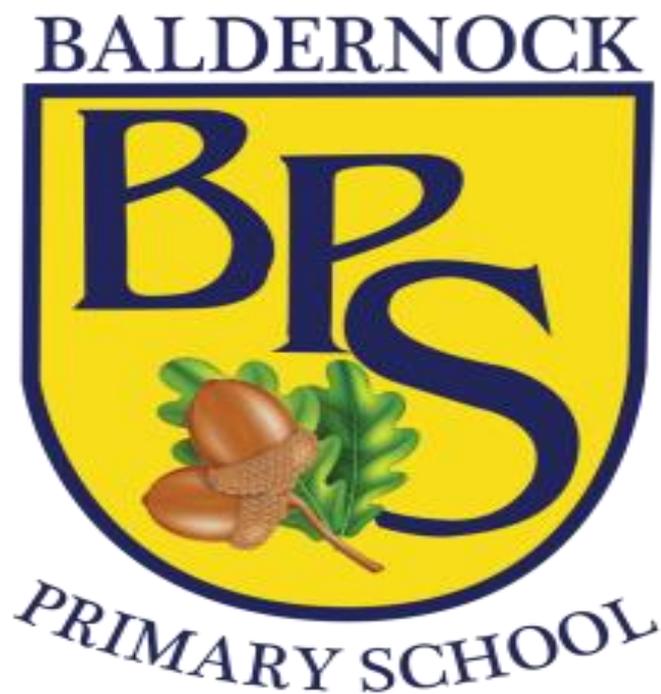


BALDERNOCK PRIMARY SCHOOL

Supporting Children with Health Care Needs Policy



August 2024

Baldernock Primary School

Supporting Children and Young People with Health Care Needs

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. At Baldernock Primary School we ensure that all staff coming into contact with such pupils during the course of the school day have a basic understanding of common conditions to enable them to recognise symptoms and seek appropriate support.

Guiding Principles

There are a number of common principles that will be consistently applied when identifying, supporting and reviewing the health care needs of children and young people in school 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 will, 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 will depend on each individual's particular circumstances, taking into account medical advice, their own views and where appropriate and their parents views.
- NHS boards, education authorities and school staff 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.

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- All children have a right to an education on the basis of equal opportunity and are entitled to support in their learning. Arrangements for supporting health care at Baldernock Primary will be 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 work together to ensure health care needs are met with in all schools. Wherever possible there will 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.

Pupil Wellbeing

Any person involved in supporting pupils with health needs will be aware of what is expected of them. Team Around the Child meetings will ensure relevant staff are aware of their roles in the administration of medication and the content of any health care plans. Health needs will be managed within school in the least intrusive and most respectful way. Pupils and parents will be involved in planning how medical needs will be met by supporting and encouraging pupils to take responsibility for their health needs in partnership with school health services.

Working in Partnership with Parents

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

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

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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 will be allowed to work in partnership with their child, the school health team and 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.

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

Form PM9/06/F01 will be used to gather information when the school is asked to support the administration of medication. Upon receipt of the form, we will 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 will be reviewed every 28 days.

When a child has longer-term needs parents/carers will, 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 will form the basis of a health care plan. The head teacher will

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seek parents/carers and pupil's agreement before passing on information to other relevant school staff and this will 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 pupil's cultural and religious beliefs will always be respected.

Form PM 9/06/F05 will be completed as soon as reasonably possible and prior to admission where required.

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.

Supporting Children & Young People with Health Care Needs at School Level

The Senior Leadership Team will ensure that appropriate quality assurance arrangements are in place, to check compliance with local authority guidance. School policies and procedures will reflect authority guidance and will be agreed with and clearly understood by children, staff and parents. In relation to quality assurance we will review our policies, procedures and plans annually

At Baldernock Primary our Clerical Assistant supports the administration of medication for those children who have medication stored at the office. 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. At this time parents/carers should preferably bring medication into school themselves but when this is not possible they should phone the school to inform them that medication is in their child's bag. The medication will be removed from the bag during the day and returned to the bag at home time. Parents/carers will be required to complete Appendix 1 giving consent for children to carry medicine.

Head Teacher / School Responsibility

The Head Teacher will ensure that those supporting health needs receive appropriate support and training where necessary.

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Managing Employees

The Head Teacher will arrange for appropriate training for employees and will 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 employee(s), 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 employees with both the trainer and employees signing the record, using Form PM 9/06/F06. The Head Teacher will 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.

Staff who provide support for pupils with health care needs, or administration of medication will receive the appropriate information. Information could be provided by health service professionals, parents/carers and relevant school employees.

Where staff are in any doubt about the support provided to a child or person, they should refer immediately to the School Leadership Team and/or the Additional Support Needs central team.

Any employee 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 we will 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 will

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complete Form PM 9/06/F02 when pupils are managing their own medication. The information on this form will be reviewed every 28 days. Where long term medical support is being provided it may be reviewed as appropriate *e.g.*, termly.

Hygiene/Infection Control

All staff will 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 employees will consult with the school's Quality Improvement Officer in the first instance. Staff will have access to PPI and take care when dealing with spillage of blood or other body fluids and disposal of dressings or equipment. We will follow appropriate and up to date infection control procedures.

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 Primary.

Procedures will 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.

School Trips

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

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Emergency Procedures

All staff 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 staff who should remain with the child until the pupil's parent/carer arrives. Staff will 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 staff should be accompanied by another adult and have public liability vehicle insurance. We may also need to make special arrangements for any emergency medications that children and young people require.

Some children who do not require regular health or medical support 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 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.

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'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) will be in place between organisations setting out what personal data will be shared and how it will be shared.

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We will 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.

Storing medication

We will ask parents/carers to provide weekly or monthly supplies of the doses to be taken at school. These supplies will 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.

We will not store large volumes of medication. Where a pupil needs two or more prescribed medicines each medicine will 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 will know where their own medication is stored and who holds the keys if required. A few medicines, such as asthma inhalers, must be readily available in case of emergencies. Other medicines will 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. We may have to make special access arrangements for emergency medication that we store and will carefully consider the speed of access to these medications over the course of the school day including over break times and lunchtimes. It is important to make sure that medicines are only accessible to those for whom they are prescribed.

If we have to lock away medication that a pupil might need in an emergency, all staff will 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 would need to be made of the potential risk to others.

Some medicines need to be refrigerated. The temperature of refrigerators containing medication would need to be monitored regularly. Medicines can be kept in a refrigerator containing food but must be in an airtight container and clearly labelled. If we had to store large quantities of medicines, a lockable refrigerator would be considered. Access to a refrigerator holding medicines will be monitored.

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We may also need to make special arrangements for any emergency medication that children require.

Particular care would need to be taken if we had to store controlled drugs such as methylphenidate.

Disposal of Medication

Staff in school **will not** dispose of medication. Date expired medicines or those no longer required for treatment will be returned directly to the parent/carer to return to the pharmacy for safe disposal. Medication that is in use and in date **will be collected by the parent/carer** at the end of each term.

Self -management

For children who manage their own medication from a relatively early age we will encourage and support this. Where required, facilities will be provided to allow for this and to ensure privacy. As part of transition to secondary education, we will encourage pupils to self-manage their own medication in consultation with parents.

Refusal of Medication

If a child refuses to take medication, school staff will not force them to do so. We will inform parents or carers of any child that refuses to take medication as a matter of urgency. If the parent or carer cannot be contacted staff will seek urgent advice from the school's health team about the impact of the child refusing their medication. If necessary, the school will call the emergency services for an ambulance. A record will 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 nurse may wish to contact the relevant healthcare professionals for advice and take account of this in the child's Health Care Plan.

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

Children in schools sometimes ask for painkillers (analgesics) or other non-prescribed medication such as antihistamines. However, we are not permitted to hold non-prescribed medication. If a child suffers regularly from acute pain or symptoms, such as a headache, period pain or hay fever, parents can provide the

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school with prescribed medication alongside clear and appropriate instructions and consent for the medication to be administered (PM 9/06/F01)

Staff will supervise the child, record details of the medication taken, and inform the parents in writing on the day the medication is taken. Alternatively, parents may ask for the medication to be prescribed by a GP.

Children under 16 years should not be given or are permitted to take aspirin, unless prescribed by a doctor. 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.

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's intimate care needs will be covered as part of the individual Health Care Plan. Appropriate training will be put in place for staff who provide intimate care. Staff must protect the rights and dignity of the child as far as possible, even in emergencies. Some children have individual protocols which must be taken into account when planning to support them.

Staff

Support Staff who provide support for pupils with health care needs, or administer medication, such as support for learning assistants (SLA), will have support from the Head Teacher, health service professionals and parents/carers. Staff will require access to information and training and reassurance about their legal liability. If staff follow procedures 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, staff should check with the Head Teacher, parents/carers or a health professional before taking further action. Staff administering medication will be aware of this guidance and be witnessed by another member of staff when administering all medication.

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Staff administering prescribed medication to a pupil will have appropriate training and guidance. They will also be made aware by a health professional of possible side effects of the medication, how they 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 the Head Teacher 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 will not administer medication without appropriate information sessions or training from health professionals.

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

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 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 employees 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 will be in place.

Healthcare Assistants

Some children 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)

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

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

The Main Purpose of the plan

On deciding when a healthcare plan is required we will 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 will 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

Children with longer term, complex health care or targeted medical support needs may require more detailed planning and co-ordination and this will 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's health care needs at school. This written agreement clarifies for staff, parents and the pupil the help that the school can provide and receive. We will then agree with parents and the relevant medical practitioners how often we should review the plan.

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

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- The child (sufficiently mature and capable of understanding)
- The class teacher (primary school) or form/guidance teacher (secondary schools)
- Support employees (where applicable)
- School employees who have agreed to administer medication, are trained by specialist health team or trained in emergency procedures

Included in the plan

Where it is identified that an individual school healthcare plan is required, we can seek advice from the ASN Central Team to support the School Leadership Team, parents/carers and the individual child to draw it up. The rights, dignity, respect and privacy of the child will 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 employee cover
- What to do and who to contact in an emergency
- Training needs for the supporting employees, how often these should be reviewed and who will deliver the training
- Any consents
- How often and when the plan should be reviewed

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Managing the plan

The duty to make reasonable adjustments is key to the health care needs of children. 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 *Getting It Right for Every Child (GIRFEC)* approach and take into account the data sharing legislation under (General Data Protection Regulations) GDPR. The School Leadership Team or the Additional Support Needs (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 school. 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 health care 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 will be signed off by all those involved in its development, including the individual child and parents/carers. Where there is any concern about whether a child's needs can be met within these arrangements or any dispute in regard to the support being planned for a child or the content of the plan, it may be necessary for the School Leadership 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 will be put in place. Although plans can differ considerably, an advisory timescale would be to review bi-annually.

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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.

It aims 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 employees involved in manual handling of children and young people with training that covers the key elements for safe handling processes.

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) will be used to provide information on how to respond to individual pupil's needs in the event of an emergency. We will 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 plans will be held in the school office so that they are easily accessible 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/F04)

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The School Health/Nurse Service

The School Health/Nurse Service will provide services to meet the health 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

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'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.

Other Health Professionals

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

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Complaints

There may be occasionally disagreement between parents/carers of children 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
- or using the website: <https://www.eastdunbarton.gov.uk>

This policy reflects the guidance set out in East Dunbartonshire Council Procedure Manual 9.06 Supporting Children and Young People with Health Care Needs in Early Years Centres and Schools.

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Supporting Children and Young People with Health Care Needs



Appendix - 1

Baldernock Primary School

Fluchter Road

Balmore

Nr Torrance

G64 - 4AS

Date:

Dear Head Teacher

My child is bringing medicine into school in their bag to be administered during the school day for as long as required.

I am giving consent for the medicine to be carried to and from school in their school bag as I am unable to bring it in person.

I have discussed with my child that on arrival at school the medication must be taken to the office and they are aware it will be given to them at the end of the day to bring home. They are also aware that it must not be touched in transit.

Yours sincerely