

Families and Communities Education & Lifelong Learning

Supporting Children and Young People with Healthcare Needs in Schools and Early Learning and Childcare (ELC) Settings

Administration of Medicine in Schools and
ELC Settings Guidance

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Throughout this guidance the use of the term setting refers to schools, educational establishments and ELC settings. The term headteacher refers to the headteacher of a school or the manager of an establishment or ELC setting.

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CHAPTER 1 INTRODUCTION

This guidance has been produced to help schools and ELC settings put in place effective management systems to support individual children who have medical needs and who may need to take medication in schools and ELC settings.

Further guidance is available within:

1. Supporting children and young people with healthcare needs in schools This guidance replaces the Administration of Medicines Guidance (2001). <http://www.gov.scot/Publications/2017/12/3694>

2. Care Inspectorate: Management of medication in daycare of children and childminding services
[Childrens service medication guidance.pdf \(careinspectorate.com\)](#)

Purpose of Guidance

1.1 Any child or young person at school or ELC in Scotland may require healthcare support or the administration of medication. Healthcare support or medication may be required for the management of short or long term conditions or in response to an emergency situation, such as an allergic reaction. A positive response by the school or setting to a child or young person's healthcare needs will not only benefit the child or young person directly, but can also positively influence the attitude of all children and young people.

1.2 A number of developments have been taken into account in the production of these guidelines as follows:

- Current medical thinking places considerable importance on children and young people being enabled to control their own medication, wherever possible.
- The legislative framework and policies in Scotland for inclusion have led to more children or young people with additional support needs and/or medical conditions being educated in mainstream schools.
- An increase in the incidence of childhood asthma and developments in its management have led to growing numbers of children being prescribed self-administered medication.
- The number of children and young people developing anaphylactic allergies to certain foods such as nut allergies has increased.
- Updated Scottish Government guidance for schools on the use of emergency medicines, including Salbutamol Inhalers and Adrenaline-Auto Injectors (AAs). Annex B: Other Condition Specific Information - Supporting children and young people with healthcare needs in schools: guidance - gov.scot (www.gov.scot)
[Using emergency adrenaline auto-injectors in schools - GOV.UK \(www.gov.uk\)](#)

Schools and ELC settings may not be able to accede to all requests for assistance from parents. The headteacher/manager will have the final decision on whether a request can be reasonably met. It is important that schools and settings have clear guidelines in relation to administration of medication and that parents, carers, staff and children and young people are aware of these guidelines.

1.3 This guidance is to help schools and ELC settings to develop effective management systems to support individual children or young people with healthcare needs and enable them to play a full part in the life of the school or setting. Its advice will apply equally to local authority primary, special and secondary schools and ELC settings.

Principles

- 1.4 Staff providing healthcare to children and young people should receive appropriate awareness raising information or training from a health professional or other accredited source in the care they are providing. They should not be expected to provide such care unless training and support is provided and is subject to appropriate clinical governance.
- 1.5 Aberdeen City Council's Employer Liability Insurance provides full cover for all school and ELC staff who volunteer to administer medication within the scope of their employment.
- 1.6 Assistance with intimate care may be needed at any time, by children in all sectors and at all levels. Schools and settings should have arrangements in place to deal with these needs quickly and with respect for children and young people's privacy, dignity, rights and preferences.

CHAPTER 2 RIGHTS AND RESPONSIBILITIES

- 2.1 Supporting the medical needs of children and young people at school and in ELC settings is the statutory responsibility of NHS boards and the day to day management and support of these needs may be met by staff in schools and settings. While the arrangements for such support should always seek to include the children and young people affected, it may also include a range of individuals and agencies. Arrangements should be in place to monitor and review the effectiveness of the partnership working and ensure that services work effectively together and improve outcomes for children and young people.
- 2.2 Children and young people should be supported in developing their ability to meet their own needs and become as independent as they are able to. In doing this, it is important that the responsibility and accountability of all those involved is clearly defined and that each person involved is aware of what is expected of them and where to seek further support and advice.

Children and young people's rights

- 2.3 All children and young people have a right to an education and suitable health services. Children and young people have a number of rights in relation to their own education and healthcare. Education authorities are under a duty to seek the views of children about the decisions that affect them, including decisions around their healthcare needs and take these into account alongside their parent's or carer's view.

Responsibilities

Children and young people

- 2.4 Children and young people should be supported by those around them to understand their medical conditions and be aware of their Health Care Plans or Asthma Plan as appropriate. Where they are able to do so they should be involved in their healthcare planning and give their consent for the administration of emergency medicine at the required level.

See Appendix 1 Forms

Form 1 Parental consent for child/young person to administer own medicine
Form 2 Parental request for staff to administer medication
Form 5 Health Care Plan
Form 6 Asthma Plan

Parents and carers

- 2.5 Parents and carers are responsible for making sure that children and young people attend school when well enough to do so. They also have the same responsibilities and rights as children and young people do for themselves in regard to seeking support of their child. They should be supported to work in partnership with their child, school staff and relevant health professionals to reach an agreement about how their child's needs will be met. Parents and carers of children attending ELC should work in partnership with ELC practitioners and relevant health professionals to reach an agreement about how their child's needs will be met.
- 2.6 Parents and carers should provide their child's school or ELC setting with sufficient information about their child's health, care and treatment. This includes informing them of medication required and notifying them if there are any changes to this. Parents and carers should provide the school or setting with the appropriate, clearly labelled medication and ensure that medication is in date.
- 2.7 Some parents and carers may have difficulty understanding or supporting the child or young person's medical condition themselves. General Practitioners (GPs) may be able to provide additional assistance in these circumstances. Parents and carers also have the right to use a supporter or advocate in conversations or meetings with an education authority in regard to the authority's functions under the Education (Additional Support for Learning) (Scotland) Act 2004 (as amended) in relation to their child.

NHS Grampian

- 2.8 There are many health care professionals who may be involved in assessing and meeting a child or young person's health care needs. These may include a: General Practitioner (GP); Community Paediatrician, a specialist doctor; school or specialist nurse; Health Visitor; therapy services, including speech therapy, physiotherapy, occupational therapy, psychological services and dietician.

Education and Lifelong Learning

- 2.9 Education authorities have a duty to publish information about their arrangements in place for additional support for learning, including arrangements for identifying, providing support and reviewing the additional support needs of their child or young persons including those arising from the healthcare needs of all children and young people. Guidance is available to all staff here: [Supporting Learners \(sharepoint.com\)](https://sharepoint.com). On an annual basis ECS will promote raising awareness of medical conditions through the online modules available. The education authority will liaise with NHS Grampian to co-ordinate training provision to staff in schools as appropriate.

Schools and ELC Settings

- 2.10 The day to day responsibility of supporting the healthcare needs of children and young people in schools and ELC settings is likely to fall to education support staff, working in partnership with the children and young people concerned, their parents, the school or setting management team, teachers, healthcare professionals and school nurses.
- 2.11 It is the responsibility of the headteacher/setting manager and the school leadership team to ensure that appropriate arrangements are in place to meet the healthcare needs of children and young people in their school and ELC setting.
- 2.12 The headteacher or setting manager will need to agree with the parents exactly what support the school or setting can provide for a child or young person with healthcare needs. Where there is concern about whether the school can meet a child or young person's needs, or where the parents' expectations appear unreasonable, the headteacher can seek advice from the relevant health professional and, if appropriate, the education authority.
- 2.13 In the event of any claim being made against the school/staff member, Aberdeen City Council's public liability policy will react to provide cover. Staff who play a direct role in supporting the health and wellbeing needs of an individual child or young person must have access to relevant information which includes information about their healthcare needs.
- 2.14 The headteacher/setting manager will:
- ensure that all staff are aware of the actions required to deal with children and young people and the use of prescribed emergency medicines;
 - ascertain the training needs of staff in their establishment on an annual basis. It is likely that staff who volunteer to care for complex healthcare needs will need special training and headteachers will ensure that this is provided

All School and ELC staff

- 2.15 All staff have a duty of care to the children and young people in their care and as such, they should be aware of how to respond to an emergency situation.

Sharing information and confidentiality

- 2.16 Headteachers and members of staff should treat medical information confidentially and agree with the parents or carers and child or young person if appropriate, who should access their medical information.

CHAPTER 3 SUPPORT AT SCHOOL LEVEL

The role of headteachers

- 3.1 The headteacher/setting manager in principle will be responsible for:
- supporting the healthcare needs of children and young people in the school or setting
 - identifying and organizing staff awareness raising and/or training in regard to supporting healthcare needs and administering medication
 - establishing emergency procedures at the school/setting including a main point of contact in the setting
 - holding details of any prescribed centrally held inhalers, adrenaline auto- injectors (AAIs), or defibrillators for use in emergency situations at the school/setting
 - the storage of and access to medication in the school/setting
 - the arrangements in place to ensure that staff are informed and kept up to date about children and young people's healthcare needs
 - ensuring first aid protocols are in place. Further ACC first aid guidance can be accessed here:

[First Aid Procedure \(sharepoint.com\)](#) [First Aid Forms Library \(sharepoint.com\)](#)
[Health and Safety Home \(sharepoint.com\)](#)

Training and Awareness Raising

- 3.2 NHS boards and education authorities work collaboratively to ensure that all staff have appropriate understanding to enable them to respond to both the educational and health needs of children and young people for whom they are or may be responsible.
- 3.3 Individualised training may be provided by the relevant healthcare professionals or third sector organisation that provides or delivers the training. Training may also be delivered by parents as appropriate, or by third sector or private organisations with the appropriate responsibility or accreditation for providing suitable training.
- 3.4 General awareness raising training of common conditions is available to ensure that staff in schools have a basic understanding of these, can recognise symptoms and seek appropriate support. Common medical conditions include, for example, asthma, diabetes, epilepsy, eczema and allergic reactions (including anaphylaxis).

Information on asthma is available at: [Asthma | NHS inform](#) Asthma UK has produced demonstration films on using a metered-dose inhaler and spacers suitable for staff and children.

<http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>

The following websites provide further helpful information around allergies:

- [Children and Young People's Allergy Network Scotland \(nhs.scot\)](#)
- www.allergyuk.org National charity providing support, advice and information
- www.anaphylaxis.org.uk Supporting people at risk of severe allergies

Information on other medical conditions may be found at:

- [Diabetes | NHS inform](#)

- [Atopic eczema | NHS inform](#)
- [Epilepsy | NHS inform | NHS inform](#)

3.5 The school and ELC management team should be aware of the arrangements in place for staff training and resources for raising awareness. They must be satisfied that training gives staff sufficient knowledge, understanding, confidence and competence appropriate to their role and is kept up to date.

Identifying and supporting healthcare needs in schools and settings, including ELC

3.6 Many children and young people are likely to require support with healthcare needs at school at some time and in most cases this will be for a short period only. In these circumstances it is the responsibility of parents and carers to provide their child's school or setting with sufficient information about their child's healthcare needs and treatment. Designated staff will ensure that this information is complete and the appropriate consents are sought for the healthcare support that is required – Appendix 1 Forms

3.7 All staff in schools and settings will know the procedures for responding to an emergency situation, including how to access first aid support and emergency services if required. Where a child or young person is taken to hospital by ambulance they should be accompanied by a member of staff who should remain with the child or young person until a parent or carer arrives. The member of staff should take details of the child or young person's healthcare needs and/or details of any medication taken that day.

3.8 Generally, staff will not take children or young people to hospital by car, however, there may be circumstances where it is agreed with emergency services that this is the best course of action. In such circumstances and wherever possible the member of staff will be accompanied by another adult and **must** have vehicle insurance which covers business use.

Individual Health Care Plans (Appendix 1 Form 5)

3.9 An individual Health Care Plan is to identify the level and type of support that is required to meet a child or young person's healthcare needs. Planning procedures should be child-centred and proportionate. More detailed planning and co-ordination will often be required for those with longer term or complex healthcare or medical needs and should be managed via an individual Health Care Plan.

3.10 Where it is identified that an individual Health Care Plan is required this will be created by the headteacher/manager, parents or carers and the child. Other health practitioners may also provide input if they are involved in supporting that child's healthcare or wellbeing needs, to ensure a continuum of support is in place. The plan should always be tailored to identify and address the individual needs of the child or young person and may include:

- details of any diagnosed condition or symptoms
- the impact that the condition or symptoms has to the individual
- details of any medication, dosage, side effects and storage information
- the healthcare support or procedures
- whether any learning support is required
- special requirements e.g. dietary needs, pre-activity precautions, access to facilities and other reasonable adjustments etc.

- who is responsible for providing the support
- arrangements for staff cover
- what to do, and who to contact, in an emergency
- training needs for the support, how often these should be reviewed and who will deliver the training
- consent
- arrangements for support if a child or young person needs to attend regular hospital appointments or spend time in hospital
- how often and when the plan should be reviewed

Dealing with medicines safely

- 3.11 Medication should only be taken to schools, settings or ELC when absolutely essential. Parents, carers and young people, if appropriate, are responsible for supplying information about any medication that needs to be taken in the setting and for letting the appropriate staff know of any changes to the prescription or the support needed. It is the parent/carer's responsibility to provide medication to school/setting. Written consent that the medication may be administered must be obtained from the parent or carer – Appendix 1 Forms
- 3.12 Settings must ensure that medication is not stored in large quantities and parents or carers provide weekly/monthly/termly supplies, as appropriate in the original manufacturer or pharmacy dispensed container or box. When medicine is provided, the parent or carer must ensure the container is clearly labelled with the name of the child, dose of the drug and frequency of administration. Some medicines may be harmful to anyone to whom they are not prescribed and particular care needs to be taken where a school stores controlled drugs such as methylphenidate. ELC settings should ensure medication is stored in a plastic, lidded box clearly labelled with child's name, DOB and a photo of the child.

Self-management

- 3.13 It is good practice to allow children and young people to manage their own medication from a relatively early age and schools and settings should encourage and support this. Where required, facilities should be provided to allow for this to ensure privacy.
- 3.14 There should be an assessment of the child's or young person's capability to manage their health needs and carry their medication from the relevant healthcare professional. This should identify actions to help support children and young people, if possible and appropriate, to progressively manage their medical or health needs over time. It may be required to supervise children and young people who self-medicate or manage their health needs routinely, particularly if there is a risk of negative implications to their health or education.

The Scottish Government has provided information on children's capacity to make decisions in the [Children's Advocacy Guidance](#). The NHS has further guidance on capacity and consent: [NHS Assessing Capacity](#) and [NHS Consent to treatment - Children and Young People](#). A young person aged 16 or over does not need parental consent for medical treatment or interventions unless there is a reason to believe that they lack capacity.

Access to medication

- 3.15 Children must know where medication is stored. It should always be accessible at the point of need. However, it is also important to make sure that medicine is only accessible to those children for whom it is prescribed.
- 3.16 When a child or young person is managing medication themselves they should not normally be expected to give up their medication for storage. In allowing children and young people to retain medication, an assessment must be made of the potential risk to others, with actions put in place to manage those risks appropriately.
- 3.17 Some medicines need to be refrigerated. The temperature of refrigerators containing medication needs to be monitored regularly. Medicines can be kept in a refrigerator containing food but should be in an airtight container supplied by the parent or carer and clearly labelled. If a school has to store large quantities of medicines then a lockable medical refrigerators might be preferable.
- 3.18 If the setting locks away medication, all staff, and where appropriate, individual children and young people, should know where to obtain keys to access the locked cabinet or fridge. The keys should be easily accessible.
- 3.19 Schools and settings may also need to make special arrangements for any prescribed emergency medication that children and young people require. See chapter 5 Emergency Medication.

Administering medication

- 3.20 Where it is considered that medication will need to be administered in a school or setting it should always be supplied by the parents or carers to the school in its original packaging including any patient information leaflet. They may, therefore, need to obtain a separate prescription for medication to be taken and held at the setting. The parent or carer should also ensure that they provide clear instructions about how long the medication needs to be taken, and any other relevant information that is not provided on the label or patient information leaflet.
- 3.21 For any new medication, parents should have administered at least a first dose of the medication at home.
- 3.22 Members of staff should not administer medication if they are not sure what the medication is or what it is for. If there is any doubt the staff member should inform a member of the management team who will check with the parent/carer or a medical practitioner before taking further action. Furthermore, staff administering or overseeing the administration of medication in all settings will ensure:
- that they are giving the right medicine to the right child or young person at the right time
 - they follow the instructions on the label and/or patient information leaflet
 - the correct dosage is given, and recorded
 - they are aware of the side effects and how to deal with them (information on side effects is detailed in the patient information leaflet but if in doubt community or NHS Board employed pharmacists can advise)
 - parents and carers are informed immediately if too much medication is given or given to the wrong child. Advice must be sought from healthcare professionals to establish any impact and next steps

- the medication has been stored and handled as per the label or other instruction
- they have checked the medication has not passed its expiry date or been opened for longer than the recommended period
- a signed record is completed each time medication is given to any child or young person. (Appendix 1 Form 7)

3.23 Wherever practical the dosage and administration should be witnessed by a second adult. In some situations this will not be possible and children, young people and their parents should be involved in decisions about managing any situations that may arise via standard written consent forms or an individual Health Care Plan.

3.24 When medicine is being administered, the child or young person's privacy should be considered.

3.25 Some children or young people may not be able to communicate when they need their medication. Staff need to be able to identify when children need their medication and follow agreed procedures.

3.26 If there are likely to be any problems encountered with the administration of medication, or the provision of medication is not straight forward, this should be discussed and planned for through an individual Health Care Plan.

Headteachers/managers must record any near-miss incidents relating to the Administration of Medication through ACC Incident and Near Miss Reporting Procedure [Incident and Near Miss Reporting \(sharepoint.com\)](#). Further information on is available through this link [Incident and Near Miss Reporting Guidance](#)

Paracetamol (and the use of other non-prescription medicines in schools and settings)

3.27 Children and young people sometimes ask for painkillers (analgesics) or other non-prescribed medication such as antihistamines. However schools and settings are not permitted to hold non-prescribed medication. If a child or young person suffers regularly from acute pain or symptoms, such as a headache, period pain or hayfever, parents may provide the school with non-prescribed medication alongside clear and appropriate instructions and consent for the medication to be administered. (Appendix 1 Forms)

3.28 Staff should supervise the child or young person, record details of the medication taken, and inform the parents in writing on the day the medication is taken. Alternatively parents (or where appropriate the young person) may ask for the medication to be prescribed by a GP.

3.29 Sometimes young people with the maturity and capacity to carry and self- manage their own non-prescribed medication and symptoms should be allowed to do so. In such circumstances it is recommended that only medication that can be purchased at a pharmacy should be carried and that children and young people carry as little medication as possible in the original pack or bottle, normally only enough for a single school day (although this may not be possible for liquids or sprays). Blister packs, for example, can be cut to ensure only a single day's medication is carried.

3.30 Children under 16 years should not be given or permitted to take aspirin, unless prescribed by a doctor. Further, codeine should not be provided to children under 12 years as it is associated with a risk of respiratory side effects, and is not recommended for young people (12 to 18 years) who have problems with breathing.

Refusing medication

- 3.31 If a child or young person refuses to take medication, school staff should not force them to do so. If the child is not considered to have capacity, the school must inform the parent or carer that their child has refused to take medication as a matter of urgency. If the parents or carers cannot be contacted, school staff should seek urgent advice from the relevant healthcare professional about the impact of the child or young person refusing their medication (Appendix 1 Forms). In the case of long term conditions or treatments the school may wish to contact the relevant healthcare professionals for advice and take account of this in the child's Health Care Plan. If necessary, the school should call the emergency services for an ambulance. A record should be kept when medication is refused.

Disposal of medication

- 3.32 Staff should not dispose of medication. Date expired medicines or those no longer required for treatment should be returned directly to the parent or carer to return to a pharmacy for safe disposal. Staff are responsible for ensuring, in advance, timely replacement or removal of date expired medicines. Medication that is in use and in date should be collected by the parent or carer at the end of each term.

Where this isn't possible, schools and settings are required to dispose of medication in a safe and appropriate manner in accordance with current waste management legislation. This will normally mean that medication is sent to a community pharmacy. To do this legally, schools must register as a professional carrier and transporter of waste with the Scottish Environment Protection Agency (SEPA). Registration is free and can be done online at the [SEPA Website](#). Clinical or healthcare waste, including needles for example, should be disposed of in line with the arrangements in place for the disposal of such waste.

Hygiene and infection control

- 3.33 All staff should be familiar with standard infection control precautions for avoiding infection and must follow basic hygiene procedures such as handwashing and e.g. ensuring oral syringes or inhaler spacers are kept clean. Staff should have access to protective disposable gloves for spillage of blood or other bodily fluids and disposing of dressings or equipment. ELC settings registered with the Care Inspectorate should have an infection control policy that outlines safety and protocols. Where advice on infection control is required, practitioners should consult and follow safety protocols in the Public Health Scotland guidance published March 2024: [Health protection in children and young people settings, including education - version 1 - Health protection in children and young people settings, including education - Publications - Public Health Scotland](#)

Intimate care

- 3.34 Intimate care encompasses areas of personal care, which most people usually carry out for themselves but some are unable to do so because of their additional support needs or impairment or medical condition. It may also apply to certain invasive medical procedures such as assisted feeding. Support to meet a child or young person's intimate care needs should be covered as part of the individual Health Care Plan.
- 3.35 Guidance is provided for staff who provide intimate care. Staff must protect the rights and dignity of the child or young person as far as possible, even in emergencies. For further information on toileting guidelines and procedures refer to [Toileting & Nappy](#)

[Changing Procedure.docx \(sharepoint.com\)](#) and [nappy-changing-guidance-2024.pdf \(careinspectorate.com\)](#) This guidance must be adhered to at all times.

3.36 Some children and young people may have individual protocols which must be taken into account when planning to support them.

CHAPTER 4 REASONABLE ADJUSTMENTS

The need to make reasonable adjustments

- 4.1 Staff in schools and settings must make reasonable adjustments to ensure that children and young people with healthcare needs are enabled to participate in the opportunities that learning provides. Where safety permits this includes trips and outings, sporting activities and work placements.

School trips and visits

- 4.2 All children and young people are entitled to and should be encouraged to take part in all activities including PE, games, sport, excursions, work placements and vocational pathways delivered through school-college partnerships.
- 4.3 Sometimes schools and settings may need to take additional safety measures for these activities. Consideration should be given to the appropriate lines of communication in an emergency. Arrangements for taking any necessary medication will also need to be taken into consideration. Where appropriate any restrictions on these activities should be agreed within the individual Health Care Plan.
- 4.4 Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. Sometimes an additional supervisor or parent might accompany a particular child or young person. If staff are concerned about whether they can provide for a child or young person's safety, or the safety of other children or young people on a trip, they must seek advice in advance. This may come from a parent or carer, a relevant healthcare professional, the child's GP or education authority.

Further information on school trips is available here: [School visits | Aberdeen City Council](#)

Sporting activities

- 4.5 Most children or young people with healthcare needs can participate in extra-curricular sport or in the PE curriculum. However, some activities may need to be assessed and modified or precautionary measures may need to be taken, e.g. children with asthma may need to take their reliever inhaler before exercise. All staff should be aware of and have access to information concerning children and young people with specific health needs. Any restrictions to a child or young person's ability to participate should be noted in their Health Care Plan and considered as part of any risk assessment of the activity.

Social/Fundraising Activities

- 4.6 Children and young people with healthcare needs should be encouraged to fully participate in class social or fund-raising activities. Some of the activities are likely to involve food, such as charity bake sales, which can bring potential risks to children with severe food allergies. Staff should be aware of those allergies with the aim of eliminating the risk of children coming into contact with food they are allergic to when purchasing food for a special event such as a Christmas party. School and ELC staff should also consider those healthcare needs when inviting pupils and/or parents to bring in home baking e.g. for bake sales.

Work placements and vocational pathways delivered through school-college partnerships

- 4.7 When a work placement has been arranged it is the responsibility of the work placement organiser to ensure that the placement is suitable for the individual with a particular medical condition. Similar considerations apply when a child or young person attends another establishment for part of their course. In both circumstances the school management team should ensure that organisers are aware of relevant medical conditions, all reasonable adjustments are in place and ensure that a risk assessment is carried out so that the individual's needs are met appropriately and proportionately. Young people should also be encouraged to share relevant medical information with employers.
- 4.8 When young people attend college as part of the arrangements made for their education, schools should liaise with the college to ensure that any are supported in line with the policy framework, taking account of the Scottish Funding Council's annual guidance to the sector.

School transport

- 4.9 Education authorities arrange home to school transport where legally required to do so. They may also provide transport in other situations, for example, to and from a school trip. In all circumstances, consideration needs to be given to ensuring that the specific healthcare needs of the children and young people are supported when they are travelling.
- 4.10 Transport escorts and others should only be provided with the information necessary for them to meet the health and wellbeing needs of the child or young person. It may be necessary to ensure that the driver or any accompanying adults have access to a phone to ensure they are able to call an ambulance in the event of an emergency. Again, these arrangements should be covered in an individual healthcare plan, considered as part of any risk assessment and are covered by the duty to make reasonable adjustments.

[Going Out There – Health and Safety guidance on leaving the school grounds | Resources | Education Scotland](#)

[B37832 H&S Educ Excur 3-11 \(www.gov.scot\)](#)

CHAPTER 5 **ASTHMA, ANAPHYLAXIS ALLERGIC REACTIONS AND PRESCRIBED EMERGENCY MEDICINES**

Asthma

- 5.0 Immediate access to reliever inhalers is vital. Within the school or setting children and young people are encouraged to carry their prescribed reliever inhaler as soon as the parent, healthcare professional and staff agree they are mature enough. The reliever inhalers of younger children must be kept in a visible and easily accessible place. Inhalers are to be clearly marked and show an expiry date.
- 5.1 Parents are asked to ensure that the school/setting is provided with a labelled spare reliever inhaler. The school will hold this separately in case the child or young person's own inhaler runs out, is lost or forgotten. All inhalers must be labelled with the child or young person's name by the parents or carers. It is the responsibility of parents and carers to maintain appropriate in-date medication is provided to the school or setting.
- 5.2 Staff will be aware of which children and young people have asthma. They should remind those whose asthma is triggered by exercise to take their reliever inhaler before any activity and undertake a warm-up. Each child or young person's inhaler will be labelled and be accessible at the site of the lesson. If a child or young person needs to use their inhaler during a lesson they will be encouraged to do so.
- 5.3 Some young children in ELC settings may not be able to indicate when they need their inhaler or use the inhaler without assistance. Practitioners in such settings need to be able to identify when children will be required to use their inhaler and the procedures in place for the individual child should be captured in their Asthma Plan (Form 6).
- 5.4 The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that schools and settings involve children or young people with asthma as much as possible in physical activity, including extra-curricular activities where appropriate.

Anaphylaxis Allergic Reaction

- 5.5 Anaphylaxis is a life-threatening systemic allergic reaction. It can be triggered by a broad range of allergens. The most common allergens are certain foods, drugs, and venom, including wasp and bee stings.
- 5.6 The onset of anaphylaxis can be very fast. Severe anaphylaxis is an extremely time-critical situation: delays in administering adrenaline can result in fatal outcomes. An intramuscular injection of adrenaline in the outer thigh is the treatment of choice for someone having an anaphylactic reaction. At the first signs of a severe reaction the individual should use an Adrenaline Auto-Injector (AAI), commonly known as an epi-pen, then call for emergency medical help.
- 5.7 Children and young people should have two Adrenaline Auto-Injectors (AAIs) available at all times. This is particularly important for people who also have allergic asthma as they are at increased risk of a severe anaphylactic reaction.
- 5.8 Schools and settings should ensure that all AAI devices, including those belonging to a younger child, are kept in a safe and suitably central location: for example, the school office or staffroom to which all staff have access at all times, but in which the AAI is out of the reach and sight of children. They must not be locked away in a cupboard or an office where access is restricted. This should not be located more than 5 minutes away

from where they may be needed.

The use of prescribed emergency medication

- 5.9 All children and young people who required emergency medication should have their inhaler or AAI device available immediately and a spare inhaler or AAI device, which should be held by the school, provided on prescription for the individual child or young person.
- 5.10 Prescribed Salbutamol inhalers and spacers may be kept as part of an asthma kit, which may include:
- prescribed salbutamol metered dose inhalers
 - two plastic spacers compatible with the inhaler
 - instructions on using, cleaning, testing and storing the inhaler and spacer
 - manufacturer's information and a checklist of inhalers, identified by their batch number and expiry date, on which monthly checks recorded
 - a note of the arrangements for replacing the inhaler and spacers
 - a form to record when the inhaler has been used

Staff training and awareness raising

- 5.11 All staff working in schools should have a general awareness of providing support to children and young people with asthma and allergies. All staff should know:
- some children or young people may not be able to communicate when they need their medication
 - the signs and symptoms of an asthma attack (Appendix 2);
 - the signs and symptoms of an anaphylaxis allergic reaction (Appendix 6);
 - how to check if a child is diagnosed with asthma, is on the asthma register and holds their own inhaler
 - how to check if a child is at risk of anaphylaxis and holds their AAI
 - how to access information from a child's individual care plan or other written record about the management of their condition
 - where the child's own inhaler or AAI should be kept and how to access their spare device
 - be able to support an individual to administer their salbutamol inhalers
 - who is trained to administer their AAI
 - who to contact for further help and advice

The child or young person should never be sent to collect their own inhaler or AAI out-with the classroom.

- 5.12 Staff may volunteer to be trained to support children and young people in managing their asthma or allergies, including how to respond in the event of an emergency.

Those staff should undertake specific training to be able to:

- be able to recognise when emergency action is required
- respond to a request for help from another member of staff
- administer (or support an individual to administer) salbutamol inhalers
- clean the mouthpiece of the inhaler after each use (spacers should not normally be reused to reduce the risk of cross infection and may be given to the child to take

home if another spacer is available)

- administer (or support an individual to administer) AAI
- undertake specific training regularly
- update records regarding the use of an inhaler or AAI and pass on this information onto parents and carers

School Policy

6.0 A school policy needs to be clear to all parents/carers and pupils. The school could include this in its handbook or in other information for parents. The policy should make clear that parents/carers should keep children at home when they are unwell and should cover the schools approach to the administration of medication.

A policy should cover:

- The circumstances, if any, in which children may take non-prescription medication e.g. pain killers (analgesics)
- The school's policy on assisting pupils with long term or complex health care needs
- Emergency procedures in the school including contact details for the school nurse
- Clarification of the authority's indemnity arrangements
- The need for prior written agreement from parents or guardians for any medication, prescribed or non-prescription, to be given to a child
- Policy on pupils carrying and taking their medication themselves
- Staff training in dealing with health care needs
- Record keeping
- Storage and access to medication
- The school's emergency procedures.

Appendix 1

Form 1: Parental consent for child/young person to carry own medication

**** This form must be completed by parents/carers**

Pupil's Name	
Class	
Address	
Condition or illness	
Name of Medication	
Procedure to be taken in emergency	

CONTACT INFORMATION

Name	
Daytime telephone number	
Relationship to child	

I consent for my child to carry their own medication for use as necessary and have discussed the importance of adhering to the guidance for this medication.

Signed **Date.....**

Relationship to child

The information on this form should be reviewed every term

Appendix 1

Form 2: Parental request for staff to administer medication

The school will not give your child medication unless you complete and sign this form, and the Headteacher or member of the senior leadership team has agreed that school staff can administer the medicine.

Child/Young Person

Surname		Forename	
Address			
Class			
Date of Birth		M <input type="checkbox"/>	F <input type="checkbox"/>
Condition or illness			

Medication

Name/Type of Medication <i>(as described on the container)</i>			
Length of time medicine will cover		Date Dispensed	/ /
		Expiry Date	/ /
Full directions for use			
Dosage and method			
Timing			
Special precautions			
Side effects			

Contact Information	
Name	
Relationship to child/young person	
Contact phone number	

I accept responsibility for:

- delivering my child's medication to school, and to replace when required
- ensuring that medication is correctly labelled in the original pharmacy packaging and has not passed any 'use by' date
- providing a clearly labelled airtight container
- advising you immediately of any change of treatment prescribed by any doctor or hospital.

Signature	
Date	

The information on this form should be reviewed every 28 days

HOW WE USE YOUR PERSONAL INFORMATION

The information provided by you will be used by Aberdeen City Council to ensure that your child, or the child for whom you have parental responsibility, receives the correct medication and that they receive appropriate medical treatment when required. This information may also be shared with NHS staff if necessary. It will also be shared if we are required to do so by law. For further information, please visit our website: aberdeencity.gov.uk/your-data

Appendix 1

Form 3: School agreement to administer medicine to a named child

I agree that <i>(name of child)</i>	
--	--

will receive <i>(quantity and name of medication)</i>	
--	--

Every day at <i>(time medication to be administered e.g. lunchtime or afternoon break)</i>	
---	--

This child will be given/supervised whilst they take their medication by <i>(name of staff)</i>	
---	--

This arrangement will continue until <i>(Either end date of course of medicine or until instructed by parents).</i>	
--	--

Signed..... **Date**.....

(Headteacher/Designated Manager)

Appendix 1

Form 4: ELC consent for administering medication

ELC Consent for Administering Medication Form
First dose must be given at home

Name of Setting	
Child's Name	
Date of Birth	
Parent/Carer's Name	
Contact Number	
Emergency Contact	
Contact Number	
<p>Please be aware that failure to bring your child's required medication will result in your child being unable to attend the session. Please ensure that the information you provide is exactly as stated on the label of the prescribed medication, any variations will prevent us from being able to administer the medication to your child.</p>	
Name of Medication	
Expiry Date	
Type/Strength of meds	
Reason for giving meds	
Dosage	
Date/time(s) to be given	
Time last dose given First dose must be given at home	
<p>If medication is to be given "when required", please provide details of specific signs and symptoms:</p>	
<p>How often can medication be repeated safely:</p>	

What may happen if medication is not effective and what should we do if this happens? **This includes refusal to take medication**

I agree to Early Years staff administering the above medication to my child

Parent/Carer Signature	
Date	
Staff Signature	
Date	

3 Monthly review (Long Term Medication). If there are any required changes, please complete new form.

Review Date 1	Review Date 2	Review Date 3
Parent Signature:	Parent Signature:	Parent Signature:
Staff Signature:	Staff Signature:	Staff Signature:

Appendix 1

Form 5: Health Care Plan

Health Care Plan for a Pupil with Medical Needs

Date:

Name of Pupil	
Date of Birth	
Class	
Medical Condition/Needs	

Contact Information

Family Contact 1

Name				
Phone Number:	(home)		(work)	
Relationship				

Family Contact 2

Name				
Phone Number:	(home)		(work)	
Relationship				

GP

Name			
Phone Number			
Clinic / Hospital Contact			
Name			
Phone Number			
Plan prepared by:			
Name			
Designation		Date	/ /
Distribution :			
School Doctor		School Nurse	
Parent		Other	

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

Medication	
Details of dose	
Method and time of administration	

Daily care requirements (e.g. before sports, dietary, therapy, nursing needs)
Action to be taken in an emergency
Follow up care
Members of staff trained to administer medication for this child <i>(State if different for off-site activities)</i>

I agree that the medical information contained in this form may be shared with individuals involved in the care and education of *(Child's Name)*
Signed **Date.....**
Parent/Carer (or pupil if over legal age of capacity)

HOW WE USE YOUR PERSONAL INFORMATION

The information provided by you will be used by Aberdeen City Council to ensure that your child, or the child for whom you have parental responsibility, receives the correct medication and that they receive appropriate medical treatment when required. This information may also be shared with NHS staff if necessary. It will also be shared if we are required to do so by law. For further information, please visit our website: aberdeencity.gov.uk/your-data

Appendix 1

Form 6: Asthma Plan

Child or young person's name	
Date of birth	
Address	
Condition or illness	Asthma
Triggers (if known)	Colds / viral infections / pollen / exercise / laughter / stress / others – please specify:
MEDICATION	
Inhaler medication <i>(as described on the container)</i>	
Dosage	
Method of administration <i>(i.e. via aero chamber)</i>	
Time of administration <i>(i.e. before PE)</i>	
Where is medication kept	
Special precautions	
Expiry date of medication <i>(Parent must ensure that in date and properly labelled medication is supplied)</i>	
Possible side effects	
Self-administration	
Prescribed by	GP, Hospital, Other (specify):
Name of prescriber	
Address of prescriber	
Written instructions from a medical professional are required. The written instruction on the medication is normally sufficient if it is the original pharmacy label as this matches the prescription from the GP.	

Procedures to take in an emergency			
CONTACT INFORMATION			
Name			
Daytime telephone number			
Relationship to child			
I accept responsibility for: <ul style="list-style-type: none"> • delivering the medication, and to replace when required • ensuring that medication is correctly labelled in the original pharmacy packaging and has not passed any 'use by' date • checking whether the school holds emergency medication that is appropriate for my child and have indicated if this is suitable in the form above • advising you immediately of any change of treatment prescribed by any doctor or hospital. 			
Parent/carer signature		Date	
Child/young person signature where appropriate		Date	

SCHOOL AGREEMENT			
Name of staff volunteers (to support as required)			
NHS comments			
Signed:		Date:	
<i>(Headteacher/designated manager)</i>			

HOW WE USE YOUR PERSONAL INFORMATION

The information provided by you will be used by Aberdeen City Council to ensure that your child, or the child for whom you have parental responsibility, receives the correct medication and that they receive appropriate medical treatment when required. This information may also be shared with NHS staff if necessary. It will also be shared if we are required to do so by law. For further information, please visit our website: aberdeencity.gov.uk/your-data

[Child-Friendly Asthma Action Plan](#)

Appendix 1

Form 8: Delivery of medication to school

Date	Child's Name Name of medication	Quantity	Staff member signature

Appendix 1

Form 9: Individual Staff Training Record

Name			
Training received			
Date of training			
Training provided by			
<p>I confirm that has received the training detailed above and is competent to: <i>(highlight as appropriate)</i></p> <p>Administer the medication prescribed</p> <p>Carry out the procedure described above</p>			
Trainer's signature			Date
I confirm I have received the training detailed above			
Staff signature			Date
Suggested date for refresher training	By	Date completed	
Suggested date for refresher training	By	Date completed	
Suggested date for refresher training	By	Date completed	
Suggested date for refresher training	By	Date completed	

Appendix 2

How to respond to an asthma attack

Signs of an asthma attack

The child's reliever inhaler (usually blue) isn't helping, and/or any of the following:

- they are coughing, wheezing or short of breath;
- they say their chest feels tight or if a younger child reports that they have stomach ache; - they are unusually quiet; - they are unable to talk or complete sentences.

STEP 1: If a child is having an asthma attack the following steps should be taken

- Check that the child is confirmed as having asthma and is on the school's asthma register
- Send someone to get the child's own inhaler and spacer. If a child does not have their reliever inhaler in school, use the spare emergency inhaler if there is one available on the school premises
- Stay with the child
- If possible do not move the child but allow space and privacy

STEP 2: Stay calm and help them to take their inhaler

- Encourage the child to sit in an upright position
- Stay calm and reassure the child
- Prime the inhaler (2 puffs into the air)
- Help the child to take two doses (2 puffs) of their inhaler, one dose at a time, shaking inhaler between doses. A spacer may be used to help ensure that the medicine reaches the lungs
- If no better repeat a dose every 30-60 seconds up to 10 doses

STEP 3: Call 999 for an ambulance if:

- Their symptoms are getting worse or they are becoming exhausted
- They don't feel better after 10 doses
- If you are worried at any time, even if they haven't yet taken 10 puffs

When calling an ambulance give clear details and confirm the entrance to the school if there is more than one entrance. Record all information including the time inhalers were given.

If the ambulance takes longer than 15 minutes, repeat STEP 2 and call emergency services again.

Useful information about the management of asthma

Asthma UK Website <https://www.asthma.org.uk/advice/asthma-attacks/>

My Lungs, My Life <http://mylungsmylife.org/>

Appendix 3

Emergency medication information for parents/carers

Guidance for parents/carers on arrangements for dealing with a child or young person requiring essential or emergency medication

Should your child have a medical condition that may require administration of medication during school hours:

The school will:

- hold medication, under secure conditions in the clearly marked storage box
- provide parental request form for either medication administered by staff or self-administered by the child or young person
- ensure awareness raising or training is provided by healthcare professionals in respect of the administration of medication as appropriate

You or your trusted representative, are responsible for:

- providing consent for the administration of medication for your child
- supplying this medication to a responsible member of staff .You should not send it to school with your child
- maintaining up to date medication
- providing an appropriate storage box clearly marked with your child's details
- collecting medication at the end of day or term as appropriate
- obtaining written instructions from a medical professional regarding the medication
The written instruction on the medication label is normally sufficient if the original pharmacy label remains attached as this matches the prescription
- ensuring any changes to medication are communicated to school staff

If your child requires long term or emergency administration of medication an individual Health Care Plan or Asthma Plan will be completed in consultation with you, the child/young person and a healthcare professional where appropriate. A Health Care Plan contains details of your child's medical condition, medical treatment, emergency contacts and staff volunteers.

If you have any queries about the management of your child's medical condition within school, you should contact the headteacher.

Appendix 4

Medicines in schools information for parents/carers

Dear Parents and Carers,

Medicines in Schools

Where children or young person require regular medication to be administered or self-administered during the school day, parents should complete the relevant request form available from the school. This may include written guidance from a medical professional (your GP or Specialist) but please note the written instruction on the medication is normally sufficient if it is the original pharmacy label as this matches the prescription.

Some children or young people carry inhalers for asthma and related illness, which they self-administer at school. It is necessary that parents of children who carry their own medication complete the appropriate form so that an up-to-date record is held for each child carrying medication to school. Please contact the school for the appropriate form.

If a child or young person suffers from a chronic illness requiring long term medication or where medication may be required in an emergency situation, parents must contact the headteacher to discuss the situation. Children or young people with asthma should have two inhalers available at all times, one should be held by the school for occasions where the child's own device has run out or is not immediately available. For those at risk of anaphylactic reaction two prescribed Adrenaline Auto-Injectors (AAIs) must be available at all times. This is particularly important for children and young people who also have allergic asthma as they are at increased risk of a severe anaphylactic reaction.

Yours sincerely

Headteacher

Appendix 5

Use of emergency inhaler letter template

To inform parents or carers of Emergency Salbutamol Inhaler use

Child or young person's name:

Class:

Date:

Dear

This letter is to notify you thathas had problems with their breathing today. This happened when

.....
.....

Please delete as appropriate

A member of staff helped them to use their own asthma inhaler.

OR

They did not have their own asthma inhaler with them, so a member of staff helped them to use their spare prescribed asthma inhaler, held by school. They were given **x** puffs. Please contact your doctor to supply an inhaler for your child to use in school.

We strongly advise that you pass this information on to your doctor as soon as possible to see whether your child needs further medical assessment.

Yours sincerely,

Appendix 6

How to respond to an anaphylaxis allergic reaction

Anaphylaxis is a life-threatening systemic allergic reaction. It can be triggered by a broad range of allergens. The most common allergens are certain foods, drugs, and venom, including wasp and bee stings.

The following symptoms are signs of a **mild to moderate** allergic reaction:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden changes in behaviour

The following symptoms are signs of **anaphylaxis (a life-threatening allergic reaction)**:

- Persistent cough
- Swelling in the throat (altered/hoarse voice)
- Difficulty swallowing and/or a swollen tongue
- Difficult or noisy breathing or wheezing
- Persistent dizziness, dizziness, feeling faint, tiredness (symptoms of low blood pressure)
- Becoming pale or floppy
- Suddenly sleepy, or they become unconscious

If in doubt about severity, or if previous reactions have been severe, the individual should use an adrenaline auto-injector.

STEP 1: At first signs of a severe allergic reaction use the adrenaline auto-injector

STEP 2: Call 999, ask for an ambulance and state “anaphylaxis”, even if symptoms are improving

STEP 3: Lie flat with the legs raised in order to maintain blood flow. If you have breathing difficulties sit up to make breathing easier

STEP 4: Seek help immediately after using the auto-injector and stay with the person while waiting for the ambulance

STEP 5: If the person does not start to feel better, the second auto-injector should be used 5 to 15 minutes after the first

Check the expiry date of the adrenaline auto-injectors and obtain replacements before they expire. Expired injectors will be less effective.

Appendix 7

Useful Documents and Organisations

[UN Convention on the Rights of the Child - UNICEF UK](#)

[Getting it right for every child \(GIRFEC\) - gov.scot \(www.gov.scot\)](#)

[Guidance on education for children and young people unable to attend school due to ill health \(Scottish Government 2015\)](#)

ALISS (A Local Information System for Scotland)

ALISS is a search and collaboration tool for Health and Wellbeing resources in Scotland. It helps signpost people to useful community support. For more information visit <https://www.aliss.org/>

Allergy UK

Allergy UK is a national charity for people living with all types of allergies, working with government, healthcare professionals and other professional bodies. For more information visit <https://www.allergyuk.org/>.

Asthma + Lung UK

Asthma + Lung UK is dedicated to improving the health and wellbeing of people affected by asthma. The charity provides a wide range of information and resources on their website, including downloadable asthma action plans. Printed information booklets and other resources are available on request, and bulk copies are available for purchase by healthcare professionals. For more information visit Asthma UK's website at asthmaandlung.org.uk

The Butterfly Trust

The Butterfly Trust works to support and empower people with Cystic Fibrosis. For more information visit their website at www.butterflytrust.org.uk.

Care Inspectorate

The Care Inspectorate regulates and inspects care services in Scotland to make sure that they meet the right standards. For more information visit www.careinspectorate.com

Children's Health Scotland

Children's Health Scotland is dedicated to informing, promoting and campaigning on behalf of the needs of all sick children and young people within the healthcare system. For more information visit <https://www.childrenshealthscotland.org/>

Contact a Family Scotland

Contact a Family is a national charity that provides information, advice and support for families with disabled children. For more information visit their website at <http://www.cafamily.org.uk/scotland>.

Contact a Family has an online A-Z directory of medical conditions. It contains an overview of a number of common and rare conditions, and signposts further information where it exists. The directory can be accessed at <https://contact.org.uk/scotland>

Diabetes Scotland

Diabetes Scotland works to raise awareness, improve care and provide support and information for people with diabetes and their families. For more information visit diabetes.org.uk/in_your_area/scotland

Epilepsy Scotland

Epilepsy Scotland aims to improve access to services, enabling them to lead full and active lives. It also provides useful resources for staff in schools and the school health team. For more information call 0141 427 4911 or visit <http://www.epilepsyscotland.org.uk/>.

There are also a range of resources for schools on Young Epilepsy's website at <http://www.youngepilepsy.org.uk/>