



# Education Procedure Manual 9/06

## **SUPPORTING CHILDREN AND YOUNG PEOPLE WITH HEALTHCARE NEEDS IN EARLY YEARS CENTRES AND SCHOOLS**

**For**

**Teachers and Employees on Scottish Negotiating Committee  
for Teachers (SNCT) Conditions of Service**

**Effective from: October 2023**

**Education, People & Business**



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## Version Control History

| Version No. | Effective Date | Details of change from previous version                                                                                                                                                                                                                                                                                                                           | Date Approved | New version no. |
|-------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------|
|             | August 2006    | <ul style="list-style-type: none"> <li>• Changes in National Guidance around supporting children with health care needs.</li> <li>• Change in the structure of health boards and how health support children in schools</li> <li>• Implementation of the UNCRC</li> <li>• Updated paperwork to support schools and early years centres</li> <li>• GDPR</li> </ul> |               |                 |
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## GDPR Statement

East Dunbartonshire Council holds, uses and processes information in accordance with the General Data Protection Regulations and all other relevant national data protection laws. Further information detailing how East Dunbartonshire holds and uses personal information and copies of privacy notices used throughout the Council are available on our website:

[www.eastdunbarton.gov.uk/council/privacy-notices](http://www.eastdunbarton.gov.uk/council/privacy-notices).

## Policy Review Statement

This policy will be reviewed in line with:

- Legislative Change
- Changes to SNCT National Conditions of Service
- Other external factors
- Feedback on the effectiveness of the policy
- Requests for review by Elected Members, Trade Unions and/or Management

## 1.0 Purpose

- 1.1 This procedure manual is for early years centres and schools to enable them to support children who may require the administration of medicine or health care support.

## 2.0 Scope

- 2.1 This procedure applies to all pupils and staff within East Dunbartonshire Council Early Years Centres, Schools and Educational Establishments.

## 3.0 References & Related Documentation

- 3.1 The following documents should be referenced when considering this procedure:

- SNCT Handbook
- Equalities Act 2010
- Supporting children and young people with health care needs in schools' guidance for NHS boards, education authorities and schools
- Helping Hands (SOEID - Scottish Office Education and Industry Department)
- General Data Protection Regulation (GDPR)
- Data Protection Act 2018
- Pupils' Educational Records (Scotland) Regulations 2003
- Education (Scotland) Act(s) (1980 and 2016)
- Additional Support for Learning Act (2004)
- Parental Involvement Act (2006)
- Getting it Right for Every Child (GIRFEC)
- How Good is Our School 4 (HGIOS 4)/How Good is Our Early Learning and Childcare
- United Nations Convention on the Rights of the Child
- Care Review - The Promise (2020)
- Improving Additional Support for Learning – Morgan Review (2020)
- NHS inform
- Guidance from the Scottish Environment Protection Agency (SEPA)
- Procedure Manual 3/17 Educational Excursions and Off-Site Activities (Forms)

- 3.2 Useful Resources:

<https://education.gov.scot/parentzone/additional-support/specific-support-needs/disability-and-health/health-needs/>

Registration as a Professional Carrier of Waste: <https://tinyurl.com/33c6jt2b>

## 4.0 Introduction

Any child or young person at school in Scotland may require the administration of medicine or health care support. In many cases, the health support required may be short-term. Some pupils have long-term medical conditions, such as asthma or diabetes and if not properly managed could limit their access to education. Some

children have conditions that also require emergency treatment and management plans e.g. severe allergic conditions (anaphylaxis) or epilepsy. Pupils with such conditions are regarded as having health care needs and may require some support or reasonable adjustments to be fully included in the life of the school.

### 4.1 National Guidance

This guidance is based on *Supporting children and young people with health care needs in schools guidance for NHS boards, education authorities and school* (Scottish Government 2017) and is to help to develop effective management systems, which should be used to help formulate school policy along with *Helping Hands* (SOEID) to support best practice in intimate care. Children requiring intimate care will require a healthcare plan.

### 4.2 Guiding Principles

There are a number of common principles that should be consistently applied when identifying, supporting and reviewing the healthcare needs of children and young people in schools to enable them to make the most of their learning.

These are:

- The rights, wellbeing needs and circumstances of the individual child or young person should, at all times, be at the centre of the decision-making process. Under the United Nations Convention on the Rights of the Child (UNCRC) all children have a right to the highest attainable standard of health and to health care services that help them attain this. The arrangements for each individual depend on each individual's particular circumstances, taking into account medical advice, their own views and where appropriate, their parents views.
- NHS boards, education authorities and school staff should work collaboratively to ensure that the principles of NHS clinical governance are followed so that individuals receive the service they need in the way most appropriate to their personal circumstances and all policy and service developments are shown not to disadvantage any of the people they serve.
- All children and young people have a right to an education on the basis of equal opportunity and are entitled to support in their learning. Education authorities should ensure that arrangements for supporting healthcare in schools are subject to review and improvement within the *How Good is Our School* framework to enable success in:
  - The fulfilment of statutory duties
  - Increasing learner confidence, responsibility and resilience
  - Promoting positive relationships, respect and fairness
- Staff in NHS boards, education authorities and schools should work together to ensure healthcare needs are met with in all schools. Wherever possible there

should be forward planning and resourcing agreed between all partners to meet the health care needs of the children and young people, particularly in relation to the reasonable adjustments that children and young people with disabilities might need and require.

## 5.0 Pupil Wellbeing

It is important that the responsibility for pupils' safety is clearly defined and that each person involved in supporting pupils with health needs is aware of what is expected of them. School should carefully consider how best to alert relevant staff to the need for the administration of medication and the content of any health care plans. Schools should carefully consider how to support health needs in the least intrusive and most respectful way. This is best undertaken by involving pupils and parents in planning how their medical needs will be met by supporting and encouraging pupils to take responsibility for their health needs in partnership with school health services.

The rights, wellbeing needs and circumstances of the individual child or young person should, at all times, be at the centre of the decision-making process. Under the United Nations Convention on the Rights of the Child (UNCRC) all children have a right to the highest attainable standard of health and to health care services that help them attain this. The arrangements for each individual depend on each individual's particular circumstances, taking into account medical advice. It is important to gather the views of the child and, where appropriate their parents' views.

## 6.0 Working in Partnership with Parents/Carers

Parents and carers have prime responsibility for their child's health and must provide schools with information about their child's health needs when first enrolling with a school or centre. School transition arrangements should take account of the requirements for effective planning of how to best meet health needs. Parents and carers should make contact with the school, at the earliest opportunity, where medical conditions are discovered during the pupils' schooling. This will allow appropriate plans to be developed and agreed.

It is helpful if, where possible, medication can be prescribed in dose frequencies, which enable it to be taken outside school hours. Parents/Carers should be encouraged to ask the prescribing doctor or dentist or other health professional about this.

Parents/carers are responsible for making sure that their child attends school when well enough to do so. They also have the same responsibilities and rights as young people do for themselves regarding seeking support for their child. They should be allowed to work in partnership with their child, the school health team and the school staff to reach an agreement about how their child's needs will be met.

Some parents/carers may have difficulty understanding or supporting their child or young person's medical condition themselves. The Specialist Community Paediatric Team, General Practitioners or Specialist Nurse Teams may be able to provide additional assistance in these circumstances. Parents/carers also have the right to use



a supporter or advocate in conversations or meetings with an education authority regarding the authority's functions under the Education (Additional Support for Learning) (Scotland) Act 2004 (as amended) in relation to their child.

### 6.1 Non-prescription Medicine

If a pupil suffers regularly from acute pain, such as migraine, the parents/carers should authorise and supply appropriate painkiller in the original container, labelled with their child's name and with written instructions about when their child should take the medication. A member of staff should supervise the pupil taking the medication and notify the parents, in writing, on the day the painkillers are taken. It is anticipated that some secondary aged pupils will take responsibility for self-medicating and young people should inform staff of their desire to do so to allow for appropriate record keeping. Forms PM 9/06/F01 or PM 09/06/F02 will support schools in gathering this information.

### 6.2 Record Keeping

Parents/carers are responsible for supplying information about medicines that need to be taken in school and for letting the school know of any changes to the prescription or the support needed. The parent/carer or prescribing doctor should provide written details of the:

- Name of medication
- Dose
- Method of administration
- Time and frequency of administration
- Any other treatment
- Any side effects

Schools across East Dunbartonshire Council make use of Form PM9/06/F04 to gather the information when the school is asked to support the administration of medication. Upon receipt of the form, school should ensure that there is clarity around who will support the administration of the medication and that the instructions contained within the form are communicated effectively with all relevant staff. The information on this form should be reviewed every 28 days.

When a child has longer-term needs parents/carers should, in collaboration with the pupil, health professionals and the head teacher, reach an understanding on the school's role in helping support the health care needs of the child. This understanding should form the basis of a health care plan. The head teacher should seek parents/carers and the pupil's agreement before passing on information to the other relevant school staff and this can be carried out in a planned and considerate manner. Sharing information is important if staff and parents are to ensure the best care for a pupil. Parents/carers and pupils cultural and religious beliefs should always be respected.

The standard health care plan template used is available as Form PM 9/06/F05 and

should be completed as soon as reasonably possibly and prior to admission where possible.

Maintaining an up-to-date register or list of children and young people with asthma or a prescribed salbutamol inhaler will help ensure the easy identification of children who may require support with their condition and or have consent in place to use the emergency salbutamol inhaler. This will be particularly important in larger schools or secondary schools where the individual health needs of children and young people are not known by all school staff.

### 6.3 Supporting children & young people with healthcare needs at school level

Senior leadership teams should ensure that appropriate quality assurance arrangements are in place, to check compliance with this local authority guidance. School policies and procedures are necessary, these should be drawn up, agreed on, and clearly understood by children and young people, staff, parents, and wider school communities. Also, in relation to quality assurance, schools should be reviewing their own policies, procedures and plans, as well as reviewing and refreshing any spare medicines kept for pupils.

Support for learning assistants support the administration of medication in East Dunbarton's schools. Many pupils will need to take or be given medication at school at some time in their school life. Mostly, this will be for a short period only, e.g., to finish a course of antibiotics. Medication should only be taken to school when essential and with the agreement of the head teacher.

## 7.0 Head Teacher / School Responsibility

The head teacher must ensure that those supporting health needs receive appropriate support and training where necessary.

### 7.1 Managing Staff

The head teacher should arrange for appropriate training for staff and ensure this has given sufficient understanding, confidence and expertise to support the child/young person. Those administering medication/supporting health care needs will be undertaking this task in the course of their employment. This means that in the event of legal action over an allegation of negligence by the member of staff, the employer is likely to be held responsible if that negligence is proven. It is necessary to keep a signed and dated record of training received by staff with both the trainer and staff member signing the record, using Form PM 9/06/F06. The head teacher must ensure that systems are in place for the appropriate recording and witnessing of the administration of medication in keeping with this guidance, using Form PM 9/06/F03.

All staff who provide support for pupils with healthcare needs, or administration of medication should receive the appropriate information. Information could be provided by health service professionals, parents/carers and relevant school staff.

Where staff are in any doubt about the support provided to a child or young person,



they should refer immediately to the school management team and/or the Additional Support Needs central team.

Any member of staff giving medication to a pupil should check:

- The pupil's name and date of birth
- Written instructions provided by the parents/carers or doctor
- The prescribed dose
- Expiry date
- Dose frequency
- Any additional or cautionary labels

It is good practice to allow pupils to manage their own medications from a relatively early age and schools should support and encourage this when the risk is deemed appropriate, and they have capacity to do so. In some cases, it will be appropriate to support the child or young person to gradually develop the ability to manage their own medicines. If pupils can take their medication themselves, staff may only need to supervise and record this. Consideration should be given to facilities, which can allow an environment of privacy. Parents/Carers should complete Form PM 9/06/F02 when pupils are managing their own medication. The information on this form should be reviewed every 28 days. Where long term medical support is being provided it may be reviewed as appropriate e.g., termly.

### 7.2 Hygiene/Infection Control

All staff should be familiar with standard infection control precautions for avoiding infection and must follow basic hygiene procedures such as handwashing. Where advice on infection control is required, school staff should consult with the school's Quality Improvement Officer in the first instance. Staff should have access to PPI and take care when: dealing with spillage of blood or other body fluids; and disposal of dressings or equipment. School should follow the appropriate and up to date infection control procedures: <https://www.nipcm.hps.scot.nhs.uk/>

Where appropriate, it is also the responsibility of the school's management team to report any outbreak of disease in the school setting or dangerous incidents to the Quality Improvement Manager for Early Years, Primary or Secondary.

Procedures should be in place for notifying parents or carers of outbreaks of infections and other diseases particularly when children with certain health conditions have an increased risk of complications.

Further guidance can be found in:

[Management of Gastrointestinal Infections 2019 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414822/management-of-gastrointestinal-infections-2019.pdf)

### 7.3 School Trips, Work Placements and Vocational Placements

Sometimes the school may need to take additional safety measures for outside visits and should assess and mitigate risk through the provision of reasonable adjustments

and proportionate actions where possible. This should form part of the general risk assessment process prior to any school trip (or work placement). If staff are concerned about whether they can provide for a pupil's safety, or the safety of other pupils on a trip, they should seek medical advice from the Additional Support Needs central team or the School Nurse Service or the child's GP. Consideration must be given to the appropriate lines of communication in an emergency. Arrangement for taking any necessary medication will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs and the relevant emergency procedures. Sometimes an additional member of staff parent or carer might accompany a particular pupil. This should be agreed as a necessary part of the health care plan. It is expected that the good practice contained within this guidance will be followed at all times, including during school trips.

The forms referenced in Procedure Manual 3/17 (Educational Excursions and Off-Site Activities) must be used to gather information on medical needs.

### 7.4 Emergency Procedures

All staff in school will know the school's procedure for responding to an emergency situation including how to access first aid support and emergency services. Wherever possible, a pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain with the child or young person until the pupil's parent/carer arrives. The member of staff should have details of any health care needs and medication the pupil requires or has taken that day. Generally, staff should not take pupils to hospital in their own car. However, in an emergency it may be the best course of action. Wherever possible the member of staff should be accompanied by another adult and have public liability vehicle insurance.

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

Some children and young people who do not require regular health or medical support but may require staff to follow emergency procedures under circumstances specific to their condition. See Form PM/9/06/F05.

Some examples of this may be when a child has a rare illness or condition which requires prescribed medication to be administered in the event of a bump or a fall or when staff witness specific physical changes in a child and know to call an ambulance. It is the responsibility of the parent to share this relevant information with the school.

Some children and young people who require a school health care plan may have an emergency plan (Form PM/9/06/F04).

The Human Medicines Regulations 2012 allows schools to obtain, without a prescription, adrenaline auto-injector (AAI) devices, for emergencies. These are held for any pupil who holds both medical authorisation and parental/carer consent for an AAI to be administered.

The following links are: [Using emergency injectors in schools \(Gov.uk\)](#), [NHS Inform](#)

website, Anaphylaxis UK's resources and online training for school staff on anaphylaxis and allergy support.

- <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injector-in-schools>
- <https://www.nhsinform.scot/illnesses-and-conditions/immune-system/anaphylaxis>
- [Making Schools Safer Project - Anaphylaxis Campaign](#)
- <https://www.anaphylaxis.org.uk/information-training/our-factsheets/>
- [AllergyWise - Online Allergy Training Courses | AllergyWise](#)

## 7.5 Communicating with others / Confidentiality

NHS Boards and education authorities must consider the existing legislative and policy framework to ensure that they effectively share information to enable children and young people's needs to be met at school, whilst ensuring that the personal information is handled securely and appropriately and is only disclosed when necessary. A data sharing agreement (DSA) should be in place between organisations setting out what personal data will be shared and how it will be shared.

Schools should consult with parents/carers prior to sharing with or seeking information from health services supporting a child, as part of the team around the child.

All processes respect a child's right to confidentiality and set out the considerations that should be taken into account, before information is passed on, including arrangements for seeking the views of the child.

## 7.6 Storing medication

Schools should ask parents/carers to provide weekly or monthly supplies of the doses to be taken at school. These supplies should be provided in their original packaging, with the name of the pupil, name of the drug and the instructions for administering to the pupil, clearly displayed on the outside of the container. This may require the parent/carer to obtain a separate prescription for the medication to be taken in school.

School should not store large volumes of medication. Where a pupil needs two or more prescribed medicines each medicine should be in a separate container. Only appropriate health professionals should ever transfer medicines from their original containers. The head teacher is responsible for making sure that medicines are stored safely. Pupils should know where their own medication is stored and who holds the key. A few medicines, such as asthma inhalers, must be readily available in case of emergencies. Other medicines should generally be kept in a secure place not accessible to pupils and some may require to be refrigerated. Pupils may have access to their medication when required.

The school may want to make special access arrangements for emergency medication that it stores and should carefully consider the speed of access to these medications over the course of the school day including over break times and lunchtimes. It is also

important to make sure that medicines are only accessible to those for whom they are prescribed. This should be considered as part of the school policy about pupils carrying their own medication.

If the school locks away medication that a pupil might need in an emergency, all staff should know where to obtain keys to the medicine cabinet. Where a child is managing their own medication, they normally should not be expected to give up their medication for storage. In allowing children to retain medication an assessment needs to be made of the potential risk to others.

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 must be in an airtight container and clearly labelled. If a school has to store large quantities of medicines, then a lockable refrigerator should be considered. The school should restrict access to a refrigerator holding medicines.

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

Particular care needs to be taken where a school stores controlled drugs such as methylphenidate.

### 7.7 Disposal of Medication

Staff in school should not dispose of medication. Date expired medicines or those no longer required for treatment should be returned directly to the parent/carer to return to the 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 is not possible, schools are required to dispose of medication in a safe and appropriate manner in accordance with current waste management legislation. This will usually 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 on the SEPA website: <https://tinyurl.com/33c6jt2b> 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. Again, more information is available on the SEPA website.

### 7.8 Self -management

For children and young people who manage their own medication from a relatively early age, it is good practice for schools to allow this and this should be encouraged and supported by the school. Where required facilities should be provided to allow for this and to ensure privacy.

Schools should undertake an assessment of the child or young person's capability to manage their health care needs and carry medication. This should identify actions to help support children and young people, if possible and if appropriate, to progressively manage their medical or health needs over time. It may, therefore, be appropriate to supervise children and young people who self-medicate or manage their health care

needs routinely, particularly if there is a risk of negative implications to their health or education. As asthma inhalers must be readily available to pupils and must not be locked away, pupils are encouraged to carry their own inhalers where they are able to do so.

#### 7.9 Refusal of Medication

If a child or young person refuses to take medication, school staff should not force them to do so. The school must inform the parents or carers of any child that refuses to take medication as a matter of urgency. If the parent or carer cannot be contacted school staff should seek urgent advice from the school's health team about the impact of the child or young person refusing their medication. If necessary, the school should call the emergency services for an ambulance. A record should be kept in Form PM 9/06/F04 when medication is refused and covering action taken. In the case of long-term conditions or treatments the school health nurses may wish to contact the relevant healthcare professionals for advice and take account of this in the child's Health Care Plan.

#### 7.10 Paracetamol (& use of other non-prescription medicines in schools)

Children and young people in schools sometimes ask for painkillers (analgesics) or other non-prescribed medication at school such as antihistamines. However, schools 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 hay fever, parents may provide the school with non-prescribed medication alongside clear and appropriate instructions and consent for the medication to be administered (PM 9/06/F01)

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.

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.

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.



## 7.11 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 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. Appropriate training should be put in place 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.

Some children and young people have individual protocols which must be taken into account when planning to support them. Ensure that support staff follow the information within the health care plan.

## 8.0 Staff

Support staff who provide support for pupils with health care needs, or administer medication, such as support for learning assistants (SLA) and or healthcare assistants, need support from the head teacher, health service professionals and parents/carers. Staff require access to information and training and reassurance about their legal liability. If staff follow this guidance, they will be fully covered by East Dunbartonshire Council Public Liability Insurance, a copy of which is available in all schools.

If in doubt about any of the procedures, the member of staff should check with the head teacher, parents/carers or a health professional before taking further action. Staff administering medication must be aware of this guidance and be witnessed by another member of staff when administering all medication.

Staff administering prescribed medication to a pupil should have appropriate training and guidance. They should also be made aware by a health professional of possible side effects of the medication, how staff can recognise these side effects and what to do if they occur.

Different levels of training will be required for different medications. For some medications, such as administering medication in tablet form, a discussion with a manager around who will administer, and witness may be appropriate. In other cases training should be organised in conjunction with the NHS Board, who will be able to advise on further information sessions or training needs. School staff should not administer medication without appropriate information sessions or training from health professionals.

Where a new condition has been diagnosed by a health professional, health staff should liaise with education colleagues to ensure they are aware of the new condition.

The parent/carer should collect medicines, which are in use and in date, at the end of each term/session depending upon expiry dates, or school should return these to parents.



### 8.1 General awareness

The most common medical conditions in school age children which require support, are asthma, diabetes, epilepsy, eczema, allergic reactions (anaphylaxis if severe) and cystic fibrosis. Irrespective of whether staff in schools support pupils with health care needs and administer medication to these pupils, they all may come into contact with such pupils during the school day. A basic understanding of these common conditions may help staff recognise symptoms and seek appropriate support. A rolling programme of general awareness training for all staff but particularly for support staff is good practice and may be helpful.

NHS Boards, Integrated Joint Boards, Health and Social Care Partnerships or other health professionals should provide information sessions or basic awareness training for education staff and specific training for those administering regular or emergency medication.

### 8.2 Healthcare Assistants

Some children and young people require specialist medical care and/or specialist personal care while attending school. This may include:

- intimate personal care (for example catheterisation)
- programmes of mobility assistance and movement
- specialist administration of medication (for example use of gastrostomy tube)
- accessibility support
- daily complex medical support
- complex feeding support (for example gastrostomy feeding or blended diet)

Usually this will require specialist training from medical professionals so that Healthcare Assistants are able to support and assist children and young people with more complex care. These needs can only be met following specialist training and will usually require a school healthcare plan. Healthcare Assistants work mainly in East Dunbartonshire specialist schools, however, they are peripatetic and may be required to support children and young people within East Dunbartonshire mainstream schools.

### 9.0 School Policy

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

The policy should cover the following information:

- Children's rights, the rights and responsibilities of young people and of their parents/carers
- Identifying, planning for and reviewing the additional support and wellbeing needs of children and young people, including those with long term or complex

healthcare or medical needs

- Arrangements for managing the transitions of children and young people with healthcare needs. For example – from early learning and childcare provision to primary school, from primary to secondary school and from secondary school to further education, training or employment
- Arrangements for managing certain healthcare conditions such as asthma, diabetes, epilepsy or anaphylaxis
- Circumstances where an individual healthcare plan or child’s plan will be required, who will be involved and when it will be reviewed
- Training of staff and who holds the responsibility for this in the school.
- Arrangements for record keeping, including standard written consent, forms and templates
- Details of the authority’s indemnity/insurance arrangements
- Arrangements for risk assessments, including those in relation to school trips, any activities out with school such as work placements, young people attending college as part of their learning or learning with a private or third sector training provider
- Procedures for the administration of medicines in schools including the procedures for children and young people taking their own medication; storage and access to medication including the arrangements for children and young people carrying their own medication themselves
- The circumstances in which children may take non-prescription medication, e.g., painkillers for managing headaches and period pain
- The circumstances related to ill health and when children should not attend school

## 10.0 The Healthcare Plan (Form PM 9/06/F04)

### 10.1 The Main Purpose of the plan

- 10.1.1 On deciding when a healthcare plan is required schools should consider the level of need for detailed planning and coordination. 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. (PM 9/06/F01 or PM 9/06/F02). Planning should be proportionate and take into account the best interests of the child or young person.

Children and young people with longer term, complex healthcare or targeted medical support needs may require more detailed planning and co-ordination and this should be managed by using an individual school healthcare plan (PM 9/06/F04), which includes an Emergency Care Plan.

The main purpose of a school health care plan is to identify the level and type of support that is required to meet a child or young person’s health care needs at school. This written agreement clarifies for staff, parents and the pupil the help that the school

## Supporting Children and Young People with Healthcare Needs in Early Years Centres and Schools

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can provide and receive. Schools should agree with parents and relevant medical practitioners how often they should jointly review the school healthcare plan, depending on the health care needs.

10.1.2 Those who are most likely to contribute to the school healthcare plan are:

- The health care professionals (depending on the level of support the child needs)
- The head teacher or named person
- The parent/carer/guardian
- The child (sufficiently mature and capable of understanding)
- The class teacher (primary school) or form/guidance teacher (secondary schools)
- Support staff (where applicable)
- School staff who have agreed to administer medication, are trained by specialist health team or trained in emergency procedures

10.2 Included in the plan

Where it is identified that an individual school healthcare plan is required, the school can seek advice from the ASN Central Team to support the school management team, parents/carers and the individual child or young person to draw it up. The rights, dignity, respect and privacy of the child or young person must be taken into consideration, in drafting the plan. 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 given in school and side effects
- Details of where the medication is stored, how to access it and by whom
- The health care support/procedures
- Special requirements e.g. dietary needs, pre-activity precautions, access to facilities and other reasonable adjustments etc.
- Who is responsible for providing the support
- Arrangement for staff cover
- What to do and who to contact in an emergency
- Training needs for the supporting staff, how often these should be reviewed and who will deliver the training
- Any Consents
- How often and when the plan should be reviewed

### 10.3 Managing the plan

The duty to make reasonable adjustments is key to the healthcare needs of children and young people. Schools and education authorities work to ensure that all policies and practices, which cover arrangements for meeting health care needs, do not discriminate in any other way against children and young people.

The coordination and sharing of information will be in line with the arrangements under the GIRFEC approach and take into account the data sharing legislation under GDPR. The school management team or the ASN Central Team may delegate responsibility for leading this process or it may fall to the named person. In some circumstances, the lead professional may be a member of staff within the school or early years centre. The lead in the process may be a first contact for children, young people, parents/carers and any staff who may have a role in supporting the child or young person/s healthcare needs in school.

In order to streamline the planning processes for certain individuals with complex additional support needs or well-being needs, an individual health care plan and other learning plans will be contained within or as part of a Child's Plan or a Coordinated Support Plan as appropriate.

As the plan provides a written agreement about the support to be provided at school it should be signed off by all those involved in its development, including the individual child or young person and parents/carers. Where there is any concern about whether a child or young person's needs can be met within these arrangements or any dispute in regard to the support being planned for a child or young person or the content of the plan, it may be necessary for the school management team to seek the advice from the NHS board or education authority.

The individual healthcare plans may reveal the need for some staff to have further information about healthcare procedures or specific training in administering a particular type of medication or in dealing with emergencies.

Agreed timescales to review the healthcare plan should be in place. Although plans can differ considerably, an advisory timescale would be to review bi-annually.

### 10.4 Moving and Handling

East Dunbartonshire Council recognises its responsibility to ensure the health, safety and welfare of its employees as far as is reasonably practicable. East Dunbartonshire Council requires to conform to the requirements of the Manual Handling Operations Regulations 1992.

We aim to:

- Avoid manual handling practices which are a risk to our employees or pupils as far as is reasonably practicable.
- Assess all operations involving manual handling procedures judged to be potentially hazardous and reduce the risk to the lowest level which is reasonably

practicable.

- Ensure that all moving and handling operations involving our pupils are assessed on an annual basis and that these annual risk assessments are kept in a central location at school.
- Provide all school staff involved in manual handling of children and young people with training that covers the key elements for safe handling processes. Report any concerns related to equipment or procedures used for manual handling of children and young people to [Health.Safety@eastdunbarton.gov.uk](mailto:Health.Safety@eastdunbarton.gov.uk) using either [HS1a](#) for accidents or [HS1b](#) for Near Miss accidents.

## 10.5 Pupil Emergency Procedure Plans

There may be situations where children who appear well on a day-to-day basis, have underlying health conditions that require an emergency response, e.g., seizures, underlying heart conditions. These are likely to be pupils who do not require a Healthcare plan for daily medical support or administration of medicines but require having specific emergency protocols in place. It is important that relevant school staff are aware of agreed emergency procedures in place for those individual pupils. The Pupil Emergency Procedure Plan (PM 9/06/F05) can be used to provide information on how to respond to individual pupil's needs in the event of an emergency. Schools should also ensure that all relevant supporting staff have an awareness of any underlying health condition, and these are communicated through existing protocols. The pupil emergency procedure plan should be held in a central place so that they are easily accessible, such as the school office, in the event of an emergency.

For those pupils who have a Healthcare Plan an Emergency Care Plan is also included as part of the Healthcare Plan (Form PM 9/06/0F04)

## 11.0 East Dunbartonshire Council

East Dunbartonshire Council as the employer is responsible under the Health and Safety and Work etc. Act 1974, for all health and safety matters relating to both employees and others who may be affected by their activities. This will include making sure that a school has a health and safety policy. This should include procedures for supporting pupils with health care needs, including managing medication.

East Dunbartonshire Council has in place a central contact from whom parents or carers, young people and others can obtain advice and information relating to health care needs. Support and advice can be accessed by contacting the school health team.

The guidance should be reflected in individual school policies and practices. A clear policy understood and accepted by staff parents/carers and pupils provides a sound basis for ensuring that children and health care needs receive proper care and support at school. As far as possible, partnership with parents and staff should back up the policy.

## 12.0 NHS Greater Glasgow and Clyde

Greater Glasgow and Clyde NHS board is in West Central Scotland covering all of the East Dunbartonshire council area.

### 12.1 The School Health/Nurse Service

The School Health/Nurse Service will provide services to meet the health needs of school age children and young people aged 5 – 19 years. The school nurses aim to provide focussed services and interventions on these identified areas of priority for children and young people affected by:

- Emotional/Mental Health and Wellbeing concerns
- Child protection / vulnerability
- Transitions

**NOTE:** Whilst the school health/nurse service are happy to support children, families and professionals where there may be child protection concerns, any professional concerns must be referred directly to social work and/or police as per local child protection guidance/policy.

The team are happy to discuss any case prior to referral to school health service and it is anticipated a number of avenues will have been explored prior to the referral being made. Referrals outside the agreed pathways for the school health service may not be accepted following discussion with the referrer.

The School Health Service: 0141 201 3489

Completed referral forms should be sent to:  
[requestforassistance@eastdunbarton.gov.uk](mailto:requestforassistance@eastdunbarton.gov.uk)

Please use “Referral for School Health Service” as the subject header when referring via this email address.

### 12.2 General Practitioner (GP)

Parents are encouraged to register their child with a local GP as soon as possible. GPs are the main point of contact for children and young people’s health needs. GPs are part of the primary health care teams. However, in most circumstances, it will be more practical for schools to seek information and advice from the School Health Service rather than the GP.

### 12.3 Other Health Professionals

Other health professionals may also be involved in the care of pupils with health care needs.

Pharmacists employed by NHS GGC provide pharmaceutical advice to School Health Services/nurses. Some Community Service pharmacists also work closely with local



authority education departments and give advice on the management of medicines within schools. This can involve helping to prepare policies related to medicines in schools and training school staff. In particular, they can advise on the storage, handling, dispensing and disposal of medicines.

Some pupils with healthcare needs will receive dedicated support from a specialist nurse or community paediatric nurse. These nurses often work as part of NHS services and link with the primary health care team and schools. They can provide advice on the medical needs of an individual pupil, particularly when a medical condition has just been diagnosed and the pupil is adjusting to new routines or when a child is transition to or from a school.

Therapy services including speech and language therapy, physiotherapy, occupational therapy, psychological services and the advice of the dietician may be particularly relevant to children with major illness, those affected by serious injury or children with health care needs. Positive approaches to partnership and involvement in planning and monitoring progress are crucial.

Many voluntary organisations specialising in particular medical conditions provide advice on good practice or produce school packs advising teachers on how to support pupils.

### 13.0 Complaints

There may be occasionally disagreement between parents/carers of children and young people with healthcare needs and the people who work with those children and young people. The first course of action should be to contact the Head Teacher and if appropriate make a formal complaint through the local authority's complaints procedures. This can be done either by:

- a phone call to 0300 123 4510
- email [customerservices@eastdunbarton.gov.uk](mailto:customerservices@eastdunbarton.gov.uk)
- or using the website: <https://www.eastdunbarton.gov.uk/>

## Appendix A: How to respond if a child or young person is having 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 they have a sore tummy
- 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:**

- Stay with the child.
- Send someone to get the child's own inhaler and spacer (if they do not have theirs on them). 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 (check that the child is confirmed as having asthma and is on the school's asthma register).
- 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.
- If required, a spacer should be used to help ensure that the medicine reaches the lungs.
- If no better repeat 1 puff every 30 seconds for 5 minutes (10 puffs)

### **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 have not yet taken the additional 10 puffs.

When calling 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. Ensure there is an adult to meet the ambulance to direct them to the child.

**If the ambulance takes longer than 15 minutes, repeat STEP 2 and call the Emergency services again. You cannot overdose on the inhaler.**

## Appendix B: How to respond to an **Anaphylaxis allergic reaction**

Anaphylaxis is a life-threatening systemic allergic reaction. A broad range of allergens can trigger this reaction. The most common allergens are certain foods (e.g. peanuts, eggs, wheat etc.), 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, 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 (AAI)

- STEP 1:** At first signs of a severe allergic reaction use the adrenaline auto-injector. **If the child or young person does not have a Health Care Plan with consent, do not administer AAI. Go to STEP 2.**
- 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 the child is having breathing difficulties keep them sitting 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 - 15 minutes after the first.

Regularly review the expiry dates of all the adrenaline auto-injectors and obtain replacements before they expire. Expired injectors will be less effective.