

SCOTTISH BORDERS COUNCIL



ADMINISTRATION OF MEDICATION AND HEALTH CARE PROCEDURES

Multiagency Policy for Early Years Provision,
Educational Establishments and Voluntary Services

September 2025



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1. SCOPE

This multi agency policy applies to children and young people who attend pre-school settings, at school, out of school settings and residential children's units where there is a need for the administration of medication or specific health care procedures.

This policy is also intended for use in the wider community beyond Scottish Borders Council and therefore enables a consistent approach to be delivered and ensures where services interact that there is commonality of understanding and information sharing.

The up-to-date version of this policy, templates (Appendices 1, 3 and 4) can be accessed via the [**NHS Borders internet.**](#)

Services Registered with the Care Inspectorate as Daycare of Children or Childminding services must also adhere to any additional guidance in the [**"Management of medication in daycare of children and childminding services"**](#).

2. GLOSSARY

In order to avoid extended wording in this document certain terms are used throughout this policy which apply to many roles. The glossary below outlines the varied terms indicated by a single description.

Establishment	The place where the child or young person attends; Scottish Borders Council (e.g. schools, pre-school and other educational settings and children's units), Voluntary and Private Sector (e.g. private nurseries, childminders, playgroups, community groups)
Head	The head teacher, manager or person in charge of the establishment; this role may be delegated to other suitable staff
Individual Health Care Plan (IHCP)	A plan that identifies the actions and necessary safety measures to support children and young people with medical needs
Parents / carers / guardians	The person(s) who has responsibility for ensuring the welfare of the individual named in the IHCP
Non-prescribed medication	Any medication which has not been prescribed by a health professional
Prescribed medication	Only medication which has been authorised by a prescribing health professional
Scottish Borders Council	Where the user of this policy is persons / organisations other than SBC then the name of the other persons / organisations must be either inserted or assumed

3. INTRODUCTION, LEGISLATION AND STAFF INDEMNITY

3.1 Introduction

This is a multi agency policy for staff working in Scottish Borders Council (e.g. schools, nurseries and other educational establishments), Voluntary and Private Sector (e.g. private nurseries, childminders, playgroups, community groups). The aim of the policy is to ensure that children and young people receive the right support by staff members who are trained, confident and competent in the administration of medication and/or other health care procedures.

Children and young people with health needs have the same rights of admission to an establishment as other children. Most children and young people will at some time have short term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some will however have longer term health needs and may require medicines or health care support on a long-term basis to keep them well, for example children with asthma, epilepsy or diabetes that require regular medication which they might need to take while they are at the care service. Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Most children and young people with health needs are able to be supported and can take part in everyday educational activities, sometimes with additional support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at unnecessary risk.

3.2 Legal Framework & Staff Indemnity

Information about the legal and policy context affecting the responsibilities in relation to children and young people's health needs is provided in 'Supporting children and young people with health care needs in schools: Guidance for NHS boards, education authorities and schools' (Scottish Government, 2017)

Government Publication Supporting children and young people's healthcare needs in schools

Set out below is a general statement of the legal framework for the administration of medicines and health care procedures, with particular reference to the liabilities of staff. Staff are under no general common law obligation to administer or supervise the administration of medicines and health care procedures to children and young people. In an emergency situation, staff acting in 'loco parentis' would be required by common law to secure such help and take such action to assist a child as would a reasonably prudent parent. No parental consent is necessary in such circumstances.

Even in an emergency, however, staff will not be expected to carry out complex or risky procedures for which he or she is not trained.

Although there is no statutory obligation on Local Authorities to provide for the medical treatment of children and young people, they do have a legal duty to co-operate with Health Boards in the exercise by Health Boards of their statutory duties to provide for the medical supervision and treatment of all persons in attendance at schools or other educational establishments. As part of this co-operation, Scottish Borders Council may ask staff, with parental consent, to administer or supervise the administration of medicines or carry out health care procedures to children and young people in their care.

In either case, staff trained undertaking these duties at the request of Scottish Borders Council will be considered as acting in the course of their employment.

Scottish Borders Council accepts responsibility for staff administering medication providing they are acting within the parameters of this document and have had appropriate training. Accordingly, the Council's Liability Insurance covers staff.

The Council fully indemnifies its staff against claims for alleged negligence, providing they are:

- a) Acting within the scope of their employment
- b) Have been provided with adequate briefing
- c) Are following the current 'Multi agency Policy for the Administration of Medication and Health Care Procedures'

For purposes of indemnity, the administration of medicines and health care procedures falls within this definition and hence the staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice indemnity means the Council and not the employee will meet the cost of handling any claim that should arise. It is very rare for staff to be sued for negligence and instead the action will usually be raised by the parent against the employer.

3.3 Guidance on the use of emergency salbutamol inhalers and adrenaline autoinjectors in schools

The Human Medicines (Amendment) (No. 2) Regulations 2014, which amended the Human Medicines Regulations 2012, provides schools across the UK with discretionary powers to buy and hold salbutamol inhalers, without a prescription, for use in emergencies. The 2014 regulations only apply to salbutamol inhalers. The Human Medicines (Amendment) Regulations 2017 (Scottish Government, 2017) provides further information about schools purchasing salbutamol inhalers (Annex A, page 43-50) and adrenaline auto-injectors (Annex B, pages 51-57).

[Annex A: Guidance For Education Authorities, NHS Boards and Schools in Scotland on the Use of](#)

[Annex B: Other Condition Specific Information The use of Adrenaline Auto-injectors in schools](#)

It should be noted for both salbutamol inhalers and adrenaline autoinjectors the Scottish Government guidance states that they can only be administered to children or young people who own inhaler or auto-injector is not available.

4. ROLES AND RESPONSIBILITIES

4.1 Parents/Carers CI guidance gives more detail about parental responsibility

Parents/carers, as defined in the Education (Scotland) Act, 1980 are a child's main carers. They are responsible for making sure that their child is well enough to attend school/nursery.

Parents/carers should provide the Head of the establishment with sufficient information about their child's medical condition and treatment. They should, jointly with the Head, reach agreement on the establishment's role in helping with their child's medical needs. Parents' cultural and religious views should be respected. The Head must seek parents/carers' agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents/carers are to ensure the best care for a child or young person.

Parents/carers must tell the establishment about the medicines and health care procedures that their child needs and provide details of any changes to the prescription or the support required.

4.2 Head

The Head is responsible for implementing this policy. When staff volunteer to give children and young people help with their health needs the Head should agree to their doing this, and must ensure that staff receive proper support and training where necessary.

For a child with health needs, the Head will need to agree with the parents/carers exactly what support can be provided. Where there is concern about whether the establishment can meet a child or young person's needs, or where the parents/carers' expectations appear unreasonable, the Head can seek advice from the Child Health Department at Borders General Hospital.

Where no voluntary provision for the administration of medicines or health care procedures is available, the Head should contact NHS Borders to enable a multi agency discussion to take place. In this situation the options for identifying the necessary provision should be discussed.

The Head is responsible for establishing an audit process to monitor the satisfactory and effective implementation of this policy and quality assurance of Individual Health Care Plans.

4.3 Staff Administering Medication and Health Care Procedures

Some staff are naturally wary about their ability to support a child with a medical condition, particularly if it is potentially life threatening. Staff supporting children and young people's medical needs should understand the nature of the condition, and when and where the child may need extra attention. The child's parents/carers and health professionals should provide this information. Staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for children. It is important that they too are also provided with training and advice.

Many voluntary organisations specialising in particular medical conditions (e.g. asthma, epilepsy) provide advice or produce information packs advising establishments on how to support children and young people. Appendix 2 lists contact names and addresses. Establishments are encouraged to build up a current bank of appropriate resource materials and make their staff aware of them.

The Professional Development Award (PDA) in Health and Social Care: Administration of Medicine at SCQF level 7 is a qualification which has been designed to meet the requirements of social service workers who are in a job role where they assist or administer medication to individuals.

The PDA is also designed to provide Continuing Professional Development (CPD) for employees who are currently in a role where they administer medicine.

This qualification is available through colleges and training providers.

[PDA Health and Social Care: Administration of Medicine SCQF level 7](#)

4.4 The School Health Team

NHS Borders has a statutory duty to provide services and support to meet local needs. Health professionals have responsibility for giving advice on medical conditions, the storage of medication and facilitating the completion of individual health care plans (IHCP's) in partnership with the parent/carer and Head. They also have a responsibility for providing advice regarding training for staff volunteering to administer medication and healthcare procedures.

The School Health Service provides advice on health issues to children, parents/carers and professionals/services. The service includes School Nurses, Community Children's Nurses, Allied Health Professionals and CAMHS. The health professionals involved with the child can provide guidance on school-age children with health conditions and specialist support in partnership with the child and family.

The School Nursing Service and Health Visiting Team can help to signpost schools and ELC settings about who their point of contact is for individual children.

5. ADMINISTERING MEDICATION

Some children and young people have health care needs that require the administration of medication. Medication may be required on a short or long term basis. For those children requiring medication on an ongoing basis (e.g. diabetes) or in an emergency situation (e.g. severe allergic reaction, epilepsy) an Individual Health Care Plan is required.

5.1 Dealing with medicines safely

Medication should only be taken to school/nursery when absolutely essential. Parents/carers (and where appropriate the young person) are responsible for supplying information about any medication that needs to be taken and for letting the staff know of any changes to the prescription or the support needed.

The establishment should seek written consent (see Appendix 1: ***Parent/Carer Request to Issue Prescribed Medication Form***).


Queries about medication should be directed to the community pharmacist.

Where possible, medication should be prescribed in dose frequencies which enable it to be taken outside school hours. Although this should be discussed with the prescriber, a child or young person's health or wellbeing needs should never be compromised.

Establishments should ensure that medication is not stored in large quantities and parents or carers provide weekly or monthly supplies ideally in their original manufacturer's or else in a pharmacy dispensed container or box. Some medicines may be harmful to anyone to whom they are not prescribed and particular care needs to be taken where an establishment stores controlled drugs such as methylphenidate (see Appendix 2: ***Stimulant Medication Policy for Attention Deficit Hyperactivity Disorder (ADHD)***).

5.2 Self-management

It is good practice to allow children and young people who manage their own medication from a relatively early age and staff should encourage and support this. Examples include children using their inhalers or checking their blood sugar levels during the day. Where required, appropriately hygienic facilities should be provided to allow for this to ensure privacy at all times.



There should be an assessment of the child's or young person's capability to manage their health needs and carry their medication. 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. The arrangements must also be flexible and sensitive to the needs of children and young people on any given day. Illness, for example, may impact on how much support the individual requires. It may, therefore, be appropriate 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.

5.3 Access to medication

Where a child is managing medication themselves they should not normally be expected to give up their medication for storage. In allowing children to retain medication, an assessment must be made of the potential risk to others, with actions put in place to manage those risks appropriately.

Where individual children and young people do not hold their own medication, they must know where it is stored. Medication 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 and young people for whom it is prescribed.

Some medicines need to be refrigerated. The temperature of refrigerators containing medication needs to be kept at 2-8 degrees Celsius and monitored and recorded regularly (recommended as daily). Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. If an establishment has to store large quantities of medicines then a lockable medical refrigerator might be preferable and monitoring of temperature should be at least daily.

If the establishment 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.

Establishments may also need to make special arrangements for any emergency medication that children and young people require.

5.4 Administering medication

Where it is considered that medication will need to be administered, medication should always be supplied by the parents/carers to the establishment in its original packaging including any patient information leaflet. Parents/carers may, therefore, need to obtain a separate prescription for medication to be taken and held at the establishment. If this isn't possible, then it should be decanted by an appropriate healthcare practitioner with an appropriate label or instruction. The parent/carer should also ensure that they provide clear instructions about how long the medication needs to be taken for, and any other relevant information that isn't provided on the label or patient information leaflet.

Staff should not administer medication if they are not sure what the medication is or what it is for. If a member of staff is in any doubt they should check with the parents/carer or an appropriate healthcare practitioner before taking further action.

Staff administering or overseeing the administration of medication will want to ensure:

- they follow the instructions on the label and/or patient information leaflet (or in line with manufacturers recommended dosage if the medicine is non-prescription)
- that they are giving the right medicine to the right child or young person at the right time
- the correct dosage is given, and recorded
- if staffing allows, administration of medication should be witnessed by second person

- 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 pharmacists can advise)
- 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
- a signed record is completed each time medication is given to any child or young person (see Appendix 3: Record of Administration of Medication)

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.

If there is likely to be any problems encountered with the administration of medication; or the provision of medication is not straight forward, this should be incorporated into an individual healthcare plan.

5.5 The use of non-prescription medicines

Establishments should not purchase non-prescribed medication unless using those powers permitted under the provisions of the Human Medicines Regulations (see see Section 3.3).

If a child or young person suffers regularly from acute pain or symptoms, such as a headache, period pain or hay fever, parents may provide non-prescribed medication alongside clear and appropriate instructions and consent for the medication to be administered (see Appendix 1: **Parent/Carer Request to Issue Prescribed Medication Form**).

If a child or young person has taken medication before going to school/nursery, their parent or carer should provide written information to the establishment in respect of the time the medicine was taken and the dosage given, in order to prevent the risk of overdosing during the day. Establishments should also make a note of the time and dosage if a child takes medication during the course of the day (see Appendix 2: **Record of Administration of Medication**).

A member of staff should supervise younger children taking the medication, including helping to ensure the correct dosage is taken, and ensure that the individual's parents are informed on the day the medication is taken.

Some children and young people with the maturity and capacity to carry and self-manage their own non-prescribed medication and symptoms (for example, for period pain, occasional headaches, minor viral illnesses, coughs, sore throats or hay fever) should be allowed to do so.

In such circumstances it is recommended that only medication that can be purchased from 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 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.

It should be noted that children under 16 should not be given or take aspirin, unless prescribed by a doctor. Further, products containing codeine should not be provided to children under 12 as it is associated with a risk of respiratory side effects, and is not recommended for adolescents (12 to 18) who have problems with breathing. Queries regarding such medication should be directed to a community pharmacist.

5.6 Hygiene/infection control

All staff should be familiar with standard infection control precautions for avoiding infection and must follow basic hygiene procedures such as hand washing. Where advice on infection control is required, staff should consult the school health team in the first instance. Staff should have access to protective disposable gloves and take care when dealing with spillage of blood or other body fluids and disposing of dressings or equipment.

5.7 Refusing medication

If a child or young person refuses to take medication, staff should not force them to do so. If the child is not considered to have capacity, the establishment must inform the parents or carers of any child that refuses to take medication as a matter of urgency. If the parents or carers cannot be contacted, staff should seek urgent advice from the GP about the impact of the child or young person refusing their medication. In the case of long term conditions or treatments the school health team may wish to contact the child's healthcare team for advice and take account of this in the child's healthcare plan. If necessary, call the emergency services for an ambulance. A record should be kept where medication is refused.

5.8 Disposal of medication

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. Medication that is in use and in date should be collected by the parent/carer at the end of each term. Where this isn't possible, establishments 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, establishments 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 on the [SEPA website](#)

Clinical or healthcare waste, including needles/sharps boxes should be disposed of by contacting the Cleaning Facilities Manager, SBC.

5.9 Intimate care

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. Where an adult chaperone is required, this would be someone who is known or trusted by the child. Where the child is accompanied by another minor of the same age, a formal adult chaperone must also be present.

Appropriate training should be put in place for staff members who provide intimate care.

Staff should protect the rights and dignity of the child or young person as far as possible, even in emergencies. Education authorities may have separate procedures in place for the management of intimate care and these must be always adhered to.

5.10 School Excursions (day and residential)

The **Parent/Carer Request to Issue Prescribed Medication Form** (Appendix 1) must be completed prior to the school trip. Medication such as an antihistamine or medicine for travel sickness can be taken before travelling.

The **Record of Administration of Medication** (Appendix 3) form should be completed as required.

5.11 Record Keeping

Keep an accurate, up to date record of any medication stored on the premises for the use of children who attend the service. This includes medicines received, returned or disposed of. Medication held in school record - [Medication onsite record](#)

Keep an accurate, up to date record of all medicines the care service administers to a child while they are in the care of the service.

The medicines record should include:

- name of the medicine as stated on the dispensing/product label
- strength of the medicine as appropriate, for example 500mg or 5mg/10ml
- form of the medicine, for example capsule, tablet, liquid
- quantity of medicine, for example quantity received, quantity given
- dosage instructions, for example one tablet to be taken three times a day
- date of record, for example date medicine received or given
- time of administration
- signature and name of the person making the record
- reasons why a regular medicine is not given as prescribed, for example child refused the medicine, medicine was not available
- where staffing allows, administration of medication should be witnessed by a second person

Services need to record adequate information for children with complex medication regimes (for example diabetes, epilepsy/fitting, and severe asthma). Each medication and the condition it is prescribed to treat should be recorded in the child's care record.

If medication has to be given on a 'when required' basis, it is important that care staff know the symptoms it has been prescribed for and that these are recorded in the child's care record. Care staff must record the reasons for administering it, for example high temperature, wheezing, eyes running, itchy, sneezing and so on.

There is no legal requirement for children's care services to keep additional controlled drug records, however some services may want to do this as good practice.

5.12 When to seek medical advice

Urgent medical advice should be sought if the child is:

- under three months of age and has a temperature of 38°C or above
- between three and six months of age and has a temperature of 39°C or above
- over six months and shows other signs of being unwell - for example, they are floppy and drowsy or you are concerned about them.

5.13 Early Years Additional Information

The information below is include within the Early Years Portal.

[Medication – Early Level Portal](#)

Additional links to print-outs within the portal:-

[**New SBC Medication Audit 2025](#)

[Medication storage box label template](#)

[ELC Medical Care Plan incorporating SBC prescription medication request and record](#)

[Medication onsite record](#) – for staff and children

[Guidance-Combined Medical Care Plan SBC prescription medication request and record](#)

[Medication Expiry/Replacement reminder slip](#)

[Allergy records – template](#)

6. INDIVIDUAL HEALTH CARE PLAN (IHCP)

The main purpose of an individual healthcare plan is to identify the level and type of support that is required to meet a child or young person's healthcare needs. It is not anticipated that one 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 seek the appropriate consents and record details of the medication or procedure to be undertaken, time of administration or procedure and any possible side effects. Planning procedures should be proportionate and take into account the best interests of the child or young person. 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 healthcare plan.

Children and young people with the following medical needs must have an IHCP:

- severe allergic reaction (anaphylaxis)
- epilepsy (emergency medication)
- diabetes
- complex health needs (e.g. tube feeding, tracheostomy)

See Appendix 4 for the **Individual Health Care Plan template**. This is a generic template and can be used for all health conditions except diabetes.

This template is standard across the local authority and should not be adapted or altered.

For children and young people with diabetes contact the Paediatric Diabetic Nurse Specialist directly and they will provide the appropriate template (Tel: 01896 826000).

6.1 Drawing-Up an Individual Health Care Plan

To draw up an IHCP the follow six steps should be followed.

STEP 1

Parents/carers highlight the medical/healthcare needs of their child to the Head.

Head requests that parents/carers complete **Parent/Carer Request to Issue Prescribed Medication Form** (Appendix 1)). This includes seeking consent from parents/carers to share information.

STEP 2

Head agrees to administration of medication and/or health care procedure.

The Head completes non-medical information (i.e. electronically completing child's information, parents and other contacts).

For children and young people with diabetes contact the Paediatric Diabetic Nurse Specialist directly (see step 3) and they will take the lead role in developing the Individual Health Care Plan.

STEP 3

The Head contacts the relevant health professionals to provide the details of diagnosed condition/ health care procedure or medication required / emergency procedures. This information needs to be signed by the health professional and added/attached to Section 4 of the IHCP.

In certain circumstances a meeting may be required involving parents/carers and health professionals.

Contact details for identifying appropriate health professional:

Early Years Settings: Health Visitor (parents can provide name and health centre)

School Nurses: West – 01896 663780 (Galashiels)
East – 01361 885 015 (Duns)
South – 01450 361 007 (Hawick)

Community Children's Nurses: Parents can provide name or contact on (Tel: 01896 826081)

Children with Diabetes: Paediatric Diabetes Nurse Specialist (Tel: 01896 826000)

Children with Epilepsy: Paediatric Epilepsy Nurse Specialist (Tel: 01896 826000)

The IHCP must also include the following information:

- Procedure to follow in the event of an emergency.
- A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives.
- Health professionals are responsible for any decisions on medical treatment when parents/carers are not available.

The '**Checklist/Record of Emergency Procedure**' should be completed following an emergency.

Step 3 should include discussion between the Head and health professional(s) about reviewing the plan. The majority of IHCP's will need reviewing on a yearly basis but this depends on the individual's particular needs; some may need reviewing more frequently. Refresher training should be organised as part of any review. Children and young people at risk of severe anaphylaxis IHCP should be reviewed annually by the school and by the school nursing service only when a change to dosage occurs.

STEP 4

The health professional will advise regarding staff training needs and arrangements for training. It is the Head's responsibility to ensure that the appropriate staff members attend the training.

A Record of Training should be held by the Head and recorded on the child or young person's IHCP.

STEP 5

Head signs plan and circulates plan to parent/carer for signing and circulation to parents/carers, young person (as appropriate) and health professionals involved.

Note: electronic signatures are acceptable.

STEP 6

Head ensures that the appropriate staff members have access to the plan and other information about the child or young person, which is held in an appropriate location known by staff.

The Head is responsible for initiating the review of IHCP and should ensure that parent/carers and staff have the up-to-date version of the plan.

Note: for schools IHCP's must be reviewed in the summer term (April to June) with particular attention to ensuring effective communication between establishments.

The Head is responsible for ensuring that an auditable evidential trail is in place for monitoring the quality of all Individual Health Care Plans within their establishment.

The Head is responsible for the retention of records of IHCP's and related documents in line with the current practices applicable to the establishment at the time of creation of the record.

The section of the IHCP which is signed by the health professional must be retained with the IHCP.

See **Appendix 4** for IHCP template.

Annual Review

All individual health plans need to be reviewed annually with parents/carers and child/young person. If no changes to medication dosage then the plan only needs to be signed by Head Teacher and parent/carer and child/young person. Health professionals should only be contacted if there is a change to the health status.

6.2 Transport

Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines but where it is agreed that an escort will administer medicines (i.e. in an emergency) they must receive training and support and fully understand what procedures and protocols to follow. They should be clear about roles, responsibilities and liabilities.

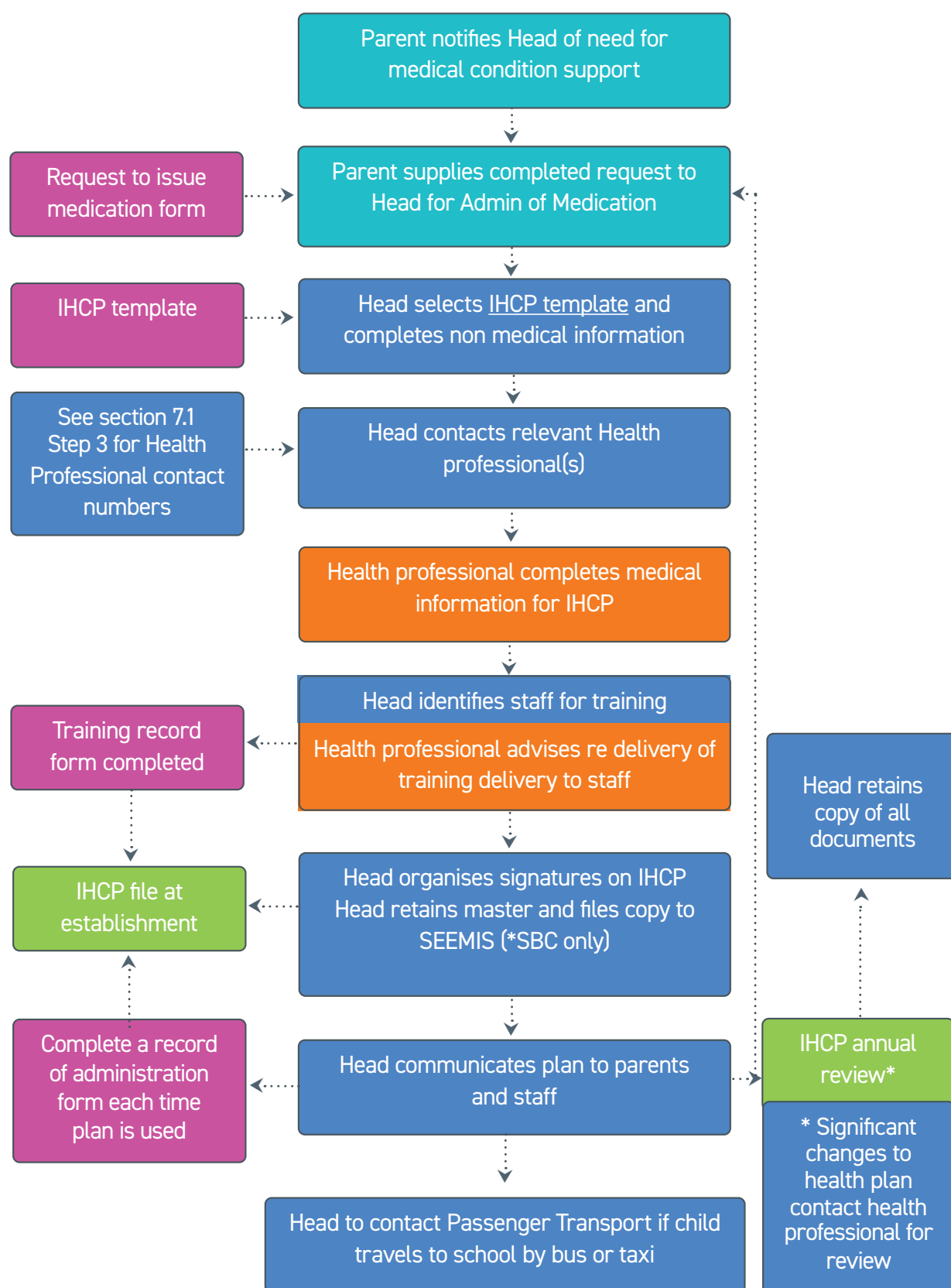
The following information should be documented on page 1 of the IHCP:

Identification of travel arrangements information regarding how the person gets to their establishment:

1. By walking, alone or in group
2. By parent/carer transport
3. By SBC contract travel (e.g. bus, taxi, etc)
4. By SBC escorted travel
5. Other (please specify)

Where children have life threatening conditions, Individual Health Care Plans should be carried on vehicles. The plan should specify the steps to be taken to support the normal care of the child as well as the appropriate responses to emergency situations. It is good practice for drivers and escorts to complete basic first aid training. Additionally trained escorts may be required to support some children with complex medical needs.

6.3 Flow chart for IHCP preparation



APPENDIX 1: Parent/Carer Request to Issue Medication Form

Establishment (e.g. school, ELC)	
-----------------------------------------	--

Name:
(Print full name of child/young person)

Date of birth (dd/mm/yyyy)

Name of Medication (state if prescribed / non-prescribed)	Date Required	Duration of Course	Dose Required	Time(s) to be given

Reason for medication:

PLEASE PRINT

GP Name

GP Address

GP Tel No

I understand that the medication will be administered only to the person named and accept that this is not a service that this establishment is obliged to undertake.

Parent/Carer..... (Print name)

Address.....

Signature of Parent/Carer

Date

It is the parent/carer's responsibility to ensure that there is sufficient medication available and that it is in date. Out of date medication will not be administered.

If parental consent given by telephone then a witness signature is required to confirm receipt of call.

Call received by: (print name)

Signature.....

Call witnessed by: (print name)

Signature.....

Date (dd/mm/yyyy).

Note: Medication will not be accepted unless this form is completed and signed by the parent or legal guardian / carer of the child and the administration of the medication or health care procedure is agreed by the Head*.

*The Head reserves the right to withdraw this service.

APPENDIX 2: Stimulant Medication Policy for Attention Deficit Hyperactivity Disorder (ADHD)

STIMULANT MEDICATION POLICY FOR ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

1. Introduction

The purpose of this document is to provide guidance to staff responsible for administering stimulant medication to children and young people with Attention Deficit Activity Disorder. This is a multi agency policy for staff working in Scottish Borders Council, Voluntary and Private Sector but reference is made to schools as this is the main establishment where stimulant medication will be administered.

2. Prescribed Stimulant Medication

The stimulant medication prescribed will include:

- Methylphenidate (*Ritalin, Equasym, Medikinet & Concerta*)
- Dexamphetamine (*Dexedrine*)

All children diagnosed and commenced on *Stimulants* by their Doctor, are automatically treated as follows:

The parents are made aware of the nature of the medication, including possible side effects, the possibility of *stimulants* being abused, and its legal state (i.e. it is a controlled drug). **PARENTS ARE INFORMED THAT THEY ARE RESPONSIBLE FOR THE SAFE KEEPING OF THE MEDICATION AND THAT THEY SHOULD DELIVER IT TO THE SCHOOL IF IT IS TO BE TAKEN DURING THE SCHOOL DAY.**

The parents inform the school and completes the ‘**Parent/Carer Request to Issue Prescribed Medication**’ form and the Head identifies the named person(s) who will administer the medication.

Parent/carers are responsible for ensuring the safe delivery of the tablets by an adult to that named person in the school. No child or young person should ever be in possession of stimulants including older siblings.

3. Administering Stimulant Medication

Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber’s instructions. In all cases it is necessary to check that written details include:

- child’s name
- prescribed dose
- expiry date of medication
- written instructions provided by the prescriber on the label or container

Stimulants **must** be stored in a locked cupboard in an area that is not accessed by children/young people unless supervised by staff.

The time that the *Stimulant* is to be given is agreed between the school, doctor and parents; so that if there are several children requiring medication within an establishment only one is seen at a time.

The child will either go, or be taken discretely, (depending on age and ability to comply) to have their medication which will be given to them by the named person.



THE CHILD/YOUNG PERSON MUST BE WATCHED SWALLOWING THEIR TABLET. The named person must then complete the '**Record of Administration of Prescribed Medication**' form.

It is emphasised that at no time should a child with ADHD be responsible for their medication at school. **Staff members need to be aware of the risks involved of other children and young people taking *Stimulants*.**

If staff observe a deterioration in the child or young person's ADHD symptoms they can discretely check with the staff member responsible for recording administration of the medication if the child or young person has missed taking their medication.

The child/young person will be followed-up by a health professional and the above policy will be reiterated to ensure that the correct protocol is being followed to ensure the child/young person's wellbeing and safety.

Date of birth

[illegible]

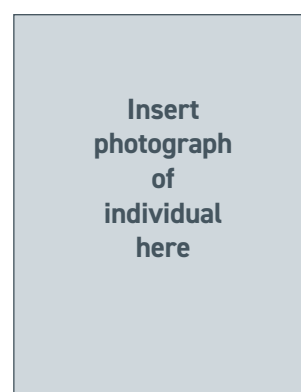
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APPENDIX 4: Individual Health Care Plan Template

SECTION 1 OF IHCP *(info completed by establishment)*

Individual Health Care Plan (IHCP)

Name:	
Date of Birth:	
Reason for IHCP:	
Name of Establishment:	
Plan start date:	
Plan review date:	



Travel arrangements	<i>Delete as appropriate</i>
1. Walking: alone or in group	yes/no
2. Parent / carer transport	yes/no
3. SBC contract travel (e.g. bus, taxi etc)	yes/no
4. SBC escorted travel	yes/no
5. Other: please specify	yes/no
Additional information re travel arrangements:	

SECTION 2 OF IHCP *(info provided by parent and inserted by establishment)*

Name of medical condition and summary of help that individual needs and emergency contact details.

If the child or young person requires an adrenaline autoinjector, they must always carry this with them and a second adrenaline autoinjector should be provided for the school to hold in case of emergency. This is particularly important if outside of the school building e.g. PE lessons & break times.

(info provided by parent and inserted by establishment)

Contact numbers

Name		Relationship/role	Tel no.
1			
2			
3			
4			
5			

SECTION 3 OF IHCP: FLOW CHARTS / EMERGENCY PROCEDURES

To be completed by health professional

RECOGNITION OF SIGNS/SYMPTOMS AND MANAGEMENT OF SEVERE ALLERGIC REACTION (ANAPHYLAXIS)

Name:

DOB:/...../.....

Allergic to

Previous symptoms:

-
-
-

Recognition of Anaphylaxis, i.e. following three criteria are fulfilled

1. Skin and or mucosal changes (flushing, urticaria, angioedema)
2. Sudden onset and rapid progression of symptoms
3. Life threatening Airway and /or Breathing and /or Circulation problems

AIRWAY

Hoarse
Itchy or swollen throat
Swollen tongue

BREATHING

Irregular
Wheezy
Noisy
Can't speak

CIRCULATION

Hot and flushed
Pale or clammy
Decreased conscious level
Blue round mouth

Do not administer adrenaline on the basis of an isolated skin rash.

Prescribed Adrenaline Auto-Injector (specify dose)

.....

Immediate Action

- Detect Symptoms – Alert appropriate staff member.....
- Administer Auto - injector into patients upper outer thigh
- Stay with patient at all times
- At the same time as above another staff member must phone 999 stating anaphylaxis
- May be more comfortable in an upright position to aid breathing
- If unresponsive place patient in the recovery position
- If no improvement after 5 minutes, give second Autoinjector if instructed by Scottish Ambulance Service staff to do so

At the same time as above another staff member must phone 999 Ambulance

Secondary Action: Parents should be phoned ASAP.

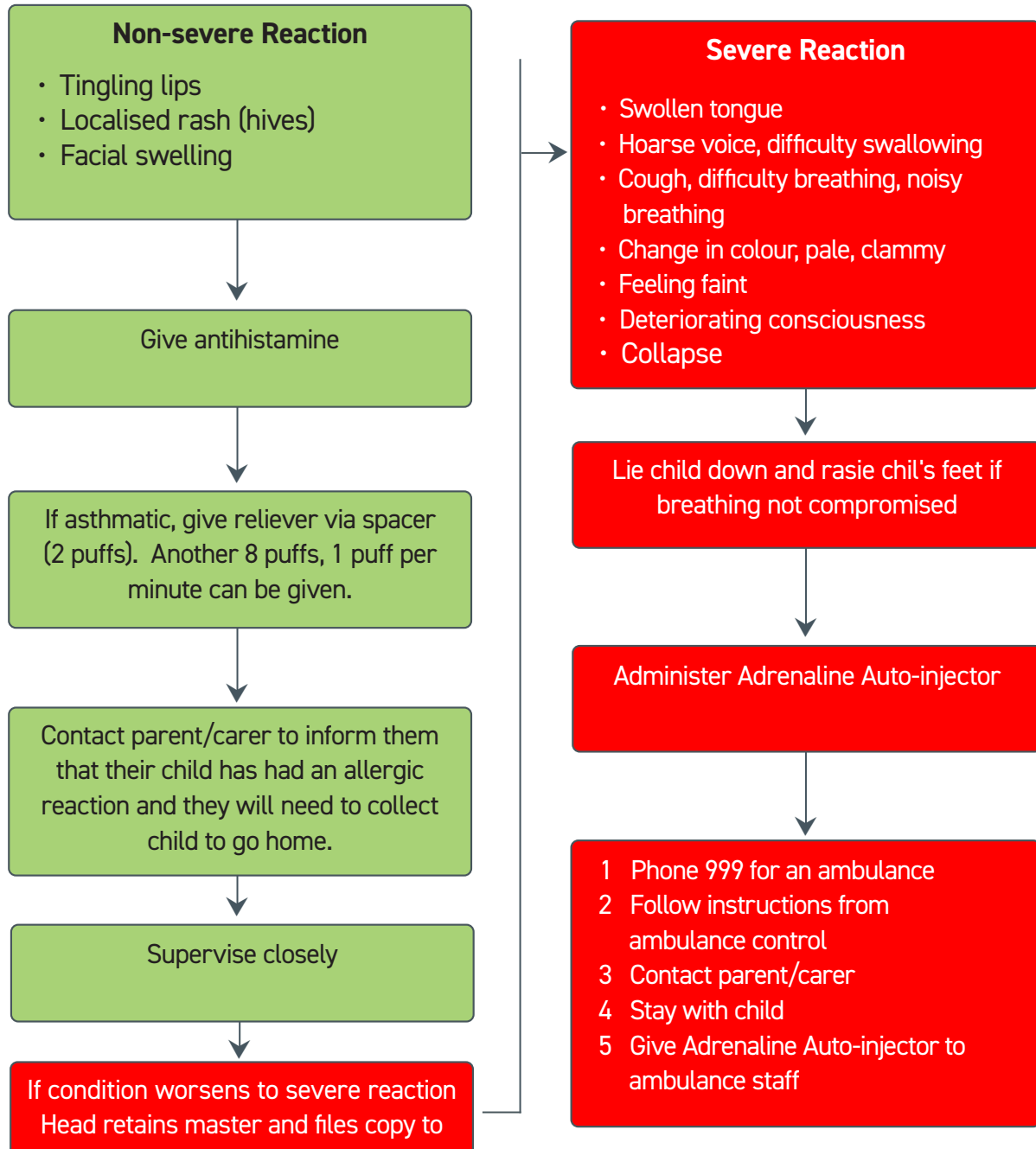
Parents Number

Home
Work
Mobile

Emergency contact (if parent unavailable)

Home
Work
Mobile

ACTION PLAN:



SECTION 4 OF IHCP: CONTACT NUMBERS AND FURTHER INFORMATION ABOUT ANAPHYLAXIS

General Practitioner:

Name: Tel:-.....

Parents / carers number:..... Home.....

Work

Other/ Mobile/s

Emergency Contact *(alternative)

*If parent / carer unavailable.

School Nurse / other health professionals:

Name/title Tel:-.....

Name/title Tel:-.....

Useful websites

www.anaphylaxis.org.uk

www.allergyfoundation.com (British Allergy Foundation)

www.allergyuk.org

www.allergyinschools.org.uk

www.epipen.co.uk

SECTION 5 OF IHCP: ADDITIONAL INFORMATION

It is the responsibility of parents / carers to maintain in date medication

Include following information if relevant on an individual basis

The establishment should take all reasonable steps to ensure that the child/young person does not eat any foods other than those approved by the parents.

Parents/carers will provide suitable food to meet the child or young person's needs on a daily basis (including mid-morning snack, packed lunch and suitable sweets).

Parents/carers must remind their child regularly of the need to refuse any food items which might be offered by other children.

Parent/carers should remind their child/young person to always carry their adrenaline autoinjector with them.

SECTION 6 OF IHCP: RECORD OF TRAINING FORM

Please enter name of procedure and details of the training provided to carry out the procedure.*

* To be completed by the trainer

The persons listed below have received training in the above procedure(s) to detect, recognise and competently respond to the symptoms that require administration of medication or health care procedure to be carried out.

Name (print)	Signature	Date of training

Training delivered by:

Name (print)	Signature	Date
1		
2		

Training designation (E.g. school nurse; diabetes specialist nurse etc)

1	
2	

The trained persons shown above have been accepted to carry out the above named procedure	
Head Signed:	(print name)
Establishment:	
	Date:

SECTION 7 OF IHCP: Signatures / Agreement to Individual Health Care Plan

Individual's Name: _____ (Print)

Date of Birth: _____ (dd/mm/yyyy)

Establishment: _____

Plan start date: _____ (dd/mm/yyyy)

Plan review date: _____ (dd/mm/yyyy)

The content of this Individual Health Care Plan has been agreed by the undersigned

Signatory	Name / Role (please print)	Signature	Date
Head			
Health Professional(s) (minimum of one signature required)	Name: _____		
	Role: _____		
	Name: _____		
	Role: _____		
	Name: _____		
	Role: _____		
Parent / Carer			
Young Person (optional if appropriate)			

Original document to be retained by Head

Copies:

- Parents/Carers
- Health Professional(s)
- Other professionals (e.g. Integrated Children's Services, Named Person, Lead Professional)
- Senior Education Office (SBC only)

Note to health staff: copy of plan should also be kept in child/young person's BGH record



You can get this document on audio CD, in large print, and various other formats by contacting us at the address below. In addition, contact the address below for information on language translations, additional copies, or to arrange for an officer to meet with you to explain any areas of the publication that you would like clarified.

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