

# Supporting children and young people with healthcare needs in education



## GUIDANCE

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## INTRODUCTION

Any child or young person at school or in a centre in Scotland may require healthcare support or the administration of medication. Healthcare support or medication may be required for the management of short term conditions, such as taking prescribed antibiotics for an agreed course. However, in some cases there may be a long term need, for example where a child or young person has a medical condition such as diabetes. Some children and young people have conditions that also require emergency treatment, for example, severe allergic conditions (anaphylaxis) or epilepsy. Although the giving of medication to children and young people is a parent/carer responsibility, school or centre staff may be asked to carry out this task on a voluntary basis and not always as a contractual duty.

## PURPOSE

This guidance document has been developed to assist schools or centres (including early childhood centres) in supporting children and young people with health and wellbeing needs. This guidance has been adapted from the [Supporting children young people healthcare needs schools](#) (December 2017).

Reference throughout this Guidance will be made the Child's Plan, which includes health and wellbeing needs. This Guidance does not consider each condition or circumstance which may lead to a health and wellbeing need in school or centre, although some further information can be found via the links shown under 'Other Useful Organisations' of this document.

Education and health colleagues will work collaboratively with parents and other professionals in identifying, supporting and reviewing the healthcare needs of children and young people in schools or centres (including early childhood centres) to enable them to make the most of their learning. This includes:

- Safe and secure environment for children and young people to receive medication or healthcare interventions during the school day to allow them to continue to access all aspects of the curriculum.
- Consideration for children and young people's privacy, dignity and rights, wellbeing needs and circumstances at all times.
- Forward planning and resourcing to meet healthcare needs, most appropriate to the individual's personal circumstances.
- The provision of appropriate staff training from a health professional, or other accredited source in the care they are providing. Staff will not be expected to provide such care unless training and support is provided.
- Effective communication and systems in place to support individual children and young people who require medication or treatment within the school or centre environment.

## LEGISLATIVE CONTEXT

Supporting the health and wellbeing needs of children and young people in schools or centres (including early childhood centres) is the statutory responsibility of NHS boards and the day to day management and support of these needs may be met by staff in schools or centres (including early childhood centres) in line with the provisions set out in the Equality Act 2010 in respect of pupils with disabilities.

This guidance document provides a framework on managing health care in schools and centres (including early childhood centres). Many elements of the legislative and policy framework referred to within this guidance will also apply to early learning and childcare centre settings (nurseries), grant aided schools and independent schools. The '[Supporting children-young people healthcare needs schools](#) (December 2017) and [Care Inspectorate – Management of Medication in Daycare of Children and Childminding Services](#)) provides the supporting framework for this Guidance.

Local strategic joint agreements will complement or form part of the local arrangements in place for children's services planning and should reflect the principles of Getting it Right for Every Child (GIRFEC). This is in line with the anticipatory duty to make reasonable adjustments under the Equality Act 2010 for children and young people with disabilities. The GIRFEC approach ensures anyone providing that support puts the child and their family at the centre. In Ayrshire we follow the [Pan-Ayrshire Child's Pathway](#) supported by the [GIRFEC in Ayrshire Practitioner Guide](#).

## **RIGHTS AND RESPONSIBILITIES**

While the arrangements for such support should always seek to include the views of the children and young people affected, it may also include a range of individuals and agencies including: parents and other family members, teachers and staff, public health workers, GPs, registered nurses, health visitors for pre-school children, outreach teachers, education or health support staff, college staff, partner employers, psychological services, allied health professionals, voluntary organisations, local authority youth work provision and others.

Whilst not providing direct support, pharmacists play a key role in dealing with queries about medication.

Children and young people should be supported in developing their ability to meet their own needs and become as independent as they are able to. In doing this, it is important that the responsibility and accountability of all those involved is clearly defined and that each person involved is aware of what is expected of them and where to seek further support and advice.

### The Named Person

To support the process every child in Scotland has a Named Person from the universal services of Health and Education. In schools this is a member of the Leadership Team, e.g. Head Teacher, Depute Head Teacher or Principal Teacher. The role of the Named Person and the Additional Support Needs Co-ordinator in school may be fulfilled by the same person. In Early Childhood Centres this is the role of the Health Visitor or Family Nurse Practitioner with the role of the Additional Support Needs Co-ordinator being undertaken by the Centre Manager, Head Teacher or their designate. They may also take on the role of Lead Professional.

The role of the Named Person is to promote, support and safeguard the child's wellbeing through listening, helping, advising and providing direct support, and helping children and families to access other services. The Named Person is also the point of contact for other services if they have any concerns about a child's wellbeing needs. The Named Person is responsible for ensuring children have a Child's Plan to support the improvement of their wellbeing outcomes.

## Children and Young People

Wherever possible, children and young people should be empowered and supported to manage their own healthcare needs and work in collaboration with the school health team, school staff, and their parents, to reach an understanding about how their health affects them and how their healthcare needs will be met.

- Education authorities must make arrangements for the provision of education where a child or young person is too ill to attend school.
- Children and young people under the age of 16 can consent to any surgical, medical or dental procedure, or treatment if they are capable of understanding the nature and possible consequences of the procedure or treatment.
- Education authorities are under a duty to seek the views of children about the decisions that affect them, including decisions around their healthcare needs, and take these into account alongside their parent's view.
- Children over 12 with capacity and young people have the right to request an assessment of their additional support needs and have their views considered and taken into account in decisions about their learning and support.

## Parents and Guardians

Parents, as defined in the Education (Scotland) Act 1980, and for the purpose of this guidance, are a child's main carer(s):

- Parents have prime responsibility for their child's health.
- Parents are responsible for making sure that their child attends school or centre when well enough to do so.
- Parents should provide their child's school or centre with sufficient information about their child's health, care and treatment. Additional information may also be sought from other professionals involved with the child or young person.
- Parents should also provide the school or centre with the necessary medication and help their children understand how to comply with agreements in place to cover their healthcare needs at school or centre.
- Parents should notify the school or centre if the condition and/or treatment or medication for the child or young person change.
- Parents also have the right to use a supporter or advocate in conversations or meetings with an education authority in regard to the authority's functions under the Education (Additional Support for Learning) (Scotland) Act 2004 (as amended) in relation to their child.

## NHS Ayrshire and Arran

- NHS Boards have a statutory duty to commission services to meet the health needs of their location population.

- NHS Boards have the responsibility for securing the medical inspection, medical supervision and treatment of children and young people in school or centre, including assisting with the administration of medication.
- Under the Education (Additional Support for Learning) (Scotland) Act 2004 (as amended), NHS boards, have a legal duty to help education authorities discharge their duties under the Act.
- NHS Ayrshire & Arran Public Health Protection Team provide information and advice on a variety of things including infectious diseases, infection control and immunisation. Health Protection staff are available for advice or information between Monday – Friday 9am – 5pm on 01292 885858. If your query is not urgent, you could also email on [hpteam@aapct.scot.nhs.uk](mailto:hpteam@aapct.scot.nhs.uk). For significant out-of-hours incidents Public Health should be contacted through Crosshouse Hospital switchboard by calling 01563 521133 and asking for Consultant in Public Health.

For further information: [NHS Resource](#) and [Infection Control Poster](#)

- The role of the health care team is to provide support, advice and guidance for children, young people and their families on supporting healthcare needs in school or centre. If a head of school or centre or designated staff member would like to speak to the School Nursing Team for advice or support, they can contact the School Nurse at the following telephone numbers. If agreed that the School Nursing Service can support the child or young person, the Request for Assistance (RFA) paperwork will be completed and uploaded on to AYRshare.
  - East Ayrshire (North - 01563 545737) and (South - 01290 427661) telephone hubs for advice.
  - South Ayrshire: [Clinical\\_Specialty\\_SchoolLAACNursing\\_South@aapct.scot.nhs.uk](mailto:Clinical_Specialty_SchoolLAACNursing_South@aapct.scot.nhs.uk)
  - North Ayrshire: [NamedPersonService@north-ayrshire.gcsx.gov.uk](mailto:NamedPersonService@north-ayrshire.gcsx.gov.uk) in the form of a Request For Assistance or 01294 317787

The school nursing service may be supported by staff nurses and healthcare support worker and community children's nurses can provide expert advice and support where required.

- Other professionals supporting children in schools and centres (including early childhood centres) may include staff from the community paediatric medical service clinical psychologists and allied health professionals, such as speech and language therapists, dieticians, occupational therapists and physiotherapists. There may also be representation from the third sector organisations providing support to specific children or conditions.
- Other health practitioners may be involved in the care of children and young people with healthcare needs in schools or centres. For example, pharmacists employed by NHS boards may provide pharmaceutical advice to school or centre health teams. Community pharmacists are a useful source of information about medicines, and may

be able to advise on the management of medication, including recording, storage and disposal.

Contacts for schools or centres (including early childhood centre) as follows:

- East Ayrshire: Community Pharmacy Adviser (01563) 554429
- South Ayrshire: Community Pharmacy Adviser (01290) 665738
- North Ayrshire: Community Pharmacy Adviser (01475) 687501

### Head Teacher / Head of Centre

- It is the responsibility of the head teacher or head of centre to ensure that appropriate arrangements are in place to meet the healthcare needs of children and young people in their school or centre. These arrangements are drawn up in consultation with the children and young people at the school or centre, their parents, appropriate health professional and wider school or centre community.
- In most circumstances, the head teacher or head of centre, or delegate, will also fulfil the role of the named person for the children and young people in their school or centre. The named person plays a key role in ensuring communication with children and young people and where appropriate their families. However, in some complex, long term cases, it may be that a lead professional is also designated.
- It is also the responsibility of the head of school or centre to report any outbreak of disease in the school or centre setting or dangerous incidents to their own local authority.
- It is the responsibility of head teacher or head of centre to ensure all staff have access to any training and awareness raising.

### All school / centre staff

- Staff who play a direct role in supporting the health and wellbeing needs of an individual child or young person should have access to relevant information which includes information about their health needs.
- Individual staff have a duty of care to access the relevant training and awareness raising.
- All other school or centre staff have a duty of care to the children and young people. As such, they should be aware of how to respond to an emergency situation when required. Staff will not be expected to provide such care unless training and support is provided. The section on 'Risk and Indemnification/Insurance' (page 16) provides further information relating to staff administering medication within their course of employment.
- All staff in school or centre should know the procedures for responding to an emergency situation including how to access first aid support and how to contact emergency services. Where a child or young person is taken to hospital by ambulance they should be accompanied by a member of staff who should remain with the child or young person until a parent or carer arrives. The member of staff should take details

of the child or young person's healthcare needs and/or details of any medication taken that day.

- Generally, staff should not take children and young people to hospital by car, however, there may be circumstances where it is agreed with the school or centre health team, emergency services and parents that this is the best course of action. In such circumstances and wherever possible the member of staff should be accompanied by another adult and have public liability vehicle insurance.

### Early Years

- Children who require specific health and wellbeing interventions within an early childhood centre will be assessed using the GIRFEC approach and Team Around the Child (TAC) to ensure that a robust Child's Plan is developed and actions initiated. The Named Person will initiate this process if required. This process will also support the transition of child from Nursery to Primary 1 and onwards.

### Voluntary and third sector organisations

- In addition to advice from healthcare practitioners, many voluntary and third sector organisations specialising in particular medical conditions are able to provide advice, support, resources and training on how to manage the condition in schools or centres (including early childhood centres).

### Emotional Health and Wellbeing

- The mental health and emotional wellbeing of a child or adolescent is everybody's business, and at times will require to link in with Child and Adolescent Mental Health Services (CAMHS), which is a mental health service that work with children and young people who have difficulties with their emotional and behavioural wellbeing. CAMHS professionals deal with a wide range of problems, including eating disorders, autistic spectrum disorders, ADHD, depression and anxiety, post-traumatic stress and early developmental trauma, psychosis and those at risk of suicide. The service also supports children and young people who have physical health problems and learning disabilities alongside mental health difficulties.

Referrals can be made via the following:

- SCI gateway
- Letter by post
- Clinical mailbox
- GIRFEC paperwork

CAMHS offer a locality triaging service and can be contacted at the below addresses:

- East CAMHS Team,  
North West Area Centre, Western Road, Kilmarnock, KA3 1NQ  
Telephone number 01563 578540  
Fax number 01563 578741  
Clinical\_MentalHealth\_CAMHS\_East



- North CAMHS Team,  
Rear of Horseshoe Building, Ayrshire Central Hospital, Kilwinning Road,  
Irvine, KA12 8SS  
Telephone number 01294 323425  
Clinical\_MentalHealth\_CAMHS\_North
- South CAMHS Team,  
House 1, Arrol Park, Doonfoot, Ayr, KA7 4DW  
Telephone number 01292 615931  
Fax number 01292 617181  
Clinical\_MentalHealth\_CAMHS\_South

*Please note: CAMHS do not accept self-referrals*

### Oral Health Care

- The Public Dental Service has expertise in providing NHS dental treatment to:
  - Children with additional health and well-being needs.
  - Children with dental anxiety and behavioural issues
  - Paediatric Dental General Anaesthesia.
- Each year the services provide dental inspections of all children in P1 and P7; and all children in schools for children with additional needs.
- The Childsmile team delivers oral health improvement activities at home, early childhood centre and school. The team can advise on improving oral health and provide support to access dental services including urgent care for dental emergencies.
- Referrals should be emailed to: [Clinical Dental Services Admin@aapct.scot.nhs.uk](mailto:Clinical_Dental_Services_Admin@aapct.scot.nhs.uk)

### **IDENTIFYING AND SUPPORTING HEALTHCARE NEEDS**

Children and young people's health can have a significant impact on their attainment and/or wellbeing. Therefore, many children and young people are likely to require support with healthcare needs at school or centre at some time in their life. In most cases this will be for a short period only, e.g. when absent from education through illness or disability.

In these circumstances it is the responsibility of parents/carers to provide their child's school or centre with sufficient information about their child's health, care and treatment. School or Centre staff will require to ensure that this information is complete and the appropriate consents are sought for the healthcare support that is required whilst at school or centre (including early childhood centres).

### **INDIVIDUAL HEALTH CARE PLAN**

For children and young people with healthcare needs to benefit fully from their education, consideration must also be given to the impact that their health needs has on both their learning and wellbeing. As such, consideration and discussion at a TAC meeting should be given to an appropriate plan of care which may include an Individualised Learning Plan or a

Co-ordinated Support Plan. Other health practitioners may also provide input if they are involved in supporting that child's healthcare or wellbeing needs, whether at school or centre or home, to ensure a continuum of support is in place.

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 needs, and the plan of care should be managed via the TAC action plan.

The need for an individual emergency plan and the detail of such a plan should only be assessed by an appropriate designated practitioner. The school or centre relevant health practitioner should work in partnership with the school or centre management team, parents/carers and the individual child or young people to compile an emergency plan where the need is identified.

The co-ordination and sharing of information will take cognisance of GIRFEC model and take into account the General Data Protection Regulations (GDPR). The head of school or centre may delegate responsibility for leading this process or it may fall to the named person - information on the role of the named person is available on the Scottish Government's website. The lead in the process may be a first contact for children, young people, parents and any staff who may have a role in supporting the child or young person's healthcare needs in school or centre.

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 head of school or centre and assigned health professional to seek the advice from the NHS board or education authority. This should be done quickly, to ensure there is no delay to appropriate support being put in place to support the healthcare needs of the individual child or young person. Further information regarding resolving disagreements and complaints can be found on page 17.

## **ADMINISTERING MEDICATION**

A healthcare plan may reveal the need for some school or centre staff to have further information about health care procedures or specific training in administering a particular type of medication. This will be addressed and managed through the child's emergency plan of care.

Where it is considered that medication will need to be administered at school or centre, medication should always be supplied by the parents in its original packaging, labelled by the hospital or community pharmacist. This will ensure the expiry date and any specific instructions or storage requirements are available. Parents may need to obtain a separate prescription for medication to be taken and held at the school or centre.

A consent form should continue to be completed and signed by parents and certified by the head of school or centre, in line with authority standards and procedures. The plan of care should be communicated with relevant staff and training provided.

Staff should not administer medication if they are unclear about the use of medication and if in any doubt, staff should always check with parents or an appropriate healthcare practitioner before taking further action.

Staff should be made aware of potential effects the medicine may have on the child or young person and relevant training and instruction must be provided to deal with these side effects if they should happen.

A signed record must be completed each time medication is administered. The child or young person (if deemed appropriate) can sign that they have taken their medication and the member of staff assisting can countersign as a witness. Where the child or young person is deemed not to have capacity (knowledge and understanding) regarding administration of their medication, another member of staff should provide a witnessing signature.

Schools or centres (including early childhood centres) should not purchase non-prescribed medication, for example a painkiller (analgesic) or antihistamine, unless using those powers permitted under the provisions of the Human Medicines Regulations. If a child or young person suffers regularly from acute pain or symptoms, such as a headache, period pain or hay fever, parents should ensure that medication is given before and after school. However, if parents or carers require the school to assist in administering medication during the day, for example a lunch time dose of antibiotic, the school along with parents or carers should prepare an individual healthcare plan.

If a child or young person refuses to take medication, school or centre staff should not force them to do so. The school or centre 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, school or centre staff should seek urgent advice from the appropriate health practitioner. A record should be kept where medication is refused.

## **SELF MANAGEMENT**

It is good practice to allow children and young people who manage their own medication from a relatively early age and schools or centres (including early childhood centres) 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.

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. Risk assessments should be reviewed and updated regularly in line with the authority health and safety policies and protocols.

## **STORAGE OF MEDICINES**

Schools or centres (including early childhood centres) 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 a school or centre stores controlled drugs such as methylphenidate.

Some medicines need to be refrigerated. The temperature of refrigerators containing medication needs to be monitored and recorded daily during school hours. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. If a school or centre has to store large quantities of medicines then a lockable medical refrigerator might be preferable.

If the school or centre locks away medication, all school or centre staff, and where appropriate, individual children and young people, should know where to obtain keys to access the locked cabinet or fridge.

Community or NHS Board employed pharmacists and school or centre healthcare teams should be able to assist the education authority in producing their guidance on the safe storage and handling of medicines in schools or centres (including early childhood centres) which manages the risks to the health of others if they are not properly controlled. [Royal Pharmaceutical Society guidance on the safe handling of medication](#)

## DISPOSAL OF MEDICINES

Staff in schools 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 or carer at the end of each term. Where this isn't possible, school or centres (including early childhood centres) 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.

All Councils are registered with Scottish Environment Protection Agency (SEPA) as a professional collector and transporter of waste, with no requirement for individual schools to register separately.

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. More information is available on the [SEPA website](#).

## MEDICATION MANAGEMENT - PROCESS

The following describes the process in which schools or centres (including early childhood centres) should follow, when accessing health and wellbeing support and advice from health colleagues. This process is further depicted at Appendix 1.

1. A consent form should be signed by all parents and updated at the start of the new school session in August of each year.
2. Parents should provide their child's school or centre with sufficient information about their child's health, care and treatment.

3. Parents must inform school or centre of any medicine required during school or centre hours and complete the corresponding form. It is the responsibility of the head of school or centre, or designated member of staff to ensure the medication is returned with the pupil if it is to be sent home again.
4. A signed record must be completed each time medication is administered. The child or young person (if deemed appropriate) can sign that they have taken their medication and the member of staff assisting can countersign as a witness. Where the child or young person is deemed not to have capacity (knowledge and understanding) regarding administration of their medication, another member of staff should provide a witnessing signature.
5. All medication must be locked away in a designated safe place. NO access should be given to children or young people. Where required medication should be kept in the locked fridge, where the temperature of the fridge should be regularly checked and recorded.
6. Medication must be clearly marked with the child or young person's name, dosage and time of administration. Medication received and date of receipt should be recorded. Expiry date of medication should be noted and although it is the parents' responsibility to supply medication 'in date', the head of school or centre should make arrangements with parents to ensure medication is replenished at all times.
7. Where it is deemed necessary by a health professional, that an emergency plan is required, assigned health professionals should work with the school or centre, parents and the individual child or young person to compile it. The head of school or centre should have in place an accurate and up to date emergency plan at all times. This must be stored alongside the child or young person's medication.
8. The emergency plan must be communicated to relevant staff and information, training and instruction provided as necessary. Where needs change the healthcare plan must be updated and communicated. Parents must notify education staff of any changes necessary immediately.

## HEALTH AND WELLBEING ARRANGEMENTS

The head of school or centre must make appropriate arrangements to support the healthcare needs of individual children and young people within their establishment.

These arrangements may include:

- Who in the school or centre accepts responsibility, in principle, for supporting the healthcare needs of children and young people in the school or centre
- Any arrangements that may be different to the education authority's guidance framework
- Who is responsible in school or centre for staff training in regard to supporting healthcare needs and administering medication
- Emergency procedures at the school or centre including a main point of contact in the school or centre health team
- Details of any centrally held inhalers; anaphylaxis auto-injectors\*; or defibrillators for use in emergency situations at the school or centre
- The storage of and access to medication in the school or centre

- Who is responsible for ensuring the safety of children and young people's self-management of their medical conditions
- The arrangements in place to ensure that staff are informed and kept up to date about children and young people's healthcare needs at school or centre

*\* The process is currently being reviewed by a subgroup nationally.*

## COMPLEX HEALTHCARE OR MEDICAL NEEDS

The Health Care Team can provide specialist information for any complex healthcare and a Child's Plan must be agreed and compiled at a TAC and shared with the relevant school or centre staff.

## HYGIENE AND INFECTION CONTROL

Within schools and centres (including early childhood centres) effective infection control is dependent on the development of good standards of hygiene. Implementing these standards is the most effective way to interrupt the spread of infections commonly encountered.

Where advice on infection control is required, school or centre staff should consult the school or centre health team in the first instance. Staff should have access to protective disposable gloves/aprons and take care when dealing with spillage of blood or other body fluids and disposing of dressings or equipment.

Hand washing is the single most effective way to prevent the spread of infection; its purpose is to remove or destroy germs that are picked up on the hands. Germs can be picked up in lots of ways including when we touch other people, animals, contaminated surfaces, food and body fluids. These germs can then enter the body or they can be passed to other people or to the things that we touch. Germs picked up on the hands can be effectively removed by thorough hand washing with soap and running water. Hand washing protects children, young people and staff.

Many infections are spread by the faecal-oral route due to inadequate hand washing after using the toilet or before preparing, handling or eating food. Children and young people of all ages should be encouraged to wash their hands and staff should avail of every opportunity to emphasise the importance of clean hands to pupils in the prevention of the spread of infection. Staff should 'lead by example'. [Handwashing Poster](#)

Infection prevention and control in an educational setting involves carrying out risk assessments and putting measures in place to manage any risks identified. Risk assessments should be reviewed and updated regularly.

Authority notification procedures should be in place for schools and centres, where an outbreak occurs and the NHS Ayrshire & Arran Public Health Protection Team should be notified.

## EXCURSIONS, EVENTS, ACTIVITIES, PLACEMENTS

The Authority has in place an agreed framework within which staff, managers, parents/carers and participants can operate whilst on excursions, attending events, taking part in activities

or during placements. This framework includes protocols to safeguard the health and well-being of all and meet the requirements of health and safety legislation and the laws that apply to all who are responsible for others on such excursions/activities. Approval for any excursion/activity to go ahead will only be given on condition that the procedures are fully complied with.

Any participants, staff or children and young people, with significant medical or support needs which require additional management arrangements to ensure safety to them or others should have their own specific risk assessment. It is possible this may require medical input and in the case of minors this assessment should be agreed and a copy signed by parent/carers. Consideration should be given as to the requirement of a Personal Emergency Evacuation Plan (PEEP) including accommodation and transport issues.

The risk assessment should take into account the real risks involved and identify proportionate actions and reasonable adjustments that ensure the participation of children and young people wherever possible. Risk assessments for trips abroad should also take into account additional. Participants are not insured and should not travel, if travelling against medical advice.

The planning process for such an event/excursion should take into account the appropriate lines of communication in an emergency. The arrangements for taking, and storing, any necessary medication will also need to be taken into consideration. Sometimes an additional supervisor or parent might be invited to accompany a particular child to ensure that child or young person is able to attend and participate in the trip or activity.

Supervising staff should be aware of an individual child or young person's needs, and relevant emergency procedures, and information about medical needs and medication should be accessible in the event of an emergency. Further advice can be sought from a parent, a member of the school or centre health team, the child's GP or Education Authority.

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

## **HEALTH AND SAFETY ARRANGEMENTS**

The Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999 impose a duty on all employers to ensure, so far is reasonable practicable, the health and safety of staff and others, such as visitors and children and young people. This Guideline ensures that children with health care needs receive proper care and support whilst in schools or centres (including early childhood centres). Heads of schools and centres (including early childhood centres) will ensure that this guideline is understood and accepted by staff, parents and children and young people.

### **Emergency Department Procedures**

All staff are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of children and young people whilst in school or centres (including early childhood centres). In an emergency situation or where there are any doubts about the

course of action, all staff should know how to call the emergency services on 999 and thereafter emergency contacts will be detailed on the child's plan.

All staff should also know who is responsible for carrying out emergency procedures in the event of need. Wherever possible a child or young person taken to hospital by ambulance should be accompanied by a member of staff who should remain until the pupil's parent arrives. The member of staff should have details of any health care needs and medication the pupil has.

### Storage of Oxygen

The local Fire Safety Officer or Fire Service, along with the Community Child Nurse should provide advice on the safe use and storage of oxygen. Dolby Vivisol will do safety checks prior to installation of oxygen equipment. Storage facilities should be assessed by the Fire Service.

## **TRAINING AND DEVELOPMENT OF SCHOOL OR CENTRE STAFF**

Training needs of staff will be identified at the TAC, where the child's specific health and wellbeing needs will be discussed. All training will be standardised by health professionals across the 3 local authorities.

School or centre staff should never administer medication without the appropriate training from health professionals. If school or centre staff volunteer to assist a child or young person in school or centre with health care needs, the head of school or centre should arrange appropriate training in conjunction with the child's designated healthcare practitioner.

### Training Providers

In many instances it will be the child's healthcare professional who provides or delivers the training - although training may also be delivered by third sector or private organisations with the appropriate responsibility and/or accreditation for providing suitable training.

The NHS board and the education authority should develop a programme of appropriate refresher courses to ensure that staff competencies remain current and that they understand the legal duties associated with Health and Safety at Work Act 1974, relevant to their role.

### Adequacy of Training

The school or centre management team/and school or centre health team should be aware of the arrangements in place for staff training. Both the school or centre management team must be satisfied that training provides staff with sufficient knowledge, understanding, confidence and competence appropriate to their role. Where staff are in any doubt about the support to be provided to a child or young person, they should seek advice immediately from the school or centre management team and/or school or centre health team.

### Training Records

Training should be monitored and supported via effective record keeping, in line with the authority protocol. Where appropriate, and particularly in regard to the staff whose job it is to meet specific healthcare needs, any training should be signed off by both the trainer and the staff member. Refresher training should be considered on an annual basis or if there is a significant change in a child's health and wellbeing need.



## General Awareness Raising

General awareness raising training of common conditions should be provided to ensure that staff in school or centres (including early childhood centres) have a basic understanding of these, can recognise symptoms, and seek appropriate support. Common medical conditions, for example, asthma, diabetes, epilepsy, eczema and allergic reactions (including anaphylaxis).

Specific awareness raising training may be required for less common conditions, as identified at the TAC. This will help ensure that the needs of those children and young people can be met as fully as possible. Such training may be planned in partnership with the children, young people and their parents/carers who are involved.

## Process for arranging training

The TAC would identify any training requirements to support child's health and wellbeing in conjunction with parents and carers. A request for assistance should be submitted to the child's identified health practitioner, for example Community children's nursing service and/or school nursing service. Request for assistance should be directed to the appropriate mailbox.

## **RESOLVING DISAGREEMENTS AND COMPLAINTS**

There may occasionally be disagreements between the parents 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 make a formal complaint through the local authority's own internal complaints procedure.

There are a range of mechanisms for resolving such disputes for pupils with additional support needs. There is an extension of the rights of children under the Additional Support for Learning Act from January 2018. These include mediation, independent adjudication or consideration by the First-Tier Tribunal. Further information is available from Enquire, the national information and advice service for additional support for learning, at <http://www.enquire.org.uk>.

## **RISK AND INDEMNIFICATION / INSURANCE**

The school or centre encourage self-management of medication in respect of minor ailments. Therefore in the majority of cases, staff are only assisting with administration of the medication, and as such the responsibility rests with the child or young person. The school or centre staff are only responsible if the child or young person is deemed not to have capacity (knowledge and understanding) to administer their own medication and signed consent has been given by the parent or carer.

The Council's public liability insurance provides full protected cover for staff involved in administering medication within the course of their employment, provided that full and up to date training has been provided to staff by a healthcare practitioner in relation to administering medication and that guidelines and procedures put in place by the school or centre have been fully adhered to. Detailed records about the administration of medicines and other actions taken to support healthcare needs should be kept as these records provide evidence of whether procedures have been followed.

Heads of school or centres (including early childhood centres) should ensure staff have a clear understanding of their responsibilities in relation to administering medication, through appropriate guidance and training and reassurance should be provided, about the protection and support they will receive in the event of any allegation of fault.

## **SHARING INFORMATION AND CONFIDENTIALITY**

NHS Boards and education authorities must consider the existing legislative and guidance framework to ensure that they effectively share information to enable children and young people's needs to be met at school or centre, whilst ensuring that the personal information is handled securely and appropriately and is only disclosed when necessary. All personal information must be held and processed by the Council in accordance with the General Data Protection regulations (GDPR) and accompanying Data Protection Act 2018 (DPA).

Each agency should consult the AYRshare Information Sharing Agreement to ensure compliance with the relevant legislation. In particular, care should be taken to ensure that information is shared and stored securely by each agency thereafter. All staff who handle personal information, and in particular sensitive personal information such as medical records, should have a good working knowledge of Data Protection legislation and should receive appropriate training in this regard.

Any exchange of information should be with the consent of the child or young person (if he/she has the necessary capacity to understand why) or otherwise the parent or carer. Once consent has been obtained sensitive information about a child or young person should be shared only with those who need to know. Escorts and others should only be told what is necessary for them to know to keep the child safe.

Coordinating and disseminating information on an individual child or young person with health care needs can be difficult. The Head of School or Centre may delegate this responsibility to a specific member of staff, who would act as first contact for parents / carers and staff, liaise with any relevant external agencies and keep the Named Person informed of any significant information.

It is the responsibility of each agency to ensure compliance with the existing legislative and guidance framework for effective sharing of information to enable the needs of children and young people's to be met at school or centre.

## OTHER USEFUL SOURCES OF INFORMATION

### **Childsmile Dental Services,**

Lower Ground Floor, University Hospital Ayr, Dalmellington Road, Ayr, KA6 6DX  
Telephone number: 01292 616 815

### **Public Dental Service**

NHS Ayrshire and Arran Dental Management Team: 01292 616811 or 01292 616812

### **Dental Hubs:**

Ayrshire Central Hospital: 01294 323301

Ayr Hospital: 01292 616802

Teach and Treat Dental Centre, Kilmarnock: 01563 578663

### **NHS Dentist in NHS Ayrshire & Arran**

NHS A&A Dental Helpline T: 01563 507950

Dental Emergencies at weekends, evenings and Public Holidays (NHS 24) T: 111

## OTHER USEFUL GUIDANCE DOCUMENTS

Infection prevention and control in childcare settings, NHS National Health Services Scotland, 2015 - <http://www.documents.hps.scot.nhs.uk/hai/infectioncontrol/guidelines/infection-prevention-control-childcare-2015-v2.pdf>

Management of medication in day-care of children and child-minding services, Care Inspectorate, 2014 - <http://www.hub.careinspectorate.com/media/189567/childrenservice-medication-guidance.pdf>.

Foetal Alcohol Spectrum Disorder Awareness Toolkit, Scottish Government Child and Maternal Health Division, Scottish Government, 2013 – <http://www.gov.scot/Publications/2013/10/3881>.

## OTHER USEFUL ORGANISATIONS

### **Allergy UK**

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

### **Asthma UK**

Asthma UK is dedicated to improving the health and wellbeing of people affected by asthma. The charity provides a wide range of information and resources on their website, including downloadable asthma action plans. Printed information booklets and other resources are available on request, and bulk copies are available for purchase by healthcare professionals. For more information visit Asthma UK's website at [www.asthma.org.uk](http://www.asthma.org.uk). General enquiries can be sent via email to [info@asthma.org.uk](mailto:info@asthma.org.uk). Asthma UK also has a telephone helpline number - 0300 222 5800 (9am - 5pm, Mon-Fri).

### **British Heart Foundation Scotland**

The British Heart Foundation and British Heart Foundation Scotland provides a number of services to both professionals working with children affected by Congenital Heart Disease and other heart conditions and their families. For more information visit [www.bhf.org.uk/get-involved/in-your-area/scotland](http://www.bhf.org.uk/get-involved/in-your-area/scotland).

### **British Lung Foundation Scotland**

The British Lung Foundation and British Lung Foundation Scotland empower people affected by lung disease through support, services and information, and campaign for healthy lungs and clear air. For more information visit <https://www.blf.org.uk/> or contact the helpline number 03000 030 555 (9am-5pm, Mon-Fri).

### **The Butterfly Trust**

The Butterfly Trust works to support and empower people with Cystic Fibrosis. For more information visit their website at [www.butterflytrust.org.uk](http://www.butterflytrust.org.uk).

### **Childsmile**

Childsmile is reducing inequalities in oral health and ensuring access to dental services for every child across Scotland. For more information visit <http://www.childsmile.org.uk/>.

### **Diabetes Scotland**

Diabetes Scotland works to raise awareness, improve care and provide support and information for people with diabetes and their families. For more information visit [www.diabetes.org.uk/In\\_Your\\_Area/Scotland/](http://www.diabetes.org.uk/In_Your_Area/Scotland/).

### **Epilepsy Scotland**

Epilepsy Scotland aims to improve access to services, enabling them to lead full and active lives. It also provides useful resources for staff in schools and the school health team. For more information call 0141 427 4911 or visit <http://www.epilepsyscotland.org.uk/>. There are also a range of resources for schools on Young Epilepsy's website at <http://www.youngepilepsy.org.uk/>.

### **Health Protection Scotland**

Health Protection Scotland (HPS) was established by the Scottish Government in 2005 to strengthen and co-ordinate health protection in Scotland. The HPS website contains useful information and resources about healthcare associated infection and infection control. For more information visit <http://www.hps.scot.nhs.uk/haic/#>.

### **Meningitis Research Foundation**

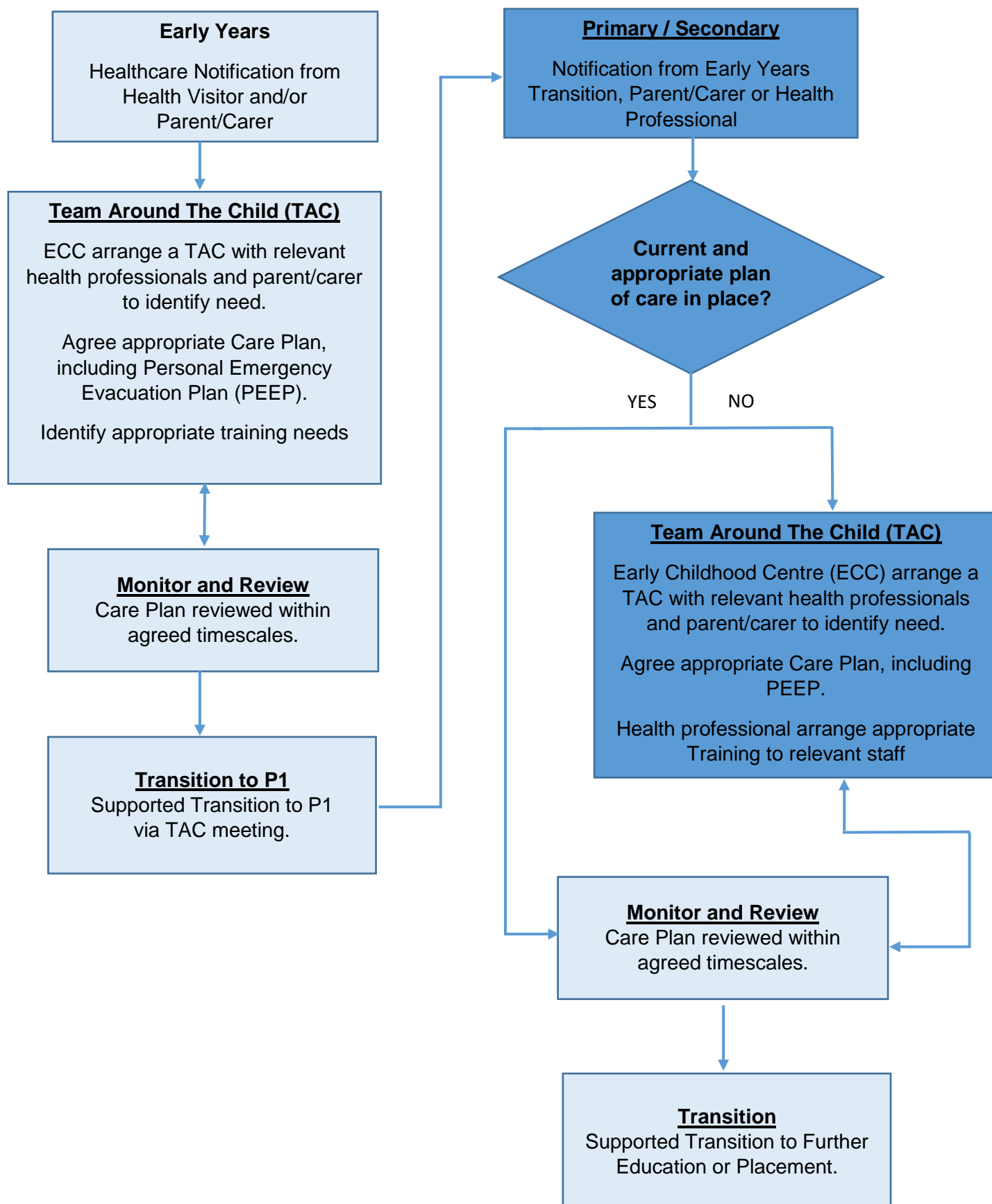
The Meningitis Research Foundation provides support to those affected by meningitis and septicaemia and resources to help raise awareness of meningitis and septicaemia. For more information visit <http://www.meningitis.org/about-us>.

### **See Me**

See Me is Scotland's programme to tackle mental health stigma and discriminations, enabling people who have experienced mental health problems to experience fulfilled lives. See Me is managed by the Scottish Association for Mental Health. For more information visit <https://www.seemescotland.org/> and <https://www.samh.org.uk/>

SUPPORTING HEALTHCARE NEEDS

PROCESS FLOW DIAGRAM



## GUIDANCE ON EXCLUSION CRITERIA FOR EDUCATIONAL AND CHILDCARE SETTINGS

## Main points:

- Any child who is unwell or has a rash should not attend regardless of whether they have a confirmed infection. They should be considered infectious until assessed by a GP.
- Children with diarrhoea and/or vomiting should be excluded until they have no symptoms for 48 hours following their last episode.
- Contact a member of the local Health Protection Team (HPT) or Health Protection Scotland for advice and **always** if an outbreak is expected.
- Notify the Care Inspectorate of any outbreak of infection within early year establishments (as of 1 April 2011 this is a legal requirement).

Infection or symptoms	Recommended Exclusion	Comments
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### 1) Rashes / Skin Infections

Athlete's foot.	None.	Not serious infection child should be treated.
Chickenpox (Varicella Zoster).	Until all vesicles have crusted over (usually 5 days).	Pregnant staff should seek advice from their GP if they have no history of having the illness.
Cold sores (herpes simplex).	None.	Avoid kissing and contact with the sore.
German measles (rubella).	6 days from onset of rash.	Preventable by immunisation. Pregnant Staff should seek advice from their GP
Hand Foot and Mouth (coxsackie).	None.	If a large number of Children affected contact HPT; exclusion may be required.
Impetigo (Streptococcal Group A skin infection).	Until lesions are crusted or healed or 48 hours after starting antibiotics.	Antibiotics reduce the infectious period.
Measles.	4 days from onset of rash.	Preventable by immunisation. Pregnant Staff should seek advice from their GP
Molluscum contagiosum.	None	Self-limiting condition.
Ringworm.	Not usually required unless extensive.	Treatment is required.
Roseola.	None.	None
Scabies.	Until first treatment has been completed.	2 treatments are required including treatment for close contacts.
Scarlet fever.	Child can return 24 hours after starting appropriate antibiotics.	Antibiotic treatment is recommended for the affected child.
Slapped cheek/fifth disease. Parvovirus B19.	None (once rash has developed).	Pregnant Staff should seek advice from their GP. Further information available at: <a href="#">NHS - Slapped Cheek Syndrome</a>
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch.
Warts and verrucae	None.	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

### 2) Diarrhoea and Vomiting Illness

Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting.	
E. coli O157 VTEC Typhoid and paratyphoid (enteric fever) Shigella (dysentery).	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting.	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices.
Cryptosporidiosis.	Exclude for 48 hours from the last episode of diarrhoea.	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled.

### 3) Respiratory Infections

Flu (Influenza).	Until recovered.	
Tuberculosis.		Requires prolonged close contact for spread until no longer infectious.

Whooping cough (pertussis).	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks.
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#### 4) Other Infections

Conjunctivitis	None.	
Diphtheria	Exclusion is essential.	Family contacts must be excluded until cleared to return by your local HPT. Preventable by vaccination.
Glandular fever	None	
Head Lice	None	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	
Hepatitis B, C, HIV/AIDS	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.
Meningococcal meningitis/ Septicaemia.	Until recovered	Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close educational contacts.
Meningitis due to other bacteria.	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case.
Meningitis viral	Until recovered	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA	None	Good hand hygiene and environmental cleaning.
Mumps	Exclude child for 5 days after onset of swelling.	Preventable by vaccination (MMR x 2 doses).
Threadworms	None	Treatment is recommended for the child and household contacts.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic.