Procedures for the Management of Pupils with Healthcare Needs

January 2021

Version 2.9

Education Services

NHS Lothian

West Lothian Council

West Lothian Council adopts the procedures detailed within this document for use in all West Lothian educational provision. It should be noted that Beatlie School Campus has full-time NHS Lothian nursing provision for all medical and healthcare needs. Beatlie School Campus takes cognisance of the West Lothian Council Procedures and enhances their contextual situation with NHS Lothian-specific recording procedures.

This document has been established through consultation with and contribution from the following partners:

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Community Child Health (NHS Lothian)
Paediatric Allergy Specialist Nurse Service (NHS Lothian)
Paediatric Asthma Specialist Nurse Service (NHS Lothian)
Paediatric Diabetes Specialist Nurse Service (NHS Lothian)
Paediatric Epilepsy Nurse Consultant (NHS Lothian)
Paediatric Occupational Therapy (NHS Lothian)
Paediatric Physiotherapy (NHS Lothian)
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Head Teachers and SMT Networks – West Lothian Council
Early Years Team – West Lothian Council
Health & Safety – West Lothian Council
Insurance Officer – West Lothian Council
Legal Services – West Lothian Council

Revision History

Version	Date	Reason/Comment	Amended By
Release	01/02/21	Initial release to education establishments	
1.1	08/02/21	Appendix 8 - bullet point 3 amended to include "prior to administration"	ML
1.2	25/02/21	I. Addition of Appendix 2(d) (x) Diabetes CGM for T:Slim X2 with Basal IQ II. Addition of Appendix 2(d) (xi) Diabetes CGM for T:Slim X2 with Control IQ III. Addition of Appendix 2(d) (xii) Diabetes Dexcom for use with Insulin Pump IV. Addition of Appendix 2(d) (xii) Diabetes Dexcom for use with Insulin Injection V. Addition of Appendix 2(d) (xiv) Diabetes 780G Insulin Pump VI. Appendix 2(d) amended to include reference to additional appendices VII. Appendix 2(d) (ii), 2(d) (iii), 2(d) (iv), 2(d) (v), 2(d) (vi), 2(d) (vii) - amendment to Diabetes Hyperglycaemia and Hypoglycaemia Flowcharts VIII. January 2021 "Procedures for the Management of Pupils with Healthcare Needs" Appendices section updated to highlight new forms IX. January 2021 "Procedures for the Management of Pupils with Healthcare Needs" amendment to wording in section 2 (iii) to include "see section 9" X. January 2021 "Procedures for the Management of Pupils with Healthcare Needs" amendment to wording in section 9 to include "N.B. Should staff be required to witness the administration of diabetes medication…." XI. Appendix 3 – addition of Section E "Review of Agreement to Facilitate the Use of Medication/Healthcare"	ML
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1.7	Nov 2022	I. Addition of Appendix 2(d) (xvi) Diabetes 780G Smartguard Auto Mode II. Appendix 2(d) amended to include reference to additional appendix	ML
1.8	Jan 2023	I. Update to Section 5 to include "Pre-prescribed and over the counter purchased medicines can be accepted for administration to pupils". II. Update to Section 6.1 to include "Medication should not be given to a pupil to take home".	ML
1.9	June 2023	I. Appendices 2(a), 2(b), 2(c), 2(d)(i), 2(d)(ii), 2(d)(iii), 2(d)(iv), 2(d)(v), 2(d)(vi), 2(d)(xiv), 2(e), App 3, App 4 – Update to medication review page to include section confirming method of review. II. Appendix 3 – Inclusion of running total of emergency inhaler doses used. III. Inclusion of Section 5.2 – Arrangements for the Application of Non-Prescription Sun Cream, Soaps and hand Lotions	ML

2.0	Nov 2023	Procedural Guide, App 2(a), App 2(b), App 2(c), App 2(d), App 2(e) and App 3 updated to read - *(NB: Care Inspectorate advice is that in Early Learning and Childcare settings it is good practice to review all agreed medical intervention at least every three months to check that the medication is still required, is in date, and that the dose has not changed.)*	ML
2.1	Dec 2023	I. Introduction of Appendix 2(d)(xvii) – Individual Healthcare Plan - Diabetes "Omnipod 5" with Insulin Pump II. Update of Procedural Guide to reflect introduction of Appendix 2(d)(xvii)	ML
2.2	Jan 2024	I. Appendix 1 – Decision Tree and Treatment Table – Update to permissible actions by staff II. Appendix 3 – Section D – Updated link signposting "West Lothian Council Aero Healthcare Form" III. Procedural Guide – Section 8.3 – update to Risk Assessment, Self-Assessment and Reporting Guidelines IV. Procedural Guide – Section 6.1 – Update to Supply, Collection and Disposal of Medication Guidelines V. Appendices: 2(a), 2(c), 2(d)(i), 2(d)(ii), 2(d)(iii), 2(d)(iv), 2(d)(v), 2(d)(vi), 2(d)((xiv), 2(d)(xvii), App 3, App 4 and App 6 updated to reflect amendments to guidelines on supply, collection and disposal of medication	ML
2.3	June 2024	I. Appendix 3 - now 2 separate appendices – (i) App 3(a) Request Form for Use of Inhaler in School and (ii) App 3(b) Use of Inhaler in School – Procedures for Schools. II. Appendix 3(a) – pupil photograph section added to page 1. III. Appendix 3(a) – text added to Section A - signposting requirement to complete individualised symptom and action flowchart. IV. Appendix 4 – pupil photograph section added to page 1. V. Procedural guide updated to reflect above amendments.	ML
2.4	July 2024	Procedural Guide and Appendices 2(a), 2(d)(i), 2(d)(ii), 2(d)(iii), 2(d)(iv), 2(d)(v), 2(d)(vi), 2(d)(xiv), 2(d)(xvii) – Updated to ensure that any reference to The Royal Hospital for Sick Children is amended to The Royal Hospital for Children and Young People	ML
2.5	July 2024	I. Appendix 3(a) Section A – updated to reflect requirement for all ELC and P1-P7 pupils to use a spacer device with their personal inhaler (if using a Metered Dose Inhaler – MDI). Those P4-P7 pupils carrying and self-administering their MDI should have access to a personal spacer. II. Appendix 3(b) – Section A - updated to inform that P4-P7 pupils (if using a Metered Dose Inhaler – MDI), should carry their personal inhaler and a spacer.	ML
2.6	Aug 2024	I. Introduction of Diabetes App 2 (d) (xviii) Dana and CamAPS' with Insulin Pump II. Introduction of Diabetes App 2 (d) (xix) Ypsomed and CamAPS' with Insulin Pump III. Diabetes App 2(d) – updated to reflect introduction of new appendices IV. Diabetes App 2(d) (iv) 670G Insulin Pump and Diabetes App 2(d) (xiv) 780 Insulin Pump– update to Page 3 and to HYPERglycaemia Flowchart V. Diabetes App 2(d) (vi) Omnipod Insulin Pump - update to Page 3 VI. Diabetes App 2(d) (xi) CGM T:Slim X2 Insulin Pump - update to Page 4 VII. Diabetes App 2(d) (v) T:Slim X2 Insulin Pump - update to Page 3 and to HYPOglycaemia Flowchart	ML
2.7	Oct 2024	Appendix 3(b) Asthma Viral Wheeze_ Procedures for Schools – Page 4 – Clarification on use of school emergency inhaler.	ML
2.8	May 2026	Appendix 2(a) Severe Allergies_ Symptom and Action Flowchart for Allergic Reaction Including an Adrenaline Pen – Instructions for EpiPen and Jext updated	ML
2.9	July 2026	Procedural Guide - Update to Section 6.1: I. Guidance on pupil personal information showing on unused medication being returned to a pharmacy. II. Requirement for uplift of unused medication at the end of the summer term relates to establishments operating term time and is not applicable to ELC settings remaining open 50 weeks per year.	ML

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1. PURPOSE OF THE PROCEDURES

This document provides procedures to assist schools in meeting the healthcare needs of pupils. By working in partnership with parents, pupils and health professionals, schools will be able to support pupils who have healthcare needs in a safe, efficient and secure environment. Wherever possible, children and young people should be empowered and supported to manage their own healthcare needs and work in collaboration with health professionals, school staff, and their parents, to reach an understanding about how their health affects them and how their healthcare needs will be met.

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

2. ROLES AND RESPONSIBILITIES IN MEETING HEALTHCARE NEEDS

(i) The Council is responsible, under the Health and Safety at Work Etc. Act 1974, for managing all aspects of health and safety to protect the health, safety and welfare of employees and others who may be affected by our actions in the course of business. This includes procedures for supporting pupils with medical needs and managing medication. The Council, through the Education Services arrangements for Career Long Professional Learning (CLPL), organises appropriate training for staff, as identified by schools, to ensure that they have sufficient understanding, confidence and skill to support pupils with medical needs. The Council is obliged to conform with its duty to provide auxiliary aids and services, and make other reasonable adjustments for those pupils who have a disability in terms of the Equality Act 2010.

(ii) Education Services has responsibility for the content of the "Procedures for the Management of Pupils with Healthcare Needs", provides advice on implementation and conducts (internal) and organises (external) annual checks to ensure compliance with these procedures.

(iii) Head Teachers 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 only to the school staff who require to have the information in order to provide adequate support to the pupil and that the confidentiality of a pupil's medical history is respected. This includes temporary and supply staff. Staff should only read information contained within the school's Medical Folder, which is stored securely, that is relevant to the specific pupil(s) in their care;
- medication will be administered by staff who have the knowledge and understanding of the appropriate healthcare and interventions;
- medicines are in date and stored safely and administration of medication is appropriately recorded with dosage and administration witnessed by a second adult wherever practical;
- parents are aware of the Council's procedures for dealing with healthcare needs by including information/links to West Lothian healthcare procedures in newsletters and in websites;
- parents' and pupils' cultural and religious views are always respected;
- two adults, at least one the same gender as the pupil where practical, are present for the administration of intimate or invasive treatment; * see also Section 9
- they are familiar with the document 'Reasonable Adjustments for Disabled Pupils (Scotland)'

in particular the section entitled 'Considerations: Factors to be taken into account' at the following link: https://www.equalityhumanrights.com/en/publication-download/reasonable-adjustments-disabled-pupils-scotland;

- consider and assess possible reasonable adjustments in terms of the Equality Act 2010 in consultation with parents, relevant health professionals and those providing school excursions;
- all school staff are aware of the arrangements to manage a medical emergency, including appropriate use of emergency services (dial 999 and ask for an ambulance, providing details of the nature of the pupil's medical condition); and
- they prepare risk assessments and self-assessments in line with the procedures set out in these Procedures.

(iv) All Education Services staff must:

- make themselves aware of identified pupils' healthcare needs and the problems that may arise in school for those pupils;
- follow the procedures set out in the Appendices for each child identified as requiring an Individualised Healthcare Plan;
- know the school's procedures for responding to an emergency situation including how to access first aid support and how to contact emergency services;
- ensure that they have the knowledge and understanding of the appropriate healthcare and interventions;
- make reasonable adjustments in terms of the Equality Act 2010 as agreed with the Head Teacher; and
- protect the dignity of pupils as far as possible, even in emergencies. This may mean removing other pupils from the area or screening the pupil concerned.

(v) Parents must:

- make sure their child attends school when well enough to do so;
- ensure 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 person designated by the Head Teacher, at the earliest opportunity;
- where required, obtain a health professional's signature in relation to Individual Healthcare Plans;
- sign all forms/Individual Healthcare Plans/personalised Symptom and Action Flowcharts;
- give the first dose of any medication to their child and confirm that no adverse reaction has been observed prior to the medicine being administered in school;
- provide the school with a supply of medication in the original packaging/dispensing container including any patient information leaflet and for prescribed medication with the original pharmacy label attached stating the child's name, name of medication and time/frequency of administration.
- ensure that the school supply of medication is replenished as required;
- 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.

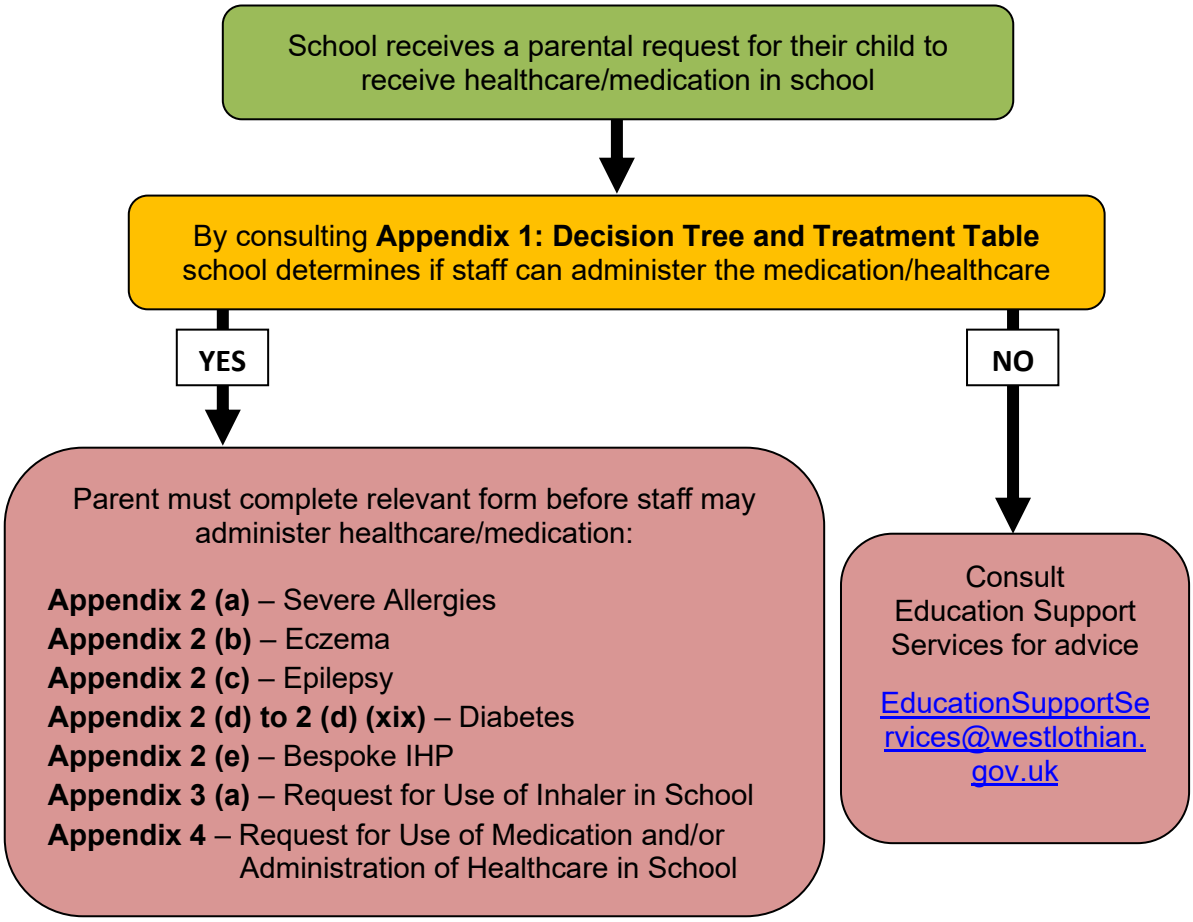
(NB: The definition of 'parent' includes a guardian and any person who is liable to maintain or has parental responsibilities (within the meaning of section 1(3) of the Children (Scotland) Act 1995) in relation to, or has care of a child or young person.)

(vi) Health Professionals - Under the National Health Service (Scotland) Act 1978, NHS boards

are responsible for securing the medical inspection, medical supervision and treatment of pupils in schools and education authorities will help them to discharge these responsibilities. Delivery of these services to children and young people requires NHS boards and education authorities to plan and work in partnership. This includes giving advice and support on:

- medical conditions and healthcare needs;
- the storage of medication;
- carrying out the procedures in this document, including delivery of raising awareness training; and
- supporting the completion of Individual Healthcare Plans.

3. PATHWAY FOR MANAGING PUPILS' HEALTHCARE NEEDS



4. INDIVIDUAL HEALTHCARE PLANS (IHPs)

4.1 IHPs for Severe Allergies, Eczema, Epilepsy, Diabetes, and Any Other Condition Requiring a Bespoke Individual Healthcare Plan

(excluding Asthma/ Viral Wheeze and Cystic Fibrosis)

The purpose of an IHP is to identify the support needed at school for a pupil who is unable to attend school without assistance with medication or healthcare. The small number of pupils who require an IHP will have a significant medical condition and meet at least one of the following criteria, that is, the pupil has a need for school staff to:

- provide intervention;

- be alert to recognise potential emergency situations and know what action to take;
- be aware of medical implications for certain areas of the curriculum such as PE; and/or
- have knowledge and understanding in line with Section 9 below.

In collaboration with NHS Lothian, templates for IHPs for specific medical conditions have been designed and are contained within Appendix 2.

Each template in Appendix 2 (a) to (e) provides specific procedures on the completion of the IHP form and the related procedures required to be implemented.

The need for an IHP and the medical detail of such a plan should only be determined by an appropriate designated health practitioner[1]. The planning process for pupils requiring an IHP is contained within the Council's Continuum of Support and individual child's planning process.

When agreeing specific intervention, school staff must consult the Decision Tree and Treatment Table contained in Appendix 1 which provides the list of treatments for which cover is provided in West Lothian Council's insurance policy. Staff may require to undertake professional learning to implement the intervention requested (see Section 9 below). Should the healthcare requested not be contained in the treatment table, the Additional Support Needs Service should be contacted for advice.

As the IHP provides a written agreement about the support to be provided at school, it should be signed off in partnership by all those involved in its development including the pupil (if appropriate), parents, school staff and relevant health professional where required.

4.2 ASTHMA/VIRAL WHEEZE: IHPS, REQUESTS FOR MEDICATION MANAGEMENT AND GENERIC FLOWCHARTS

Almost all pupils with asthma will not require an IHP. The specialist asthma nursing team at the Royal Hospital for Children and Young People or St John's Hospital will provide a completed Asthma IHP for those pupils they identify as requiring one. The format of this document will be determined by the appropriate health professional. Blank copies of an Asthma IHP are therefore not available to school staff. It is important that, on submission of an Asthma IHP, parents complete the form "Request Form for Use of Inhaler in School" (see Appendix 3 (a)). The completion of this form is to ensure that the agreement between the parent/child (if over 12 years) and the school to implement medication in the school is appropriately recorded.

Parents of pupils with asthma/viral wheeze who **do not have** an IHP require to complete the form "Request Form for Use of Inhaler in School" (Appendix 3(a)), including an individualised Symptom and Action Flowchart for Asthma Attack (Section B of the form).

Appendix 3(b) provides specific related procedures required to be implemented by the school.

4.3 CYSTIC FIBROSIS

All pupils with Cystic Fibrosis are required to have an IHP.

The specialist nursing team at the Royal Hospital for Children and Young People will provide a completed IHP for pupils with Cystic Fibrosis. The format of this document will be determined by the appropriate Health Professional. Blank copies of a Cystic Fibrosis IHP are therefore not available to school staff. It is important that, on submission of a Cystic Fibrosis IHP, parents

[1] Scottish Government Guidance

complete the form "Request for Use of Medication and/or Administration of Healthcare in School" (see Appendix 4). The completion of this form is to ensure that the agreement between the parent/child (if over 12 years) and the school to implement medication/healthcare in the school is appropriately recorded.

4.4 REVIEWING IHPs

Individual Healthcare Plans are reviewed at least annually and/or if there is a change of condition.

(**NB**: Care Inspectorate advice is that in Early Learning and Childcare settings it is good practice to review all agreed medical intervention at least every three months to check that the medication is still required, is in date, and that the dose has not changed.)

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.

Should the pupil medication/care review be conducted verbally, the dedicated field within the Agreement to Individual Healthcare Plan Review Form must be updated to reflect this.

Schools should ensure details of any verbal agreement is detailed on SEEMiS Pastoral Notes.

If at the time of review or at any point throughout the school academic year there are changes to the care or medication required by a pupil, a new Individual Healthcare Plan should be completed.

5. MEDICATION/HEALTHCARE IN SCHOOL WITHOUT THE NEED FOR AN IHP

A significant number of pupils will have a medical/healthcare need at some point that does not require an IHP. If the relevant health practitioner does not deem an IHP to be necessary for the management of the pupil's healthcare in school, then the parent/child (if over 12 years) should complete the form "Request for Use of Medication and/or Administration of Healthcare in School" (Appendix 4) for consideration by the Head Teacher**.**
Note - Appendix 4 should not be used as a Bespoke Individual Healthcare Plan.

For those pupils diagnosed with Asthma and prescribed use of a personal inhaler, "Request Form for Use of Inhaler in School" (Appendix 3(a)) should be completed.

School staff should never administer medication or healthcare without signed agreement on the appropriate form. If medication is agreed to be administered "as required" then schools (Early Learning and Childcare settings and primary schools only) must contact the parent each time to ascertain if medication is to be administered prior to any administration of medication. A record of this communication must be recorded in SEEMiS Pastoral Notes.

Note - this directive relates to non-emergency medication only. Should emergency medication be required i.e. Inhaler, Epipen this should be enabled in the first instance without the initial call home to parents.

Pre-prescribed and over the counter purchased medicines can be accepted for administration to pupils. Medication must be supplied in the original packaging/dispensing container including the

product information leaflet and for prescribed medication, with the original pharmacy label attached stating the pupil's name, name of medication, and time/frequency. Please note, 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.

Pupils for whom Appendix 4 or Appendix 3(a) has been authorised require to have this information and agreement reviewed at least annually and/or if there is a change of condition.

(**NB**: Care Inspectorate advice is that in Early Learning and Childcare settings it is good practice to review all agreed medical intervention at least every three months to check that the medication is still required, is in date and that the dose has not changed).

If there are no changes at the time of review and the care and/or administration of medication is to continue, the review section of either Appendix 4 or Appendix 3(a) (whichever form applicable) must be completed and signed by all relevant parties as indicated on the form.

Should the pupil medication review be conducted verbally, the dedicated field within the review section of either Appendix 4 or Appendix 3(a) (whichever form applicable) must be updated to reflect this discussion.

Schools should ensure details of any verbal agreement is detailed on SEEMiS Pastoral Notes.

If there are any changes to the care or medication required by a pupil at any point throughout the school academic year, a new Appendix 4 or Appendix 3(a) should be completed.

5.1 ARRANGEMENTS FOR THE ADMINISTRATION OF METHYLPHENIDATE (e.g. RITALIN™, EQUASYM™ , TRANQUILYN™, MEDIKINET™)

Methylphenidate is a medicine governed by the Misuse of Drugs Regulations 2001 and must be stored and recorded as detailed below:

5.1.1 Storage of Methylphenidate

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

5.1.2 Recording the administration of Methylphenidate

An accurate 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 and a member of staff, or two members of staff who have also signed the "Request for Use of Medication and/or Administration of Healthcare in School" (Appendix 4).

Where a pupil requiring Methylphenidate is accompanied out of school by only one member of staff, e.g. on supported work experience, another staff member who has signed the "Request for use of Medication and/or Administration of Healthcare in School" (Appendix 4) must dispense the required dosage as detailed in the procedures in Section 6.3 below and sign Appendix 5: "School Medication Record for Receipt and Administration of Methylphenidate (e.g. Ritalin™, Equasym™, Tranquilyn™, Medikinet™)" as Staff member 1. The member of staff accompanying the pupil must sign Appendix 5 as Staff member 2 when they administer the dosage to the pupil.

A blank copy of the administration of medicine recording sheet for Methylphenidate is contained within Appendix 5: "School Medication Record for Receipt and Administration of Methylphenidate

(e.g. Ritalin™, Equasym™, Tranquilyn™, Medikinet™)".

5.2 Arrangements for the Application of Non-Prescription Sun Cream, Soaps and Hand Lotions

Sun creams, soaps and hand lotions purchased over the counter should be regarded as non-prescription products. Use of such products in a learning establishment do not fall within the remit of the "Procedures for the Management of Pupils with Healthcare Needs"

Where a parent requests the use of non-prescription sun cream, soaps and hand lotions schools should refer to the "Request for use of Non-Prescribed Sun Cream, Soaps and Hand Lotions" guide and complete Appendix 1. https://www.westlothian.gov.uk/article/78753/Guidance-for-use-of-Non-Prescription-Sun-Cream-Soaps-and-Hand-Lotions

In **Early Learning and Childcare** settings the use of non-prescription sun creams, soaps and hand lotions will be recorded and agreed on the pupil Personal Plan. Appendix 1 is not required for completion for pupils in ELC settings.

Learning establishments should note there is no requirement to contact the parent prior to each application of non-prescription sun cream, soaps and hand lotions. In these instances, staff will offer an application/enable personal use as required.

There is no expectation for staff to record use of non-prescription sun creams, soaps and hand lotions on each time of application.

The agreement for use of non-prescription sun cream, soaps and hand lotions will be ongoing until such time that the parent instructs the school otherwise.

6. OPERATIONAL MANAGEMENT OF MEDICATION AND FILES

6.1 Supply, Collection and Disposal

Parents have the responsibility to ensure that the school is supplied with a sufficient quantity of medication**.** An up-to-date record of the expiry date of medication should be kept by school staff.

When medication supplies are low, out of date or require collection, schools should contact the parent to request further supply or uplift from school. Appendix 6 "Notice to Parent Regarding Medication Supply or Collection" may be used for this purpose. Instead, if this is actioned by telephone or in person, a note of this conversation should be recorded in SEEMiS Pastoral Notes.

All non-emergency medication should be collected by the parent at the end of the academic year and every reasonable effort should be made by school staff to ensure this happens. Medication should NOT be given to a pupil to take home.

At the end of the summer term in June, as long as the expiry date of any prescribed long-term emergency medication held in school exceeds the following October holiday period, there is the option for the school to securely hold the medication during the summer break for use at the start of the new term.

For Clarification - Medicines required to treat Asthma, Diabetes, Epilepsy and Severe Allergies are regarded as prescribed long-term emergency medication. Any other medicines being used for treatment outwith these conditions should be considered as non-emergency medication.

Note: Collection/disposal of unused medication at the end of the summer term should be actioned by those establishments operating term time and is not applicable to ELC settings remaining open 50 weeks per year.

For any medication that remains uncollected, the school must carry out the following actions:

- **Check if the medication is 'special waste' or not**
  Details may be found on the medication patient information leaflet, or on the Material Safety Data Sheet. The following link can be used to find the leaflets which are provided with medicines: https://www.gov.uk/guidance/find-product-information-about-medicines
  Pharmacists will also be able to provide advice whether medication is special waste, and appropriate European Waste (EWC) codes.

- **If it is special waste**
  Follow the Corporate Procurement Unit procedure for disposal of special waste.

- **If it is not special waste**
  - Medication should be taken to a pharmacy for disposal.
  - When returning medication to the pharmacy ensure personal information relating to the pupil is removed/overwritten i.e. remove pharmacy label or score over names, DOB etc.
  - Record all transfers of unused/out of date medication between the school and pharmacy, using a Duty of Care Controlled Waste Transfer Note. Appendix 7 must be used for this purpose. Pharmacists will be able to provide advice on appropriate European Waste (EWC) codes.
  - File all Duty of Care Controlled Waste Transfer Notes, signed by both the school and the pharmacy for at least 2 years in the school's medical folder.

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. This arrangement should be recorded in a letter to parents confirming the position.

6.2 Storage

Routine prescribed and non-prescribed medication/test materials should be in secure storage which is accessible to staff designated by the Head Teacher as detailed on the forms completed by the parent/child (if over 12 years). 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.

As an exception however, whilst Co-codamol is not classified as a controlled drug it is recommended that when parental authorisation is given for a pupil to carry and self -administer Co-codamol tablets, schools should store the Co-codamol in a central, secure location and the pupil should collect a dosage as and when required.

Medication must be stored in the original packaging/dispensing container including any patient information leaflet and with the original pharmacy label attached stating the pupil's name, name of medication, and time/frequency.

All controlled drugs for example Methylphenidate and Gabapentin must be kept in a locked cabinet at all times.

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 refrigerators holding medicines.

6.3 Recording the Administration of Medication

A written record must be kept of all medication administered to individual pupils. The dosage and administration should be witnessed by a second adult. The record should be kept along with the medication, checked before every administration and completed by the member of staff administering the medication. Appendix 8: "School Medication Administration Record" is used for this purpose. See section 5.1.2 above for recording information regarding Methylphenidate.

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

6.4 Medical Folders

- Every school should have a medical folder that is kept securely in a central, accessible place and all staff should know where it is located.

- The Medical Folder should contain copies of all current medication/care forms, including any Individual Healthcare Plans Arrangements for Medical Folders require to be in line with Section 8.2 "Confidentiality" below. Staff should only read information contained within the school's Medical Folder that is relevant to the specific pupil(s) in their care.

- Retention of medical related documents must be kept in line with the council's 'Data Protection Policy' and 'Records Management Guide'.

- At the end of each academic year the pupils' documents should be filed in their individual Personal Pupil Record.

6.5 Pupils Refusing 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 should be contacted. In urgent cases, emergency services should be contacted. An incident of a pupil refusing to take medication should be recorded on either Appendix 5 or 8 (as appropriate). An incident of a pupil refusing to undergo an agreed care activity should be recorded in SEEMIS Pastoral Notes.

6.6 Intimate Care/Invasive Procedures

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.

Invasive medical procedures are where deliberate access to the body is gained via an incision, skin puncture, where instrumentation is used in addition to the puncture needle (e.g. adrenaline pen, insulin injection), or instrumentation through a natural orifice.

Support to meet both intimate and invasive needs should be included in a child or young person's Individual Healthcare Plan. Appropriate guidance for staff who provide this support must be determined whilst establishing the IHP. Staff should protect the rights and dignity of the child or young person as far as possible, even in emergencies. Two adults, at least one the same gender

as the pupil where practical, must be present for the administration of intimate treatment. Two adults must be present for the administration of invasive treatment to ensure accuracy of administration.

6.7 Update to Pupil Medical Records Informed via Parents Portal

When a school receives request for amendment to a pupil healthcare regime via Parents Portal, this should be verified with the parent in the first instance and then approved by staff through SEEMiS. It must then be ensured that the relative healthcare documentation is completed/amended and signed where appropriate to reflect the update**.** Pupil medical data showing on SEEMiS **must** at all times correspond to the information detailed on the medication/healthcare request forms.

Note – Should the pupil have a SEEMiS record copied out to another establishment, ensure the host school is made aware of the changes to the healthcare requirements.

7. OUT OF SCHOOL ACTIVITY

7.1 Excursions

Where a pupil has an IHP, the Head Teacher should ensure that at least one member of staff accompanying such a pupil on activities taking place away from the school has the knowledge and understanding of the appropriate healthcare and interventions.

Risk assessment should be carried out by the Head Teacher or designated member of staff prior to such activities and take into account the healthcare needs of all pupils. All actions require to take into account the council's Excursion Policy.

Copies of the pupil's 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 member of 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 by the Head Teacher or designated member of staff 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:

- cut from its blister pack;
- placed into a clean, dry container, clearly labelled with pupil's name, and containing a photograph of the pupil. Such arrangements require to be in line with Section 8.2: Confidentiality below.
- (if non-controlled drug) placed into a securely locked, clean, dry container, clearly labelled with pupil's name, and containing a photograph of the pupil. Such arrangements require to be in line with Section 8.2: Confidentiality below.
- kept with a designated member of staff at all times.

A blank copy of Appendix 5 and/or 8 (as appropriate) should be used to record medication administered for each excursion and retained in school records. When a pupil administers

his/her own medication, a record is not required.

Appropriate consideration regarding storage of medication is required as part of the risk assessment process when arranging out of school activities including sporting activities.

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 designated member of staff, ensuring the privacy of the pupil.

Arrangements for Methylphenidate are detailed in Section 5.1.2 above and in Appendix 5.

7.2 Transitions Arrangements (stage to stage, school to school and sector to sector)

Transition arrangements for pupils may involve a range of formats depending on the individual needs of the child/young person. The procedure noted above in relation to excursions requires to be adhered to for all transition activities. These arrangements must be planned and agreed by both schools and the parent.

7.3 Work Placement and Vocational Pathways

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. The procedure noted above in relation to excursions requires to be adhered to for all such placements. These arrangements must be planned and agreed by the school, the parent, the young person and the placement with due consideration given to confidentiality.

8. QUALITY ASSURANCE AND IMPROVEMENT

8.1 Emergency Procedures

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).

Should the requirement for Emergency Services relate to a pre-existing medical condition known to the school, details of this emergency intervention must be recorded on SEEMiS Pastoral Notes.

For all other requests for Emergency Services, a member of staff who was witness to/ involved in the emergency incident must report the incident on SPHERA, the council's Health & Safety Management System which can be accessed at this link:

https://intranet.westlothian.gov.uk/incident-recording

8.2 Confidentiality

All medical information must be treated with confidentiality.

It is important that health information about individual pupils is not displayed without the permission of the pupil and/or their parent, e.g. in the school kitchen so staff are aware of pupils with severe allergies.

Where a child has an IHP, the child/young person's Pupil Progress Record must be clearly

marked to show that this exists.

8.3 Risk Assessment, Self-Assessment and Reporting Procedures – Mandatory Tasks

- A generic risk assessment is provided as an online tool in Sphera ("Provision of Medicines to Pupils - Generic things to consider"). Head Teachers are required to update this at the start of each academic year (August) and when a failure of implementation has been identified. A help sheet on how to access and complete this tool is contained in Appendix 9.
- Head Teachers are required to carry out an annual online self-assessment using Sphera. The self-assessment must be completed at the start of each academic year (August). Procedures for completing the self-assessment is given in Appendix 10: "Completing a School Self-Assessment".
- Education Support Services will validate all Sphera self-assessments.
- All incidents involving a failure to correctly implement the procedures regarding the administration of medication or healthcare require to be reported through Sphera.
- Education Support Services will carry out compliance checks on the implementation of pupil healthcare procedures in every school. This will be conducted on a 3-year rolling programme with a selection of schools being selected for audit each year.
- Health & Safety will carry out targeted assessments of compliance for 10% of all schools on an annual basis.

9. CAREER LONG PROFESSIONAL LEARNING (CLPL)

It is important that designated school staff with responsibility for administering medication and/or healthcare to pupils have sufficient understanding, confidence and skills to do so. Head Teachers must make arrangements for staff providing such care to develop their knowledge and understanding in the relevant areas of healthcare with which their pupils present. Common medical conditions in schools include, for example, asthma, diabetes, epilepsy, eczema and allergic reactions (including anaphylaxis). Professional learning may take the form of:

- Courses in asthma & anaphylaxis, diabetes and epilepsy provided through the West Lothian Council CLPL calendar;
- Online courses;
- Courses from accredited sources, e.g. third sector or private organisations;
- Bespoke input to address the need for some staff to have further information about the content of a pupil's IHP, healthcare procedures or specific training in administering a particular type of medication or in dealing with emergencies as detailed in the IHP.

All professional learning requires to be in line with the terms and conditions of West Lothian Council's Procurement Policy. Any online learning requires to be through the recommendation of NHS professionals.

All Head Teachers must ensure there are a reasonable number of designated members of staff who have undertaken professional learning to provide sufficient healthcare coverage, including when staff are absent.

All schools have staff trained in Full First Aid at Work and/or Emergency First Aid. Whilst Emergency First Aid courses usually include content on asthma, diabetes, epilepsy, eczema and allergic reactions (including anaphylaxis), this content is not covered to the detailed requirements for specific knowledge on individual healthcare needs. Staff having only taken part in an Emergency First Aid course must also undertake specific professional learning in the relevant conditions their pupils present with.

Professional learning must be in-date and updated every two years where required, and every three years for Full First Aid at Work as detailed in the council's guidance (https://intranet.westlothian.gov.uk/article/29159/First-Aid-at-Work-Guidance). Schools must keep a record of CLPL using Appendix 11: "Staff CLPL Records".

Advice from NHS colleagues indicates that face-to-face professional learning at courses is valuable in providing staff with the opportunity to ask questions and share effective practice. Therefore every second professional learning activity must take the form of attendance at such courses.

N.B. Should staff be required to witness the administration of diabetes medication and as part of this process, be involved in dosage preparation and application of treatments, they must ensure that relative professional learning in this field has been completed.
If the member of staff is there purely as a 3rd party witness i.e. to observe the care intervention being offered to the pupil by another member of staff and with no involvement in the preparation and administration of medicines, there is no requirement for specialised diabetes professional learning to be undertaken.