Board in Scotland.

Pharmacists may be able to prescribe medicines for pupils under the minor ailments scheme from community pharmacies. Supplies may be made following a consultation and will be labelled for the individual pupil concerned.

Medication Supplies

Establishment managers have a responsibility to provide safe and effective systems for the administration of medicines to children or young people under their care, in order to provide maximum pupil safety.

It is the responsibility of the establishment manager to maintain an adequate stock of each medicine included in this guideline.

Managers should arrange purchase of stock supplies of medicines. It may be helpful to do so from the Community Pharmacist who routinely dispenses prescribed medication for pupils within the hostel/residential school.

It is the responsibility of establishment managers to maintain adequate systems for recording and monitoring use of medicines, from which it should be possible to reconcile incoming and outgoing stock on an individual child basis (refer to administration of medicines guidance).

SYMPTOMATIC RELIEF PROCEDURE

Residential Schools Only *Has "SYMPTOMATIC RELIEF" been included on the patient's individual healthcare plan by a registered independent prescriber*

IF NO → **DO NOT ADMINISTER SYMPTOMATIC RELIEF. CONTACT A MEDICAL PRACTITIONER GIVING DETAILS OF THE PUPIL'S CONDITION.**

IF YES

Does the pupil meet the eligibility criteria in the Symptomatic Relief Guideline and not meet any of the exclusion criteria?

IF NO → **DO NOT ADMINISTER SYMPTOMATIC RELIEF. CONTACT A MEDICAL PRACTITIONER GIVING DETAILS OF THE PUPIL'S CONDITION.**

IF YES

Assess the pupil's condition and select the most appropriate medicine from the Symptomatic Relief Formulary. Ensure the indication of the drug chosen is appropriate for the pupil's condition.

Check the pupils individual care plan/medical record for any known drug hypersensitivity or previous adverse reaction to the medicine. If appropriate also check these by asking the pupil about previous use of the medicine. Does the pupil have any potential or known hypersensitivity to the medicine?

IF YES → Do not administer the medicine. Contact a Medical Practitioner. Document in pupil's notes.

IF NO

Check the pupil's health plan and, if appropriate, with the pupil, for any conditions mentioned as a contraindication or precaution for the selected medicine. Is there any reason why the medicine would be contraindicated or need to be used with caution in this pupil?

IF YES → Do not administer the medicine. Contact a Medical Practitioner. Document in pupil's notes.

IF NO

Check the pupil's health care plan and, if appropriate, with the pupil, for any other concurrent medicine being taken which may interact with the selected medicine. Is the pupil taking / using another medicine which may interact with the selected medicine?

IF YES → Do not administer the medicine. Contact a Medical Practitioner. Document in pupil's notes.

IF NO

Check the pupil's drug record sheet to ensure that the same medicine has not previously been administered within the stated time limits.

IF YES → Do not administer the medicine. Contact a Medical Practitioner. Document in pupil's notes.

IF OK TO PROCEED

Administer the medicine and record

ALWAYS

Assess and record the pupil's condition to monitor the alleviation of symptoms

Contact a Medical Practitioner if:

- there is no improvement in symptoms
- symptoms persist beyond 48 hours
- an adverse reaction occurs

Document in pupil's notes

LIST OF PRODUCTS (FORMULARY)

MEDICINE	MAIN INDICATION	CODE LETTER
Paracetamol	Mild pain or mild fever	A
Chlorphenamine	Allergy/Itch	B
Ibuprofen	Mild to moderate pain or mild fever	C
Hyoscine Hydrobromide	Motion Sickness (Prevention)	D

Paracetamol

Code Letter = A

Indication
Mild pain or Mild Fever

Products
Paracetamol tablets / soluble tablets 500mg
Paracetamol Suspension 120mg/5ml
Paracetamol Suspension 250mg/5ml

Legal status
Pharmacy / General Sales List

Route of administration
Oral

Properties
Paracetamol is a painkiller which is effective in mild to moderate pain.
Paracetamol has anti-pyretic properties (i.e. reduces temperature)

Paracetamol causes little or no gastric irritation. It has no anti-inflammatory activity.

Liquid and soluble tablet preparations may be used in younger pupils and should only be used in older pupils when the pupil has difficulty swallowing tablets, as they are much more expensive.

Dosage
The UK dosing instructions for children's liquid paracetamol products were revised in 2011. The revised patient information will clarify the most effective dose to be given to a child according to their age.

A minimum interval of 4 hours should be left between doses. No more than 4 doses of paracetamol should be given in any 24 hours.

- Child 3 months to 6 months - 60mg
- Child 6 months to 24 months - 120mg
- Child 2 to 4 years - 180mg
- Child 4 to 6 years – 240mg
- Child aged 6 to 8 years – 250mg
- Child aged 8 to 10 years – 375mg
- Child aged 10 to 12 years – 500mg
- Pupil aged over 12 to 16 years - 500mg to 750mg
- Pupil aged over 16 years 500mg to 1g

Cautions

Before administering paracetamol using the symptomatic relief guideline, staff should check the pupil's healthcare plan to ensure that the pupil is not already taking paracetamol or another preparation containing paracetamol. Common examples of paracetamol containing preparations are:

- Co-codamol
- Co-dydramol
- Over-the-counter analgesics, cold remedies

If in doubt, seek advice from a pharmacist or doctor.

If a paracetamol containing product has already been prescribed, a doctor should be contacted for advice. The maximum recommended dosage of paracetamol, by any route, is 4 appropriate doses in any 24 hours.

Paracetamol should be used with caution in pupils with liver disease.

Overdosing with paracetamol is particularly dangerous as it may, if untreated, cause hepatic damage, sometimes not apparent for 4 to 6 days.

Chlorphenamine

Code Letter = B

Indication
Antihistamine, Allergy

Products
Chlorphenamine Syrup 2mg/5ml
Chlorphenamine Tablets 4mg

Legal status
Pharmacy

Route of administration
Oral

Properties
Chlorphenamine is an antihistamine which provides symptomatic relief of allergy such as hay fever, itching, insect bites or in the treatment of mild allergic conditions. Wait at least 4 hours between doses.

Dosage
- 1 to 2 years - 1mg twice daily
- 2 to 6 years - 1mg up to six times a day (maximum of 6 mg daily)
- 6 to 12 years - 2mg up to six times a day (maximum of 12 mg daily)
- 13 years and over - 4mg up to three times a day (maximum of 12 mg daily)

Cautions
Antihistamines should be used with caution in liver disease. Caution may be required in pupils with epilepsy, only use if a severe reaction is suspected. Children are more susceptible to side effects.

Side-effects
Drowsiness is the most common side-effect. This effect is usually tolerated after a few days of treatment. Occasionally pupils may experience excitation. Headache, dry mouth, blurred vision, urinary retention and gastrointestinal problems can be experienced.

Pupils should be advised to take care if out on bicycles or working with equipment or physical activity requiring co-ordination, balance or concentration e.g. rock climbing etc.

Ibuprofen

Code Letter = C

Indication

Mild to moderate pain and mild fever.

Products

Ibuprofen Tablets 200mg and 400mg
Ibuprofen Syrup 100mg in 5ml
(see below note on ibuprofen gel 5%w/w for application to the skin)

Legal status

Pharmacy

Route of administration

Oral (topical for ibuprofen gel)

Properties

Ibuprofen is a painkiller and anti-inflammatory agent. In single doses it has analgesic activity similar to paracetamol and paracetamol is the preferred medicine. In regular full dosage, it has both a lasting analgesic activity and an anti-inflammatory effect which makes it particularly useful for the treatment of continuous or regular pain associated with inflammation.

Dosage for Oral preparations

- 1 to 4 years – up to 100mg three times daily , preferably with food or milk
- 4 to 7 years – up to 150mg three times daily , preferably with food or milk
- 7 to 10 years – up to 200mg three times daily , preferably with food or milk
- 10 to 12 years – up to 300mg three times daily, preferably with food or milk
- 12 to 18 years –400mg three to four times daily, preferably with food or milk

NOTE: Ibuprofen Gel 5% w/w may be applied to the skin for relief of pain or inflammation of soft tissue injury in **children over 12 years of age ONLY**. Apply the gel to the affected areas, up to three times daily. On each occasion apply only enough gel to thinly cover the affected area, and gently massage well into the skin, until completely absorbed. Wash hands after use unless treating them. Do not use excessively. Do not administer at same time as oral ibuprofen. Where a combination of routes of administration of ibuprofen is used, the maximum number of times ibuprofen may be administered in 24 hours is four

Cautions

- young people with a history of sensitivity to any anti-inflammatory and who may have demonstrated an allergic reaction or an asthma attack as a result.
- kidney, liver or heart failure. In severe heart failure, ibuprofen should not be used or in moderate to severe kidney failure.
- Avoid during pregnancy.

- If a pupil has a history of indigestion, ulcer disease or bleeding, paracetamol may be adequate to provide pain relief or contact a medical practitioner.
- Asthma

Side-effects

Ibuprofen may cause gastric discomfort, nausea, diarrhoea and occasionally bleeding and ulceration may occur. Hypersensitivity reactions - particularly rashes, swelling and difficulty breathing.

Hyoscine Hydrobromide
Code Letter = D

Indication
Motion Sickness Prevention

Products
Chewable Tablets 150micrograms

Legal status
Pharmacy

Route of administration
Oral

Properties
Anticholinergic

Dosage for Oral preparations
Ideally taken 20 minutes before the start of the journey. However, still effective if taken at onset of nausea or after the journey has begun.

- Not recommended under 3 years except on medical advice.
- 3 - 4 years: half a tablet. Maximum 1 tablet in 24 hours.
- 4 - 7 years: 1 tablet. Maximum 2 tablets in 24 hours.
- 7 - 12 years: 1 - 2 tablets.
- Adults over 13 years: 2 tablets 20 minutes before start of the journey. Maximum 4 tablets in 24 hours.

Contraindications
Glaucoma

Cautions
Caution should be used in young people with a history of sensitivity. Do not exceed stated dose. Avoid alcoholic drinks. Caution if pupils are taking antidepressants and if taking antacids (remedies for heartburn) this may reduce the effectiveness of the hyoscine hydrobromide tablets.

Side-effects
Drowsiness is the most common side-effect. This effect is usually tolerated after a few days of treatment. Occasionally pupils may experience excitation. Headache, dry mouth, blurred vision, urinary retention and gastrointestinal problems can be experienced.

Pupils should be advised to take care if out on bicycles or working with equipment or physical activity requiring co-ordination, balance or concentration e.g. rock climbing etc.

STAFF TRAINING AND ASSESSMENT

The guideline may be used by all staff. Before a staff member is authorised to administer symptomatic relief he / she must undertake a training session and successfully complete an assessment. A certificate of competence must be gained, which will then be kept in the staff's employment file. Attendance at a first aid course which includes the use of the non-prescribed medicines in this guidance may be considered acceptable.

It is essential that information / training / assessment / support is made available to ensure that the guideline is understood and adhered to properly.

All medicines listed in the guideline are recognised "over the counter" medicines and must only be used for the indications stated in this guideline.

Symptomatic relief can only be administered by staff as described and must be recorded properly, as indicated within this guideline.

Staff who have undertaken training and assessment and who have been judged as being competent, will be accountable for their own actions in relation to their judgement in administering from this Symptomatic Relief guideline.

In Residential Schools it will be the responsibility of medical staff to prescribe "Symptomatic Relief" and to remove any medication from the list that may be inappropriate for the individual pupil where the pupil has an individual healthcare plan. Symptomatic relief can only be administered by staff as prescribed.

COMPETENCE ASSESSMENT RECORD

ASSESSMENT BOOKLET

For completion by all staff administering medicines under this guideline

Name:_____

Position:_____ _____

School Hostel/School:_____

Please return completed booklet to the Information / Training Session Facilitator

1. List the main responsibility for staff in relation to symptomatic relief.

2. How and where would you record that symptomatic relief has been administered.

3. What is the maximum number of doses that can be administered from symptomatic relief and over what time period.
    a. Paracetamol
    b. Chlorphenamine
    c. Ibuprofen
    d. Hyoscine Hydrobromide

4. In what circumstances and for what reason would you administer paracetamol 500mg tablets to a pupil?

5. In what circumstances would you not administer paracetamol to a pupil, even if it has not been omitted from the Symptomatic Relief Guidelines?

6. If you have administered medicines from the Symptomatic Relief Guidelines and the pupil continues to have discomfort, what actions would you take?

7. What would you consider to be the main advantages in the use of the Symptomatic Relief Guidelines?

For Residential School Staff only

8. List two responsibilities of prescribers in relation to symptomatic relief.

    a)

    b)

9. How often or when should a pupil be reviewed if symptomatic relief has been included on the individual healthcare plan?

CERTIFICATE OF COMPETENCE

I*…….. have attended the information / training sessions and completed the Assessment Booklet on Symptomatic Relief Guidelines.
(* Please print name)

I understand the role and responsibilities of the staff member in relation to drug administration from the Symptomatic Relief Guidelines and deem myself competent to undertake these responsibilities.

Signed……. Date……..

Trainer / Facilitator

I confirm that ……. has undertaken the necessary training and has demonstrated satisfactory understanding and knowledge by completion of the Assessment Booklet.

Print name……Designation…….

Signed……. … Date…… …

SYMPTOMATIC RELIEF STAFF CONFIRMATION RECORD

Area: _____

Hostel/ResidentialSchool _____

- Staff must sign this record to confirm that they have read and understood this Symptomatic Relief Guideline and the procedures to be followed within it.
- A competence assessment must be completed by the Manager / Matron, confirming that each staff member has the appropriate knowledge and competence to allow them to administer medicines in accordance with this guideline.

Name of staff (Please print)	Position	I confirm that I have read and understood the guideline and procedures for the administration of Symptomatic Relief medicines (signature)	Competence assessment completed on (date)	Approved by Manager / Matron (Please print)	Signature of Manager / Matron

STANDARD OPERATING PROCEDURE

1. An independent prescriber should prescribe the medicines included in this policy by writing “SYMPTOMATIC RELIEF” on a pupil's healthcare plan if in a residential school establishment. The prescriber must sign and date this entry.

2. The prescriber may exclude, by writing on the plan, any of the items which, in his / her judgement would not be appropriate for the patient. Example “SYMPTOMATIC RELIEF EXCEPT PARACETAMOL”.

3. The Symptomatic Relief Guidelines may only be used to administer medicines to pupils in the designated settings by staff. The staff must use his / her judgement in the best interests of the pupil's comfort.

4. The staff member administering symptomatic relief must record administration of medicines on the medicines administration sheet, (see page 6). The dose supplied should be indicated e.g. 5ml.

5. The doses administered must not exceed the maximum stated by the manufacturer or in the guideline. If further treatment is required a doctor must be contacted.

6. Use of the Symptomatic Relief Guideline for each pupil must be reviewed regularly and on a daily basis if in use.

7. Whilst each staff member is responsible for their own actions and omissions that staff member’s employer will be liable for such actions and omissions providing that such actions are undertaken within the scope of that person’s employment

Preventative Care

Out of Classroom learning is being promoted by the Scottish Government in association with the Curriculum for Excellence and encouraging healthier lifestyles.

Where pupils are taking part in an outdoor activity or in a school trip the information to parents/carers should include, where appropriate, a request to ensure that their child brings his or her own sunscreen and insect repellent, and adequate food and drink.

Staff may also carry a supply of sunscreen, insect repellent and high energy foods e.g. dextrose sweets or gel, but preparations such as sun screen and insect repellent can only be offered to pupils where the parents have given prior written permission for use of the specific brand/variety of product held by outdoor pursuits staff.

Pupils should be provided with their own preparations to prevent travel sickness. Information should be included on the permission form signed by parents regarding administration of any medicines required. These medications work best when administered an hour before travel. Staff may carry wrist bands designed for prevention of travel sickness for pupils. It should be noted that these may be less effective if the pupil has already begun to experience symptoms. Included in the list of medicines able to be administered to pupils is hyoscine hydrobromide tablets (e.g. Joy Rides®, Kwells Children® etc)