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| **The Handbook of Procedures for the Management of Pupils with Healthcare Needs in Educational Establishments** |
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| ***Author:*** *Inclusion and Wellbeing Manager*  ***Service:*** *Inclusion and Wellbeing Service*  ***Updated Version:*** *April 2018*  ***Review date:*** *April 2019* |
| *Stephen, Donna* |
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West Lothian Council adopts the procedures detailed within this document for use in all West Lothian schools.

West Lothian Council acknowledges the permission of the City of Edinburgh Council in the use of The Handbook of Procedures for the Management of Pupils with Healthcare Needs in Educational Establishments (December 2017, first published in 2009 and updated in January 2016, February 2017 and May 2017).

**Revision History**

**Status Description**

* **Draft:** These are documents are still under review and liable to change.
* **Final:** The document is complete and is not expected to change significantly.

All changes will be listed in the change record table.

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| 1.3 | 31/05/18 | ‘Appendix 25 Completing a School Medication Audit’ added to website and referenced in section 2 of The Handbook |
| 1.4 | 05/02/19 | References to ‘Appendix 25’ on pages 3 and 11 amended to ‘Appendix 24’ |
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1. **Aim**

This document has been prepared in conjunction with NHS Lothian to assist schools in meeting the

healthcare needs of pupils. By working in partnership with parents/carers, pupils and healthprofessionals, schools will be able to support pupils who have healthcare needs in a safe, efficient andsecure environment. This includes pupils who require medication during school time. Theseprocedures will be carried out by school staff who have access to clear instructions and appropriatetraining.

1. **Quality Assurance**

Consistent implementation of these procedures across all schools will be quality assured through an annual online self-assessment system (RIVO) validated through school compliance visits facilitated by the Inclusion and Wellbeing Service. Guidance on completing the annual self-assessment is given in Appendix 25: ‘Completing a School Medication Audit’.

1. **Roles and Responsibilities in Meeting Health Care Needs**

All school staff have a legal duty to care for pupils, which means that they have an obligation to exercise a level of care towards an individual, as is reasonable in all the circumstances, to avoid injury to that individual. This includes addressing healthcare needs.

**The council** is responsible, under the Health and Safety at Work Etc. Act 1974, for making sure that systems are in place. This must include procedures for supporting pupils with medical needs and managing medication. The council provides indemnity for staff acting within the scope of their employment including assistance with medication in accordance with the terms of this document. In the event of legal action over an allegation of negligence, the Council is likely to be held responsible rather than the employee acting within the scope of their employment. Keeping accurate records of the administration of medication in the school is therefore essential. The council, through the Education Services arrangements for Career Long Professional Learning (CLPL), will organise appropriate training for staff, as identified by schools, to ensure that they have sufficient understanding, confidence and skill to support pupils with medical needs. While Head Teachers will agree with parents exactly what support a school can provide, the council will support a decision to refuse assistance that is impractical to give.

**Education Services** has responsibility for the content of *The Handbook of Procedures for the Management of Pupils with Healthcare Needs in Educational Establishments*.

**Head Teachers** and the school management team have responsibility for the management and implementation of the procedures described in this document. They must ensure that all relevant available information with regard to a medical condition that may affect a pupil at school is passed to all concerned and that the confidentiality of a pupil’s medical history is respected. They should identify key members of staff and, where necessary, make arrangements for them to attend all relevant awareness/training sessions every 2 years. The Head Teacher is responsible for arrangements, ensuring that medicines are in date and stored safely and administration of medication is appropriately recorded. The Head Teacher must ensure that parents and carers are aware of the council’s procedures for dealing with healthcare needs. Parent’s/carers cultural and religious views should always be respected. Head Teachers should arrange for two adults, at least one the same gender as the pupil where practical, to be present for the administration of intimate or invasive treatment to ease practical administration of the treatment. On the rare occasion that there is a significant concern regarding a parent’s/carers non-engagement with the procedures contained within this document the Head Teacher can seek advice on how to resolve this from the Inclusion and Wellbeing Manager.

**Educational establishment staff** should be aware of difficulties/symptoms pertaining to the healthcare needs and the problems that may arise in school for pupils in their care. All staff should know the school’s procedures for responding to an emergency situation including how to access first aid support and how to contact emergency services. Staff are required, where necessary, to attend awareness/training sessions as indicated by the Head Teacher and be able to carry out the procedures outlined in this document and must sign the forms/Individual Healthcare Plans to confirm their agreement to administer the healthcare detailed on the forms. Staff must protect the dignity of the pupil as far as possible, even in emergencies. This may mean removing other pupils from the area or screening the pupil concerned. There is no legal duty that requires teaching staff to administer medication. Teaching staff who provide support for pupils with medical needs, or who volunteer to administer medication, need support from the Head Teacher and parents, access to information and training, and reassurance about their legal liability. The assurance is hereby given that the council provides indemnity for staff acting in accordance with the terms of their employment.

**Parents/carers** are responsible for making sure the child attends school when well enough to do so. Parents/carers have responsibility for ensuring that all relevant information pertaining to their child’s health needs, including any changes to their condition or medication, is given to the Head Teacher, or a designated person, at the earliest opportunity. The parent/carer is responsible for obtaining, where necessary, a health professional’s signature in relation to Individual Healthcare Plans. Parents/carers must sign all forms/Individual Healthcare Plans. Parents/carers must have given the first dose of any medication to their child and no adverse reaction has been observed prior to the medicine being administered in school. Parents/carers must ensure that the school supply of medication is replenished as required. However, schools should not hold excessive stocks of medicine which are in excess of pupils’ needs for any given term. Parents/carers must collect out of date medication and ensure that it is disposed of correctly and collect all medication from the school at the end of the academic year.

Some parents/carers may have difficulty understanding or supporting the child or young person’s medical condition themselves. Parents/carers have the right to use a supporter or advocate in conversations or meetings with an educational authority/school in relation to their child.

**Health Professionals**

NHS Boardshave statutory responsibility for meeting medical needs**.** Health professionalshave responsibility for giving advice and support on medical conditions and healthcare needs, the storage of medication and on carrying out the procedures in this document, including delivery of training where necessary. The relevant health professional who has prescribed any medication will facilitate the completion of Individual Healthcare Plans.

**Pupils** whose parents/carers have made a decision that their child can manage their own medication from a relatively early age should be permitted to do so. School staff need only supervise this. Appropriate recording is required as detailed in this document.

1. **Planning for Healthcare Needs**

The majority of school pupils do not have healthcare needs which require day-to-day support in school. Those pupils who do have healthcare needs may require support in school for:

* a short period of time, requiring minimal support, e.g. taking antibiotics until the course is finished or having mobility problems due to having to wear a leg cast;
* ongoing minimal daily support due to a long-term condition, e.g. taking methylphenidate (RitalinTM, EquasymTM or TranquilynTM) for Attention Deficit Hyperactivity Disorder (ADHD), requiring special toileting arrangements or planning rest periods to prevent exhaustion;
* medication to be held in school in case certain symptoms occur, including medication to prevent or minimise an emergency situation, e.g. asthma inhaler or adrenaline pen for pupils with severe allergies;
* certain conditions which require them to perform clinical tests to help them manage their condition, e.g. blood glucose tests for diabetics;
* complex, chronic conditions, not managed with medication, that require more in-depth planning and support, e.g. following a serious head injury.

Apart from a few exceptional circumstances, all areas of the school curriculum, including school camps, should be accessible to pupils with healthcare needs. Forward planning will be required to accommodate these needs.

There may be times where a pupil requires forms to be completed and signed before appropriate care can be carried out in schools.

The flowchart in Appendix 1: ‘Flowchart for Managing Pupils’ Healthcare Needs in West Lothian Council Schools’ identifies which form is required in which circumstance.

Appendices 3 to 6 and Appendix 24 contain the medication forms for each category of medication. These are described in Section 10 (Healthcare Needs Involving Medication).

Information covering the health needs of the small number of pupils who require an Individual Healthcare Plan and/or an Emergency Care Flowchart is in Section 7 (Individual Healthcare Plans).

All establishments should have a minimum number of staff who has attended the appropriate CLPL courses as stipulated in Tables 1 – 3 (page 4).

In the event of an emergency; the emergency services should be summoned.

1. **Career Long Professional Learning (CLPL) in Meeting Healthcare Needs**

It is important that school staff are able to recognise certain conditions and their implications. The following courses are provided to support staff in meeting pupils’ healthcare needs:

* Anaphylaxis and Asthma in Schools Awareness Session
* Epilepsy in Schools Awareness Session
* Management of Diabetes in Education Establishments

The number of staff stated in Table 1 is the minimum number of staff who should attend the CLPL sessions, regardless of the size of the school. This is to cover absences. Large schools and schools with split sites should look at increasing these numbers of staff. If there is any doubt, advice should be sought from the Inclusion and Wellbeing Manager, Civic Centre, Livingston.

The Head Teacher or designated member of staff should ensure that an up-to-date register is kept of staff who have attended appropriate CLPL. A proforma for this purpose is provided in Appendix 19: ‘Staff Training Attendance Records’. Staff are required to update their knowledge by attending CLPL sessions every two years. Copies of certificates issued on completion of courses should be kept with the register.

Bespoke CLPL sessions will be arranged to address the training requirements of staff working with pupils who have more unusual or complex healthcare requirements, as appropriate to the environment of an educational establishment. This training must be delivered and the learning outcomes accredited by an approved trainer under the direction of the appropriate health professional.

**Recommendations for attendance at CLPL courses:**

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| **Table 1: Establishments Overview of Training Requirements for Allergies, Asthma and Epilepsy (not requiring medication)** | | |
|  | **Core level of staff training essential for all establishments** | **When a pupil enrolls who has severe allergies, asthma or epilepsy (not requiring emergency medication)** |
| **Nursery/**  **Early Years Centre** | Core of 3 members of staff, to include one from senior management and staff who have remit for first aid | Core level plus the pupil’s class teacher. |
| **Nursery class in primary school** | Core of 2 nursery staff | Core level |
| **Primary school** | Core of 3 members of staff, to include one from senior management and staff who have remit for first aid | Core level plus the pupil’s class teacher. |
| **Secondary school** | Core of at least 5 members of staff, to include one from senior management, staff from each faculty but including PE and HE and staff who have remit for first aid | Core level |
| **Special school with registered nurse** | Core of 3 members of staff, to include one from senior management | Two members of class team |
| **Special school without registered nurse** | Core of 3 members of staff, to include one from senior management and staff who have remit for first aid | Core level plus the pupil’s class teacher |

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| **Table 2: Establishments Overview of Training Requirements for Epilepsy (requiring emergency medication)** | |
| ⚫ **When a pupil enrolls who has epilepsy requiring emergency medication** ⚫ | |
| **Nursery/ Early Years Centre** | 3 members of staff including the pupil’s class teacher |
| **Nursery class in primary school** | 3 members of staff including the pupil’s class teacher |
| **Primary school** | 3 members of staff including the pupil’s class teacher |
| **Secondary school** | 3 members of staff including staff who have a remit for first aid |
| **Special school with registered nurse at all times and can be contacted in an emergency by walkie talkie** | a minimum of 2 members of that classroom team |
| **Special school without registered nurse at all times** | 3 members of staff including the pupil’s class teacher |

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| **Table 3: Establishments Overview of Training Requirements for Diabetes** | |
| ⚫ When it is known that a pupil with diabetes is going to attend the school ⚫  and whilst they attend the school | |
| **Nursery/ Early Years Centre** | Staff directly involved with the pupil |
| **Nursery class in primary school** | Staff directly involved with the pupil |
| **Primary school** | Staff directly involved with the pupil |
| **Secondary school** | Minimum of 3 members of staff including staff who have a remit for first aid and administration of medication and a member of senior management |
| **Special school with registered nurse at all times and can be contacted in an emergency by walkie talkie** | a minimum of 2 members of that classroom team |
| **Special school without registered nurse at all times** | Staff directly involved with the pupil |

## Medical Folders

## Every school should have a medical folder that is kept in a safe, central, easily accessible place and all staff should know where it is located. This folder should contain copies of all medication/care forms, including any Individual Healthcare Plans, and emergency contact details for each pupil who has a medical condition which requires support. Arrangements for medical folders require to be in line with Section 7 ‘Confidentiality’ below. Retention of medical related documents must be kept in line with the council’s ‘Data Protection Policy’ and ‘Records Management Guide’*.* Medical folders require to include all historical completed forms/Individual Healthcare Plans in regard to the procedures contained within this document.

## Individual Healthcare Plans

## Purpose of an Individual Healthcare Plan

## The purpose of an Individual Healthcare Plan (IHP) is to identify the level of support that is needed at school for a pupil with healthcare needs who is unable to attend school without assistance with medication or support of a medical nature. An IHP is therefore required for all pupils who require emergency medication or who have a complex, chronic condition that requires more in depth planning and support. The small number of pupils who do require an IHP will have a significant and long term medical condition and meet at least one of the following criteria:

## have a need for school staff to provide some prescribed intervention

## have a need for school staff to be alert to recognise potential emergency situations and know what action to take

## have a need for school staff to be aware of medical implications for certain areas of the curriculum such as PE

## have a need for school staff to receive training as appropriate

## Information on dealing with emergency situations is included in Individual Healthcare Plans, however if there is any doubt, the default position in all cases is to call Emergency Services (999).

## A significant number of pupils will have a medical need at some point that requires medication to be given in school. This may be to finish a prescribed course of antibiotics or a painkiller for a headache for example. A detailed plan is not required for short term needs of this nature as long as there are parental consent forms are in place for administering the drug and that a system is in place for recording having administered the medicine.

* 1. **Initiating Individual Healthcare Plans**

Pupils with asthma, severe allergies, eczema, epilepsy, diabetes and long-term, complex or multiple medical conditions who require an Individual Healthcare Plan, will have the completion of their plan facilitated by the appropriate clinic specialist nurse/consultant at the Royal Hospital for Sick Children in Edinburgh, St John’s Hospital in Livingston or by Community Child Health. A small number of pupils attend clinics at other hospitals. In these cases, and for other conditions, contact Community Child Health who will assist in identifying the most appropriate health professional to complete the Individual Healthcare Plan.

The flowcharts in Appendix 1 and Appendix 2 identify which form and/or Individual Healthcare Plan is required in which circumstances.

* 1. **Reviewing Individual Healthcare Plans**

The Head Teacher, or a designated member of staff, should review all Individual Healthcare Plans at the beginning of each academic year. They should contact the pupil’s parent/carer to find out if there have been any changes.

If there are no changes, and the care and/or administration of medication is to continue, the Agreement to Individual Healthcare Plan Review Form (last page of the Individual Healthcare Plan) must be completed and signed by all relevant parties as indicated on the form.

If there are any changes to the care or medication required by a pupil, a new Individual Healthcare Plan should be completed.

The Head Teacher or designated member of staff should ensure that all relevant parties have the most up to date copy of the Individual Healthcare plan.

* 1. **Accessing Individual Healthcare Plans**

All staff who have contact with a pupil who has an IHP should know where to access the plan and do so as appropriate. Emergency Care Flowcharts must be readily accessible at all times. Whenever the pupil is off-site during school hours, including excursions and residential experiences, the teacher in charge should ensure a copy of the pupil’s Individual Healthcare Plan is carried by a member of staff.

**Nursery and primary schools**

Copies of Individual Healthcare Plans (including appropriate emergency care flowcharts, where relevant) should be kept:

* centrally in the medical folder with any back-up emergency medication stored appropriately
* in the pupil’s Personal Pupil Record
* by the pupil’s parents/carers

Copies of emergency care flowcharts should be kept:

* in the pupil’s classroom with any emergency medication (refer to Section 8: Confidentiality)
* centrally, with any back-up emergency medication

**Secondary schools**

Copies of Individual Healthcare Plans (including appropriate emergency care flowcharts, where relevant) should be kept:

* centrally in the medical folder with any back-up emergency medication stored appropriately
* in the pupil’s Personal Pupil Record
* by the pupil’s parents/carers

A generic copy of the emergency care flowcharts should be kept in every classroom.

**Special schools, where registered nurses are not available in school at all times**

Copies of the Individual Healthcare Plan (including appropriate emergency care flowcharts, where relevant) should be kept:

* centrally in the medical folder with any back-up emergency medication stored appropriately
* in the pupil’s Personal Pupil Record
* by the pupil’s parents/carers

Copies of the emergency care flowchart should be kept:

* in the pupil’s classroom, with any emergency medication (primary)

A generic copy of the emergency care flowchart should be kept in every classroom (secondary)

**Special schools, where registered nurses are available at all times**

Copies of the Individual Healthcare Plan should be kept:

* centrally in the medical folder with any back-up emergency medication stored appropriately
* in the pupil’s Personal Pupil Record
* by the pupil’s parents/carers

1. **Confidentiality**

All pupils have a right to confidentiality. The Head Teacher and school staff should treat medical information confidentially. The Head Teacher should agree with the pupil (where he/she is over 16 years), or otherwise the parent/carer, who else should have access to records and other information about a pupil. It may be necessary to refuse assistance with medication where permission to share information is unreasonably withheld.

It is important that health information about individual pupils is not openly displayed without the permission of the pupil and/or their parent/carer.

Staff who may need to deal with an emergency will need to know about a pupil’s medical needs, therefore the head teacher must also make sure that temporary staff know about any medical needs.

Where a child has an IHP, the child’s personal pupil record must be clearly marked to show that this exists.

When a school arranges work experience, the Head Teacher must ensure that the placement is suitable for a student with a particular medical condition. The pupil should be encouraged to share relevant medical information with work experience employers.

In the event of pupils having special transport needs the school should advise Operational Services of any special training requirements that apply to escorts.

1. **Healthcare Needs Not Involving Medication**

Some pupils have healthcare needs that require care during the school day which does not involve medication. Where there is a request for a pupil to receive care during the school day or during an educational excursion (at home or abroad), the procedures outlined in this document should be followed. The flowchart in Appendix 1 identifies the form required in each circumstance.

* 1. **Short-term Care**

For care that is required for less than six months, ‘Form 6: Individual Healthcare Plan Short-term Healthcare Not Requiring Medication’ (Appendix 12) should be completed and signed by the parent/carer.

* 1. **Long-term Care**

For ongoing care, including emergency care, for a chronic condition, please refer to Appendix 2 which contains the procedure flowchart and appropriate forms to gather information and initiate an Individual Healthcare Plan.

* 1. **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, impairment or medical condition. This may also apply to certain invasive medical procedures. Support to meet these needs should be included in a child or young person’s Individual Healthcare Plan. Appropriate guidance should be provided for staff who provide intimate care. Staff should protect the rights and dignity of the child or young person as far as possible, even in emergencies.

1. **Healthcare Needs Involving Medication**

## Some pupils have healthcare needs that require the administration of medication in school. Arrangements for the administration of medication in school apply only to situations where there is an explicit request by the parents/carers or by a pupil who is over 16 years. School staff should never administer medication on their own initiative. Pupils should not be permitted to take medication or undertake clinical tests on an ongoing basis without written authorisation using the appropriate form.

* 1. **Categories of Medication and Procedures for Administration**

Where there is a request for a pupil to take or be given medication, receive care or have a clinical test during the school day or during an educational excursion (at home or abroad), the procedures outlined in this document should be followed. The flowchart in Appendix 1 sets out which procedure to follow in each circumstance.

1. **Non-prescribed Medication**

Any medication not requiring a medical or dental practitioner’s prescription is defined as non-prescribed medication (e.g. paracetamol). School staff should not administer non-prescribed medication to pupils unless ‘Form 1: Request for school to issue non-prescribed medication’ (Appendix 3) has been completed and signed by the parent/carer. The Head Teacher/designated person must also agree that it is necessary for the medication to be administered in school/on educational excursions.

Should a parent request the administering of **sun cream** during the school day, schools should refer to ‘West Lothian Council Education Services Sun Cream Procedure’ on the council website.

**Children under 16 should not be given or take aspirin, unless prescribed by a doctor. Codeine should not be provided to children under 12 as it is associated with the risk of respiratory side effects, and is not recommended for adolescents (age 12-18) who have problems with breathing. Pupils diagnosed with asthma should never be given ibuprofen unless prescribed by a doctor.**

1. **Routine Prescribed Medication**

Any medication requiring a medical or dental practitioner’s prescription is defined as prescribed medication. This includes:

* medication where a specified dose is taken at a specified time and
* medication where the dose and time taken change according to symptoms and/or test results.

If it is necessary for this medication to be administered during school hours, the parent/carer must complete and sign the appropriate form before any medication can be administered. The flowchart in Appendix 1 identifies which form is required in which circumstances and Appendices 4 – 6 contain each type of form:

* Appendix 4: ‘Form 2: Request for school to issue short-term prescribed medication in school’
* Appendix 5: ‘Form 3: Request for school to issue long-term prescribed medication in school’
* Appendix 6: ‘Form 4: Request for school to issue long-term as required prescribed medication in school’

The medication must be supplied in the dispensing container with the original pharmacy label attached stating the pupil’s name, date of birth, name of medication, time/frequency and route of administration – **the statement ‘As Directed’ is not acceptable**. Medication that is not supplied to school in the dispensing container with the original dispensing label should NOT be accepted.

For additional information relating to Methylphenidate (RitalinTM, EquasymTM or TranquilynTM), refer to Section 11.

1. **Emergency Prescribed Medication**

##### This covers any medication required to prevent or minimise an emergency situation. All pupils with the following conditions, and who require emergency medication in an educational establishment, must have an Individual Healthcare Plan:

##### Severe Allergies

##### Asthma (pupils with asthma who require a full written Individual Healthcare Plan will be identified by the asthma nurse specialist and the appropriate Individual Healthcare Plan will be sent to the school; the remaining pupils with asthma will require ‘Form 4: Request for school to issue long-term ‘as required’ prescribed medication in school along with a ‘Symptom and Action Flowchart for Asthma Attack’ (Appendix 15) which includes a photograph of the pupil and the parent/carer’s signature

##### Epilepsy

##### Diabetes

##### Cystic Fibrosis

##### Any other less common condition that requires the administration of medication in an emergency

##### 10.2 **Pupil Refusal to Take Medication**

## When a pupil refuses to take medication and/or undergo a care activity or test, school staff should not force them to do so. The parent/carer should be contacted. In urgent cases, reference should be made to emergency services.

## 10.3 Pupil Self-administration of Medication

## Best practice places considerable importance on secondary pupils being allowed to control their own medication, whenever possible. No primary pupil should self-administer any medication with the exception of reliever inhalers for asthma as detailed in Appendix 17.

## When there is a request for a pupil to carry and self-administer medication and the Head Teacher/ designated person agrees to this, ‘Form 13: Request to school for medication to be carried and self-administered by pupil in school’ (Appendix 24) should be completed and signed by the parent/carer.

## 10.4 Supply, Collection and Disposal of Medication

## Parents/carers must ensure that the school is supplied with a sufficient quantity of medication. When medication supplies are low, ‘Form 5a: Notice to parent/carer that supply of medication needs replenishing’ (Appendix 7) should be sent home.

## When the use by date of medication supplies is approaching, ‘Form 5b: Notice to parent/carer that supply of medication is becoming ‘out of date’ and needs replacing’ (Appendix 8) should be sent home.

## The parent/carer should collect expired medication from school within 7 days of the expiry date. All medication should be collected by the parent/carer at the end of the academic year. Appendix 9: ‘Request to parent/carer to collect medication from school’ should be sent home two weeks before the end of the summer term.

## Any medication that remains uncollected should be taken to a local pharmacy for disposal and a receipt for the disposal should be obtained. To do this legally, schools must register as a professional carrier and transporter of waste with the Scottish Environment Protection Agency (SEPA). Registration is free and can be done online on the SEPA website. Clinical or health care 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. <http://www.SEPA.org.uk>. N.B. Adrenaline pens must be taken to a GP surgery to be disposed of.

## In those cases where pupils are transported to school by the authority and the school is not located near the family home, an arrangement should be made between the school and the parents as to how medicines can be safely delivered to the parents for disposal or disposed of by the school as above.

## If the Head Teacher elects to have staff telephone parent/carers with regard to the supply, collection and disposal of medication instead of sending Form 5a/ 5b and Appendix 9, these calls must be recorded in SEEMiS Pastoral Notes.

## 10.5 Review and Changes to Medication and/or Care

## The Head Teacher, or a designated member of staff, should review all information regarding care or medication at the beginning of each academic year. They should contact the pupil’s parent/carer to find out if there have been any changes. It is the responsibility of the parent/carer to inform the school of any changes.

## Where there are no changes in medication and/or support/care in school then the relevant review section of the appropriate form must be completed.

## Where the pupil does NOT have an Individual Healthcare Plan and changes are made to the support required in school, the appropriate action should be taken as indicated below:

## If a doctor prescribes any change to the dose, time or manner of administration of routine medication, this should be treated as a new medication and the appropriate form completed (Form 2, Form 3 or Form 4).

## If a parent/carer requests any change to the dose, time or manner of administration of non-prescribed medication, this should be treated as a new medication and the appropriate form completed (Form 1).

## Where the pupil does have an Individual Healthcare Plan and changes are made to the support/care required in school, a new Individual Healthcare Plan is required and the procedure detailed in Appendix 2 should be followed.

## 10.6 Recording the Administration of Medication or a Procedure

## A written record should be kept of all medication administered to individual pupils. The record should be kept along with the medication, checked before every administration and completed by the member of staff administering the medication. Appendix 10a: ‘School Medication Administration Record’ is a blank copy of the administration of medicine recording sheet and Appendix 10b: ‘School Medication Administration Record – Early Years Centre/Nursery’ is a blank copy of the administration of medicine recording sheet. For additional information regarding Methylphenidate (RitalinTM, EquasymTM or TranquilynTM), see Section 11.

## When a pupil administers his/her own medication, a detailed record is not required.

## 10.7 Storage of Medication and/or Test Materials

1. **Storage of Emergency Medication**

Emergency medication should be stored in a zipped poly pocket with the instructions/emergency flowchart, including the pupil’s photograph. Adrenaline pens should be stored in a suitably sized hard container in the poly pocket. A pencil tin or plastic sandwich box clearly labelled and including the pupil’s photograph is ideal for this. Photographs of the child should also be made available to relevant staff, e.g. kitchen/dining hall staff, to ensure they are aware of which pupils have severe allergies.

## Such arrangements require to be in line with Section 8: Confidentiality above.

## In nursery schools/early years centres emergency medication should be kept in the pupil’s classroom and in a central, easily accessible, secure designated area.

## In primary schools emergency medication should be kept in the pupil’s classroom and in a central, easily accessible, secure designated area. Pupils from Primary 4 onwards should be encouraged, where appropriate, to carry their own asthma inhalers, though a spare should be kept centrally.

## In secondary schools pupils should carry their own emergency medication, where appropriate and spare medication kept in a central, easily accessible, secure designated area. When it would be inappropriate for a pupil to carry his or her own emergency medication, the school must arrange an appropriate alternative and this should be agreed and written into the Individual Healthcare plan.

## In special schools where registered nurses are not available in school at all times emergency medication should be kept in the pupil’s classroom and spare medication kept in a central, easily accessible, secure designated area. Where appropriate, pupils from Primary 4 onwards should be encouraged to carry their own asthma inhalers, though a spare should be kept in the classroom.

## In special schools (secondary provision) where registered nurses are not available in school at all times pupils should carry their own emergency medication, where appropriate and spare medication kept in a central, easily accessible, secure designated area. When it would be inappropriate for a pupil to carry his or her own emergency medication, the school must arrange an appropriate alternative and this should be agreed and written into the Individual Healthcare plan.

## In special schools where registered nurses are available in school at all times emergency medication should be kept securely in the medical room.

## Storage of Routine Prescribed and Non-Prescribed Medication

## Routine prescribed and non-prescribed medication/test materials should be in suitable locked storage but should be accessible to staff designated by the Head Teacher. Where pupils are managing medication themselves, they should not normally be expected to give up their medication for storage unless it is deemed that managing it themselves would place other pupils at risk.

## Medication should be stored in the container in which it was dispensed with the original, unaltered, dispensing label.

## Medication should not be stored next to a radiator or in direct sunlight. Some medicines need to be refrigerated. The temperature of refrigerators containing medicines needs to be monitored regularly. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. If a school has to store large quantities of medicines, then a lockable medical refrigerator should be considered. The school should strictly control access to a refrigerator/refrigerators holding medicines.

## 11. Arrangements for the Administration of Methylphenidate (RitalinTM, EquasymTM or TranquilynTM)

## Methylphenidate is a medicine governed by the Misuse of Drugs Regulations 2001. Careful consideration must be given to the storage and recording of the administration of Methylphenidate. This will safeguard staff against possible allegations of misappropriation of medication governed by the Controlled Drugs (Supervision Management and Use) Regulations 2013.

## 11.1 Storage of Methylphenidate

Methylphenidate must be kept in a locked cabinet at all times.

11.2 **Recording the administration of Methylphenidate**

A record of the number of tablets held in school must be kept. When a further supply is delivered to the school, the record must be updated and signed by the parent/carer and a member of staff or two members of staff. A blank copy of the administration of medicine recording sheet for Methylphenidate, incorporating a column for updating the number of tablets held in school, is given in Appendix 11: ‘School Medication Record for Receipt and administration of Methylphenidate (RitalinTM, EquasymTM or TranquilynTM)’.

## Procedure for pupils returning to school after a prolonged absence due to a medical condition

When a pupil is well enough to return to school, the school, if needed, can contact the relevant medical practitioner who can offer advice and support to parents/carers and school staff in line with the Getting It Right For Every Child approach.

1. **Out-of-School Activities including Sporting Activities**

Where a pupil is known to have a severe allergy, asthma or epilepsy, the Head Teacher or centre manager should ensure that at least one member of staff accompanying such a pupil on activities taking place away from the school has attended appropriate training as outlined in this document within the last two years.

Risk assessment should be carried out prior to such activities and take into account the healthcare needs of all pupils.

Copies of the emergency care flowchart should be kept with emergency medication for use on out of school trips.

## Routine prescribed and non-prescribed medication/test materials should be taken out of school in a suitable locked storage container which is accessible to the designated member of staff. Where pupils are managing medication themselves, they should not normally be expected to give up their medication for storage unless it is deemed that managing it themselves would place other pupils at risk.

## The required dosage of medication for the period of the excursion should be identified and packaged by two members of staff. The required dosage must:

## be dispensed by cutting the relevant number of tablets from blister pack and/or using sterile gloves to remove individual tablets from a pill bottle

## be placed into a clean, dry Tupperware container, clearly labelled with pupil’s name

## be subsequently placed in a zipped plastic poly pocket containing a clearly visible photograph of the pupil.

## A written record should be kept of all medication administered to pupils. The record should be kept along with the medication, checked before every administration and completed by the member of staff administering the medication. A blank copy of Appendix 10a: ‘School Medication Record’ or Appendix 10b: ‘School Medication Record – Early Years Centre/Nursery’ should be used for each excursion and retained in school records as appropriate.

## When a pupil administers his/her own medication, a detailed record is not required.

## Medication should not be stored next to a radiator or in direct sunlight. Some medicines need to be refrigerated. Appropriate consideration is required when arranging out of school activities including sporting activities.

## When taking any controlled drug out of school for the purposes of excursions the above procedure must be adhered to, and in addition:

* must be securely locked in an appropriate carrier, e.g. padlocked backpack/briefcase/handbag at all times
* must be kept with a designated member of staff at all times
* a blank copy of Appendix 11: ‘School Medication Record for Receipt and Administration of Methylphenidate (RitalinTM, EquasymTM or TranquilynTM)’ should be used for each excursion and retained in school records as appropriate.

1. **Work Placement and Vocational Pathways**

Children and young people with healthcare needs should receive the appropriate support to enable them to make the most of any work placement or college placement. School staff organising these experiences are responsible for ensuring that the placement is suitable for the pupil. School management/placement organizer should ensure all relevant information is passed on to the provider. Staff must ensure that a risk assessment is carried out and that all reasonable adjustments are put in place for the child/young person.

1. **Risk Assessment**

Generic risk assessment for the administration of medication and healthcare will identify issues around appropriate training of staff, security of medication, school management of identified medical conditions and overall potential of failure to implement the measures identified within this document.

A generic risk assessment is provided as an online tool in RIVO. Head Teachers are required to update this at least annually (and when a failure of implementation has been identified). A help sheet on how to access and complete this tool is contained in Appendix 23.

1. **Hygiene/Infection Control**

All staff should be familiar with standard infection control precautions for avoiding infection and must follow basic hygiene procedures such as handwashing. Staff should have access to protective disposable gloves and take care when dealing with spillage of blood or other bodily fluids and disposing of dressings or equipment.

1. **Insurance Cover**

School staff must ensure that:

1. each pupil who receives a medical procedure or intervention in school has a specific Individual Healthcare Plan signed off by the pupil’s parents, the school Head Teacher and the hospital consultant/specialist nurse.
2. the Individual Healthcare Plan must include full details of the emergency procedures in the event of a medical emergency.
3. the pupil’s parents have provided written consent for a non-medical or healthcare practitioner to provide the medical procedure or intervention to their child.
4. the staff member who is providing the medical procedure or intervention has received full training from a registered medical or healthcare professional, and has been signed off as fully competent in the procedure they are providing.
5. the employee who is providing the medical procedure or intervention has provided written confirmation that they have read and understood the Individual Healthcare Plan.
6. **Emergency Procedures**

All staff must know the procedure for calling the emergency services. If the school requires to call the emergency services (999), all the information given in Appendix 20a: ‘Procedure to call emergency services’ should be provided to the operator.

In the event of having had to carry out an emergency intervention a member of staff who was involved must then complete ‘Form 12: Emergency Incident Report Form’ (Appendix 20b).

1. **Therapy Intervention**

Appendix 22 details the ‘Procedure for Recording the Explanation/Demonstration of Therapy Intervention’. This procedure must be followed in the event of therapeutic intervention on a pupil by Education Services’ employees. At no time may staff undertake any interventions informally. A record of all demonstrations of therapy interventions must be kept by the Head Teacher or designated member of staff in a secure place with other confidential material. A second copy may be kept in the staff folder. It is the responsibility of the Head Teacher to ensure that the appropriate procedure is repeated in the event of staff changes.

1. **Immunisations**

**Primary School**

**FLU:** The flu vaccine is offered to all primary school children at school in the autumn term. The vaccine is delivered by the Community Vaccination Team and, for most pupils, the vaccine is in the form of a nasal (nose) spray.

Named consent form packs are delivered direct to schools in August for immediate onward distribution to pupils. Parents/carers are requested to return the completed forms to school as soon as possible in the return envelope provided. NHS staff will then collect the forms from schools so that they can be screened during the month of September. A prompt return of forms and a good return rate is essential for the programme.

NHS staff will agree a date for this vaccination session with schools. Nursing staff can advise on the accommodation required. The NHS team is grateful for assistance from school staff on the day of the session to help with the timetabling and locating of pupils. This assists in the smooth running of the programme.

Frequently asked questions about the programme are also available from NHS Lothian. NHS Health Scotland produces a flu education pack for schools which is sent in time for the August In-Service days to each primary school.

It is important for as many children as possible to receive this vaccination to help protect themselves and the community as a whole. This is especially important for children with additional healthcare needs who may be more vulnerable to infections. Any help that school staff can give to increase the number of consent forms returned would be appreciated – this includes reminders via Group Call, websites, newsletters and social media.

**Facts about flu:**

* Flu is very infectious and can be serious
* Even healthy children can become seriously ill from flu and can spread it to family, friends and others
* Flu can lead to complications that may result in hospitalisation or even death
* Every year in Scotland, children are hospitalised for the treatment of flu or its complications
* The flu vaccine helps protect a child against flu and reduces the chance of them spreading the virus to others
* The vaccine doesn’t cause flu

Further information can be found using this link: <http://www.immunisationscotland.org.uk/vaccines-and-diseases/seasonalflu/childflu.aspx>

**Secondary School**

**HPV:** the Human Papillomavirus (HPV) vaccine is offered to all girls in S1 and S2 to help protect against cervical cancer. This comprises of two injections given 12 months apart and is delivered by the Community Vaccination Team early in the spring term. (N.B. If a girl has commenced the HPV programme over the age of 15 she will require 3 doses. Some immunocompromised pupils may also require 3 doses.) Girls who have previously missed their vaccination will be recalled again. Named consent form packs are sent direct to schools in advance for immediate distribution to pupils. Parents/carers are requested to return the completed forms to school as soon as possible in the return envelope provided. NHS staff will collect the returned forms in order to screen before the programme starts. A prompt return of forms and a good return are is essential for the programme.

It is important for as many pupils as possible to receive these vaccinations to help protect themselves and the community as a whole. Any help that school staff can give to increase the number of consent forms returned would be appreciated – this includes reminders via Group Call, websites, newsletters and social media.

NHS staff will agree a date for this vaccination with schools. Nursing staff can advise on the accommodation required. The NHS team is grateful for assistance from school staff on the day of the session to help with the timetabling and locating of the pupils. This assists in the smooth running of the programme.

**Facts about HPV:**

* The HPV vaccine helps protect against the two types of HPV which cause 75% of the cases of cervical cancer
* The vaccine works best when it is given well before possible exposure to the HPV virus
* The combination of immunisation and cervical screening from age 25 provides the best possible protection against cervical cancer

Further information can be found using this link: <http://www.immunisationscotland.org.uk/vaccines-and-diseases/hpv.aspx>.

**Tetanus, Diphtheria, Polio and Meningococcal disease:** The Tetanus, diphtheria and polio (Td/IPV) vaccine (teenage booster) and Meningococcal types ACWY (MenACWY) vaccine are offered to all pupils at around age 14 in S3, in the spring term. These two vaccines are given at the same time and are delivered by the Community Vaccination Team. Pupils in S4-S6 who have previously missed their vaccination will be offered these. Named consent form packs are sent direct to schools around January for immediate distribution to pupils. Parents/carers are requested to return the completed forms to school as soon as possible in the return envelope provided. NHS staff will collect the returned forms in order to screen these before the programme starts. A prompt return of forms and a good return are is essential for the programme.

It is important for as many pupils as possible to receive these vaccinations to help protect themselves and the community as a whole. This is especially important for children with additional healthcare needs who may be more vulnerable to infections. Any help that school staff can give to increase the number of consent forms returned would be appreciated – this includes reminders via Group Call, websites, newsletters and social media.

NHS staff will agree a date for this vaccination with schools. Nursing staff can advise on the accommodation required. The NHS team is grateful for assistance from school staff on the day of the session to help with the timetabling and locating of the pupils. This assists in the smooth running of the programme.

**Facts about** **Tetanus, Diphtheria, Polio and Meningococcal disease:**

* Tetanus is a serious but rare condition caused by bacteria getting into a wound. It can be fatal if left untreated.
* Polio is a viral infection that used to be common in the UK, but is rare nowadays. It can cause paralysis, muscle weakness and shrinking of the muscles.
* Meningococcal disease is a bacterial infection which causes a range of serious, life-threatening diseases including septicaemia (Blood poisoning) and meningitis. Meningitis is an infection of the protective membranes that surround the brain and spinal cord (meninges). Meningitis can strike quickly and kill within hours – survivors can be left with life-long disabilities including deafness and brain damage.

Further information can be found using this link: <http://www.immunisationscotland.org.uk/vaccines-and-diseases/dtap-ipv.aspx>.

**Consent**

The consent forms sent home with pupils request a signature both from a parent and from the pupil.  Whilst a family decision on vaccination is preferred, secondary pupils are also welcome to self-consent, provided they are competent to do so.  NHS staff will assess pupils who wish to self-consent on an individual basis.