

# **Supporting children and young people with healthcare needs in schools**

**Draft guidance for NHS boards, education authorities and schools**

**January 2017**

<b>INTRODUCTION</b>	<b>5</b>
What is this guidance about?	5
How should this guidance be used?	5
What is the status of the guidance?	6
Principles	6
<b>CHAPTER 1 – THE LEGISLATIVE AND POLICY CONTEXT</b>	<b>8</b>
Background	8
Legislative context	8
Policy context	13
<b>CHAPTER 2 - SUPPORTING CHILDREN AND YOUNG PEOPLE WITH HEALTHCARE NEEDS IN SCHOOLS: RIGHTS AND RESPONSIBILITIES</b>	<b>16</b>
Introduction to rights and responsibilities	16
Children and young people’s rights	16
Responsibilities	17
<b>CHAPTER 3 - DEVELOPING POLICIES AND PROCEDURES FOR SUPPORTING CHILDREN AND YOUNG PEOPLE WITH HEALTHCARE NEEDS - NHS BOARD AND EDUCATION AUTHORITY AGREEMENTS AND POLICIES</b>	<b>22</b>
Local strategic joint agreements	22
Policy framework on supporting children and young people with healthcare needs in schools	22
The allocation of support staff to meet the healthcare needs of children and young people in schools	24
Training and development of staff to support healthcare needs in schools	24
Education Authority indemnification/insurance	25
Sharing information and confidentiality	25
Resolving disagreements	26
<b>CHAPTER 4 - SUPPORTING CHILDREN AND YOUNG PEOPLE WITH HEALTHCARE NEEDS AT SCHOOL LEVEL</b>	<b>27</b>
The role of schools	27

School level training issues	27
Identifying and supporting healthcare needs in schools	28
Individual healthcare plans	29
Dealing with medicines safely	30
Self-management	31
Access to medication	31
Administering medication	32
Paracetamol (and the use of other non-prescription medicines in schools)	33
Hygiene/infection control	33
Refusing medication	34
Disposal of medication	34
Intimate care	34
<b>CHAPTER 5 - CIRCUMSTANCES WHERE A SCHOOL MAY NEED TO MAKE SPECIAL ARRANGEMENTS FOR SUPPORTING CHILDREN AND YOUNG PEOPLE WITH HEALTHCARE NEEDS</b>	<b>35</b>
The need to make reasonable adjustments	35
School trips and other outdoor learning activities	35
Sporting activities	36
Work placements and vocational pathways delivered through school-college partnerships	36
Transport	36
<b>ANNEX A: GUIDANCE FOR EDUCATION AUTHORITIES, NHS BOARDS AND SCHOOLS IN SCOTLAND ON THE USE OF EMERGENCY SALBUTAMOL INHALERS</b>	<b>37</b>
Introduction	37
Background	37
General information in regard to the use of emergency salbutamol in schools in Scotland	38
Guidance for school staff on how to respond if a child or young person is having an asthma attack	43

Signs of an asthma attack	43
Useful information about the management of asthma	43
<b>ANNEX B: OTHER CONDITION SPECIFIC INFORMATION</b>	<b>44</b>
Children and young people with epilepsy prescribed with emergency rescue medicine	44
<b>ANNEX C: OTHER RELEVANT LEGISLATION AND POLICY TO SUPPORT THE HEALTHCARE NEEDS OF CHILDREN AND YOUNG PEOPLE AT SCHOOLS</b>	<b>45</b>
The Equality Act 2010	45
Patient Group Directions	46
Independent Prescribers	47
Administration of injectable medicines for the purpose of saving life in an emergency	47
Controlled Drugs	47
Health and Safety at Work	47
Education (Schools and Placing Information) (Scotland) Regulations 2012	47
The Waste Management Licensing (Scotland) Regulations 2011	47
<b>ANNEX D: OTHER USEFUL GUIDANCE DOCUMENTS AND USEFUL ORGANISATIONS</b>	<b>48</b>
Other useful guidance	48
Useful organisations	49

## INTRODUCTION

Any child or young person at school in Scotland may require healthcare support or the administration of medication. Healthcare support or medication may be required for the management of short or long term conditions or in response to an emergency situation, such as an allergic reaction.

### **What is this guidance about?**

This guidance has been developed in partnership with a range of key stakeholders to guide those working in and with NHS boards, education authorities and schools to support children and young people affected by health issues which require healthcare support at primary and secondary school<sup>1</sup>. This guidance also contains the Scottish advice about the Human Medicines (Amendment) (No. 2) Regulations 2014<sup>2</sup>, which enable schools to buy and hold salbutamol inhalers for use in emergencies with children and young people who have asthma.

It should be noted that many elements of the legislative and policy framework referred to within this guidance will also apply to early learning and childcare (ELC) settings, grant aided schools and independent schools. Such settings will be inspected by Education Scotland (with ELC and residential schools also regulated by the Care Inspectorate) and may use this guidance to help inform the arrangements they are required to make to ensure that the healthcare needs of all children and young people are met, taking into account the legislative and policy framework relevant to them. This will include, for example, the requirement to make reasonable adjustments for disabled children and young people under the Equality Act 2010.

### **How should this guidance be used?**

The guidance has been developed to inform local policy development between NHS boards, education authorities, schools and other partners in supporting children and young people with healthcare needs in schools<sup>3</sup>. It is intended to act as a guide to the strategic and operational matters which should be considered as part of policy development. The guidance may also be of interest to children, young people and parents/carers.

The guidance is structured to enable readers to be able to focus on the particular issue they require information on, in addition to being able to be read as an entire document. Care should be taken to ensure that practitioner responsibilities are fully understood if the document is being used for reference. References are provided as footnotes throughout the document.

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<sup>1</sup> Under the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#), a number of the Health and Social Care Partnerships across Scotland have integrated children's health and/or social care services.

<sup>2</sup> [Human Medicines \(Amendment\) \(No. 2\) Regulations 2014](#)

<sup>3</sup> In areas where the responsibility for health services for children and young people has been delegated to a Health and Social Care Partnership, under [section 25\(3\) of the Public Bodies Joint Working \(Scotland\) Act 2014](#), this guidance applies to the Partnership and should be taken into account when preparing a strategic plan and commissioning the services to which this guidance relates.

## What is the status of the guidance?

This guidance has been issued by the Scottish Government and replaces the guidance on the Administration of Medicines in Schools<sup>4</sup>. While this guidance makes general references to legislation, it is not an authoritative statement of the law. Interpretation of the law is a matter for legal advisers and ultimately the courts. Readers may wish to take legal advice regarding any particular set of circumstances.

## Principles

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

- The rights, wellbeing, needs and circumstances of the individual child or young person should, at all times, be at the centre of the decision-making process. Under the United Nations Convention on the Rights of the Child (UNCRC) all children have a right to the highest attainable standard of health and to health care services that help them attain this. The arrangements for each individual depend on each individual's particular circumstances, taking into account medical advice, their own views and, where appropriate, their parent's views.
- NHS boards, education authorities and school staff should work collaboratively to ensure that the principles of NHS clinical governance<sup>56789</sup> are followed so that 'individuals receive the service they need in the way most appropriate to their personal circumstances and all policy and service developments are shown not to disadvantage any of the people they serve.
- All children and young people have a right to an education on the basis of equal opportunity and are entitled to support in their learning. Education authorities should ensure that arrangements for supporting healthcare in schools are subject to review and improvement within the How Good is Our School framework<sup>10</sup> to enable success in:
  - the fulfilment of statutory duties
  - increasing learner confidence, responsibility and resilience
  - promoting positive relationships, respect and fairness.
- Staff in NHS boards, education authorities and schools should work together with the children and young people concerned, their parents or carers and families to ensure healthcare needs are met within all schools.

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<sup>4</sup> [Guidance on the Administration of Medicines in Schools, Scottish Executive, 2001](#)

<sup>5</sup> [National Health Service Reform \(Scotland\) Act 2004](#)

<sup>6</sup> [Clinical and Care Governance Framework, Public Bodies \(Joint Working\) \(Scotland\) Act 2014, Scottish Government, 2015](#)

<sup>7</sup> [NHS HDL 74 Clinical Governance Arrangements, Scottish Executive, 2001](#)

<sup>8</sup> [NHS MEL 29 Clinical Governance, Scottish Executive, 2000](#)

<sup>9</sup> [NHS MEL 75 Clinical Governance, Scottish Executive, 1998](#)

<sup>10</sup> [How good is our school?, 4<sup>th</sup> edition, Education Scotland, 2015](#)

- Wherever possible, there should be forward planning and resourcing agreed between all partners to meet the healthcare needs of children and young people, particularly in relation to the reasonable adjustments that disabled children and young people might need and require<sup>11</sup>.
- School staff providing healthcare to children and young people should receive appropriate training from a health professional or other accredited source in the care they are providing and should not be expected to provide such care unless training and support is provided and is subject to appropriate clinical governance.
- Assistance with intimate care may be needed at any time, by children in all sectors and at all levels. Schools should have arrangements in place to deal with these needs quickly and with respect for children's privacy, dignity and rights.

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<sup>11</sup> Education authorities, schools and NHS Boards have a duty under the [Equality Act 2010](#) to provide reasonable adjustments for disabled children and young people. Under it, the responsible body of a school is the education authority for public schools, the managers of a grant-aided school and the proprietors of an independent school.

## CHAPTER 1 – THE LEGISLATIVE AND POLICY CONTEXT

### Background

1. In recent years there have been a number of legislative and policy developments which provide the context for supporting children and young people with healthcare needs at school. Although this guidance is focussed on the delivery of healthcare and medication provision in schools, the legislation and policy operates at strategic and operational levels across both health and education services. Delivery of these services to children and young people requires NHS boards and education authorities to plan and work in partnership.

2. It is recognised that this is a complex landscape and therefore this section of the guidance sets out the legal and policy frameworks which directly relate to the provision of healthcare and medication in schools. **Annex C** sets out some further detail of some of the provisions listed and other relevant legislation, however, it is expected that those working in NHS boards and education authorities will be familiar with their statutory responsibilities. It should be noted that the links to legislation in this documents may not always be to the most up-to-date version of the legislation, given legislation is constantly subject to change. The legislation is presented in chronological order to provide some context of how the policy and legislation landscape has developed.

### Legislative context

#### National Health Service (Scotland) Act 1978

3. Under the National Health Service (Scotland) Act 1978<sup>12</sup>, 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.

#### Education (Scotland) Act 1980

4. The Education (Scotland) Act 1980<sup>13</sup>, as amended, provides the legislative basis for education in Scotland and includes:

- a duty on education authorities to secure an adequate and efficient provision of school education to children in their area<sup>14</sup>;
- a duty on parents to ensure that children receive an education;<sup>15</sup>
- a requirement for school premises to be equipped and maintained as to conduce good health and safety;<sup>16</sup>
- provisions on attendance;<sup>17</sup>
- provisions on the medical and dental examination of children and young people at school<sup>18</sup>.

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<sup>12</sup> [Section 39 of the National Health Service \(Scotland\) Act 1978](#)

<sup>13</sup> [Education \(Scotland\) Act 1980](#)

<sup>14</sup> [Section 1 of the Education \(Scotland\) Act 1980](#)

<sup>15</sup> [Section 30 of the Education \(Scotland\) Act 1980](#)

<sup>16</sup> [Section 19 of the Education \(Scotland\) Act 1980](#)

<sup>17</sup> [Section 32-44 of the Education \(Scotland\) Act 1980](#)

<sup>18</sup> [Section 57 of the Education \(Scotland\) Act 1980](#)



### Age of Legal Capacity (Scotland) Act 1991

5. The Age of Legal Capacity (Scotland) Act 1991<sup>19</sup> provides that a person under the age of 16 has the legal capacity to consent on their own behalf to any surgical, medical or dental procedure where, in the opinion of a qualified medical practitioner attending them, they are capable of understanding the nature and possible consequence of the procedure or treatment.

### Children (Scotland) Act 1995

6. Part I of the Children (Scotland) Act 1995<sup>20</sup> gives certain parental responsibilities and rights. The rights are there so that a parent can fulfil his or her responsibilities and safeguard and promote the child's health, development and welfare.

### Data Protection Act 1998

7. The Data Protection Act 1998<sup>21</sup> governs the protection of personal data in the UK<sup>22</sup>. It protects the rights of individuals, whom the data is about (data subjects), and places duties on those who decide how and why such data is processed (data controllers). This Act applies to both educational and health records and also sets out what information is classed as 'personal data'<sup>23</sup> and 'sensitive personal data'<sup>24</sup>. The Act also gives children and young people rights in respect to the personal information held about them, and gives them and their parents/carers, the right to make a subject access request (SAR).

### Adults with Incapacity (Scotland) Act 2000

8. The Adults with Incapacity (Scotland) Act 2000<sup>25</sup> provides ways to help safeguard the welfare (including medical treatment) and finances of people who lack capacity. It protects adults (people aged 16 or over) who lack capacity to take some or all decisions for themselves because of a mental disorder or an inability to communicate. It allows a welfare and/or financial guardian appointed by the court – such as a parent or other relative – to make decisions on the adult's behalf.

### Standards in Scotland's Schools etc. Act 2000

9. A child's right to education is legislated for under the Standards in Scotland's Schools etc Act 2000<sup>26</sup>. The Act also places a requirement on education authorities to secure the provision of education that is directed to the development of the personality, talents and mental and physical abilities of the child or young person to their fullest potential<sup>27</sup>.

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<sup>19</sup> [Section 2 Age of the Legal Capacity \(Scotland\) Act 1991](#)

<sup>20</sup> [Part 1 of the Children \(Scotland\) Act 1995](#)

<sup>21</sup> [Data Protection Act 1998](#)

<sup>22</sup> A new general data protection regulation will replace the Data Protection Act 1998 in May 2018.

<sup>23</sup> [Section 1\(2\) of the Data Protection Act 1998](#)

<sup>24</sup> [Section 2 of the Data Protection Act 1998](#)

<sup>25</sup> [Adults with Incapacity \(Scotland\) Act 2000](#)

<sup>26</sup> [Section 1 of the Standards in Scotland's Schools etc. Act 2000](#)

<sup>27</sup> [Section 2 of the Standards in Scotland's Schools etc. Act 2000](#)

## Education (Disability Strategies and Pupil Educational Records (Scotland) Act 2002

10. Under the Education (Disability Strategies and Pupil Educational Records (Scotland)) Act 2002<sup>28</sup> responsible bodies have duties to develop accessibility strategies to increase access to the curriculum, the physical environment for pupils with a disability, and to improve communication for such pupils.

## Pupils' Educational Records (Scotland) Regulations 2003

11. The Pupils' Educational Records (Scotland) Regulations 2003 sets out the type of the information that should be contained in a child or young person's educational record. It also makes provision for a parent to request access to their child's educational records and the circumstance when information in an educational record should and shouldn't be disclosed. This is intended to protect a child or young person's right to confidentiality<sup>29</sup>.

## Education (Additional Support for Learning) (Scotland) Act 2004

12. Under the Education (Additional Support for Learning) (Scotland) Act 2004<sup>30</sup>, (as amended) (the 2004 Act) education authorities have a statutory responsibility to identify, make provision for and review, the additional support needs of children and young people for whose education they are responsible. An additional support need may arise for any reason and be of short or long-term duration, and would cause, without the provision of support, a barrier to learning. Additional support needs may arise from a disability or a health need. Therefore, the requirement to have medication administered or healthcare needs met at school may be considered to be an additional support need or give rise to further additional support needs. Appropriate agencies, including NHS boards, have a duty to help the education authority discharge their duties under the 2004 Act. Statutory Guidance on the 2004 Act is contained in the Supporting Children's Learning Code of Practice<sup>31</sup>.

## The Equality Act 2010

13. All schools, education authorities and NHS Boards in Scotland have obligations under the Equality Act 2010<sup>32</sup>. Education authorities, grant-aided and independent schools have duties under the schools provisions (Part 6, chapter 1) of the Act. The Technical Guidance for schools in Scotland<sup>33</sup> explains who has responsibilities for schools (responsible bodies) and explains the requirements of the schools provisions of the Act. NHS Boards and education authorities also have obligations under other parts of the Act as service providers and in exercising their public functions. Further guidance and Codes of Practice are available from the Equality and Human Rights Commission website<sup>34</sup>.

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<sup>28</sup> [Section 1 of the Education \(Disability Strategies and Pupil Educational Records \(Scotland\) Act 2002](#)

<sup>29</sup> [Regulation 6 of the Pupils' Educational Records \(Scotland\) Regulations 2003](#)

<sup>30</sup> [Education \(Additional Support for Learning\) \(Scotland\) Act 2004, the Education \(Additional Support for Learning\) \(Scotland\) Act 2009 and the Education \(Scotland\) Act 2016](#). The provision in the 2016 Act are expected to commence in 2017.

<sup>31</sup> [Supporting Children's Learning Code of Practice, Scottish Government, 2010](#)

<sup>32</sup> [The Equality Act 2010](#)

<sup>33</sup> [Technical Guidance for Schools in Scotland, Equality and Human Rights Commission, 2014](#)

<sup>34</sup> <http://www.equalityhumanrights.com/>

14. Schools have specific responsibilities to prevent discrimination in relation to: admissions, provision of education, access to any benefit, facility or service, exclusions, or any other detriment. Discrimination which is unlawful under the schools provisions includes the following (these concepts are explained in the Technical Guidance):

- direct discrimination
- indirect discrimination
- discrimination arising from disability
- failure to make reasonable adjustments for disabled children and young people– explained in more detail below

15. The duty to make reasonable adjustments is key to the healthcare needs of disabled children and young people<sup>35</sup>. Schools and education authorities will also have to ensure that all policies and practices which cover arrangements for meeting healthcare needs in schools, do not discriminate in any other way against disabled children and young people. Further details of these responsibilities are set out within **Annex C** of this document.

The Public Bodies (Joint Working) (Scotland) Act 2014

16. Under the Public Bodies (Joint Working) (Scotland) Act 2014<sup>36</sup> local authorities and NHS boards are required to integrate the governance, planning and resourcing of adult social care services, adult primary care and community health services and some hospital services under the responsibility of Integration Authorities or Health and Social Care Partnerships. The Act also allows NHS boards and local authorities to delegate other areas of activity, including children's health and social care services.

17. Health and Social Care Partnerships are responsible for strategic planning and commissioning of services, and issuing directions to health boards and local authorities in pursuit of realising strategic plans. Health and Social Care Partnerships typically have oversight of operational matters for all services that are delegated and their Chief Officer normally has full operational responsibility for all such services. This Guidance will apply to the Health and Social Care Partnerships that cover children's health and social care services.

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<sup>35</sup> [Guidance on reasonable adjustments for disabled pupils Scotland, Equality and Human Rights Commission, 2014](#)

<sup>36</sup> [The Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

## Children and Young People (Scotland) Act 2014

18. The Children and Young People (Scotland) Act 2014<sup>37</sup> supports the Scottish Government's ambition for Scotland to be the best place to grow up. It seeks to improve the way services work together to support children, young people and families and ensure that children's rights are respected across the public sector. For example, part 1<sup>38</sup> (sections 2 and 3) of the 2014 Act places duties on public authorities, as defined at Schedule 1<sup>39</sup> to the Act, to report every 3 years on the steps they have taken in that period to secure better or further effect the United Nations Convention on the Rights of the Child<sup>40</sup>.

19. Further, part 3 of the 2014 Act<sup>41</sup> places a duty on each local authority and the relevant NHS board to jointly prepare a children's services plan for the area of the local authority, covering a 3 year period. These plans should be prepared with involvement of the service providers capable of having a significant effect on the wellbeing of children. Plans should cover services for children generally and for children with specific needs (children who require medical treatment in schools could be considered as children with specific needs) and related services (services that aren't 'children's services but are capable of having a significant effect on the wellbeing of children).

20. To achieve consistency in the implementation of the national policy Getting it Right for Every Child (GIRFEC), Parts 4 and 5 of the Act put elements of the GIRFEC approach into legislation (Named Person and Child's Plan). Implementation has been paused so the necessary changes to the information sharing provisions can be made, working in partnership with stakeholders.

## Human Medicines (Amendment) (No. 2) Regulations 2014

21. The Human Medicines (Amendment) (No.2) Regulations 2014<sup>42</sup> amended the Human Medicines Regulations 2012<sup>43</sup> and give schools a power to buy and hold salbutamol inhalers for use in emergencies with children and young people who are diagnosed with asthma.

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<sup>37</sup> [Children and Young People \(Scotland\) Act 2014](#)

<sup>38</sup> [Part 1 of the Children and Young People \(Scotland\) Act 2014](#)

<sup>39</sup> [Schedule 1 of the Children and Young People \(Scotland\) Act 2014](#)

<sup>40</sup> These duties are expected to come into force in April 2017, with the first reports due in 2020.

<sup>41</sup> [Part 3 of the Children and Young People \(Scotland\) Act 2014](#)

<sup>42</sup> [Human Medicines \(Amendment\) \(No. 2\) Regulations 2014](#)

<sup>43</sup> [Human Medicines Regulations 2012](#)

## Policy context

### United Nations Convention on the Rights of the Child (UNCRC)

22. A child's right to healthcare services that help them achieve the highest attainable standard of health and to an education which aims to develop their personalities, talents and abilities to the fullest potential is underpinned by articles 24 and 29 of the UNCRC<sup>44</sup>. Under Article 23, a disabled child has the right to enjoy a full and decent life in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

### Getting it Right for Every Child

23. Getting it right for every child (GIRFEC) is the national approach in Scotland to improving outcomes and supporting the wellbeing of our children and young people by offering, if needed, the right help at the right time from the right people.

24. GIRFEC requires services to work together and in partnership with children, young people and their parent(s) to support children and young people's wellbeing. It ensures that children and young people are at the centre of any planning to meet their wellbeing needs.

25. The GIRFEC National Practice Model provides a framework for everyone (children, parents and services) to consider and assess children's and young people's wellbeing needs in a holistic, consistent, strengths based way, so there is a shared understanding of a child's or young person's strengths and wellbeing needs. It promotes the participation of children, young people and their families in making decisions about any planned supports. It provides a common language within a single framework, enabling more effective inter and intra-agency working. Where there is a child's plan in place, other types of plans or programmes, such as an individual healthcare plan or an individualised learning programme can be contained within or attached as part of the overall, single child's plan.

26. Under GIRFEC approach, having a clear point of contact or 'named person' ensures that there is someone who has responsibility for helping children and young people get the support they need, if and when they want it. It is also a clear point of contact for parents should they wish to seek advice or if they wish to discuss a concern about the wellbeing of their child. Named persons are also a point of contact for other services if they have concerns about a child's or young person's wellbeing. This helps to ensure services can provide more effective support for children, young people and their parents by being better coordinated

27. The named person is usually provided from services such as health visiting and education. Generally, the responsibility for providing a named person service lies with the NHS board before the child starts primary school and the local authority when the child starts school.

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<sup>44</sup> [Convention of the Rights of the Child, United Nations, 1989](#)

## Curriculum for Excellence

28. Curriculum for Excellence<sup>45</sup> underpins all schools' ethos and forms the basis for a whole-school approach to improving the health and wellbeing of all children, young people, staff and the wider community. The curriculum includes a range of entitlements for all children and young people, including an entitlement to support for every child and young person to enable them to gain as much as possible from the opportunities which Curriculum for Excellence can provide, whatever their circumstances.

## How good is our school

29. How good is our school<sup>46</sup> provides a suite of quality indicators that supports self-evaluation and improvement. The quality indicators are designed to reflect the context within which schools now operate and include specific reference to how well schools ensure children and young people are safe, well cared for and the quality of targeted support for those with healthcare needs.

## National Improvement Framework for Scottish Education

30. The National Improvement Framework<sup>47</sup> sets out the Scottish Government's vision and priorities for children's progress in learning and is a key part of the work to continually improve Scottish education and close the attainment gap.

## Guidance on the education of children and young people unable to attend school due to ill-health

31. The Guidance on the education of children and young people unable to attend school due to ill-health<sup>48</sup> provides guidance to education authorities and their partners on their responsibilities to meet their duty to provide education elsewhere than at a school for pupils who are unable to attend school due to ill health.

## Developing the Young Workforce

32. Developing the Young Workforce<sup>49</sup> aims to better prepare children and young people from 3–18 for the world of work.

## Pre-Birth to Three Positive Outcomes for Scotland's Children and Families

33. For children under the age of three, national guidance was published in 2010: Pre-Birth to Three Positive Outcomes for Scotland's Children and Families<sup>50</sup>. This sets the context for high quality care and education and seeks to identify key features that support and promote evidence-based approaches.

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<sup>45</sup> [https://education.gov.scot/scottish-education-system/Broad\\_general\\_education](https://education.gov.scot/scottish-education-system/Broad_general_education)

<sup>46</sup> [How good is our school, Fourth Edition, Education Scotland, 2015](#)

<sup>47</sup> [The National Improvement Framework for Scottish Education, Scottish Government, 2016](#)

<sup>48</sup> [Guidance on the education of children and young people unable to attend school due to ill-health, Scottish Government, 2015](#)

<sup>49</sup> <http://www.education.gov.scot/learningandteaching/thecurriculum/dyw/index.asp>

<sup>50</sup> [Pre-Birth to Three, Positive Outcomes for Scotland's Children and Families, National Guidance, Learning Teaching Scotland, 2010](#)

## Building the Ambition: National Practice Guidance on Early Learning and Childcare

34. Building the Ambition<sup>51</sup> was published in 2014 and builds upon Pre-Birth to Three and Curriculum for Excellence early level from 3 years to 6 years. It provides practical guidance on the experiences and interactions necessary to deliver the learning journey at the most important developmental stages for babies, toddlers and young children.

### Health for all children 4 (Hall 4)

35. *Health for all children 4: Guidance on Implementation in Scotland*<sup>52</sup> (Hall 4) sets out the core programme of screening, surveillance and health promotion contacts which every child in Scotland should receive. The Hall 4 guidance introduced a tiered programme of support and intervention for those children who are vulnerable or are considered to be at risk, empowering health visitors and school nurses to assess the level of support and intervention required according to assessed need. The guidance expects health practitioners to work closely with other agencies and services. Hall 4 guidance was supplemented with further refreshed advice<sup>53</sup> in 2010 and with additional guidance in 2011 focussed on the early years<sup>54</sup>. Further guidance on an additional health review at 27-30 months was published in 2012<sup>55</sup> and in October 2015, a Universal Health Visiting Pathway in Scotland – Pre Birth to Pre School set out a refocused role for Health Visitors. This included a revised universal home visiting pattern and the introduction of new health reviews at 13-15 months and at 4-5 years<sup>56</sup>.

### The role of the Child Health Commissioner

36. There is a Child Health Commissioner appointed in every Health Board in Scotland. Although there is some variance in the role across Scotland, the broad role of the Child Health Commissioner was set out in a letter to NHS Chief Executives in 2011<sup>57</sup>.

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<sup>51</sup> [Building the Ambition, National Practice Guidance on Early Learning and Childcare, Children and Young People \(Scotland\) Act 2014, Scottish Government, 2014](#)

<sup>52</sup> [Health for all children 4: Guidance on Implementation in Scotland, Scottish Executive, 2005](#)

<sup>53</sup> [Refresh of HALL 4, Reinforcing the key messages, CEL 15, Scottish Government, 2010](#)

<sup>54</sup> [A new look at HALL 4, The Early Years Good Health for Every Child, Scottish Government, 2011](#)

<sup>55</sup> [The Scottish Child Health Programme, Guidance on the 27-30 month review, Scottish Government, 2012](#)

<sup>56</sup> [Universal Health Visiting Pathway in Scotland – Pre Birth to Pre School, Scottish Government, 2015](#)

<sup>57</sup> [Role of the Child Health Commissioner, CEL 19, Scottish Government, 2011](#)

## CHAPTER 2 - SUPPORTING CHILDREN AND YOUNG PEOPLE WITH HEALTHCARE NEEDS IN SCHOOLS: RIGHTS AND RESPONSIBILITIES

### Introduction to rights and responsibilities

37. Supporting the medical needs of children and young people at school is the statutory responsibility of NHS boards and the day to day management and support of these needs may be met by staff in schools. While the arrangements for such support should always seek to include the children and young people affected, it may also include a range of individuals and agencies including: parents/carers and other family members, teachers and staff, public health workers, GPs, registered nurses, outreach teachers, education or health support staff, college staff, partner employers, psychological services, allied health professionals, voluntary organisations, local authority youth work provision and others. This list is not exhaustive but close co-operation is crucial in providing a suitable and supportive environment for children and young people to participate fully in their learning and in the life of the school.

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

39. The following outlines the framework of responsibility and accountability that local services may wish to consider when putting in place arrangements. While some of these responsibilities are set out in the legislative and policy framework, others will need to be agreed and implemented at a local level. When working in partnership, services will need to take their wider responsibilities into account. Arrangements should be in place to monitor and review the effectiveness of the partnership working and ensure that services work effectively and improve outcomes for children and young people.

### Children and young people's rights

40. All children and young people have a right to an education and suitable health services. Children and young people have a number of rights in relation to their own education and healthcare<sup>58</sup>. For example:

- Children and young people under the age of 16 can consent to any surgical, medical or dental procedure, or treatment if they are capable of understanding the nature and possible consequences of the procedure or treatment<sup>59</sup>.
- Education authorities are under a duty to seek the views of children about the decisions that affect them, including decisions around their healthcare needs, and take these into account alongside their parent's/carer's view.

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<sup>58</sup> Children's rights are to be further extended under the [Education \(Scotland\) Act 2016](#) once the relevant provisions are commenced. This will give children a range of rights under [Education \(Additional Support for Learning\) \(Scotland\) Act 2004 \(as amended\)](#).

<sup>59</sup> Parental consent is only required if the medical practitioner feels that the child does not have sufficient understanding. However, where parental consent is not legally required, good practice would seek to involve parents/carers, with the child's consent.



- Young people have the right to request an assessment of their additional support needs and have their views considered and taken into account in decisions about their learning and support<sup>60</sup>.
- Young people have the right to formal processes for resolving disagreements.

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

## **Responsibilities**

### Parents/carers

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

43. Parents/carers should provide their child's school with sufficient information about their child's health, care and treatment. However, some may have difficulty understanding or supporting the child or young person's medical condition themselves. The Community Paediatric Service or General Practitioners (GPs) may be able to provide additional assistance in these circumstances. Parents/carers also have the right to use a supporter or advocate in conversations or meetings with an education authority in regard to the authority's functions under the Education (Additional Support for Learning) (Scotland) Act 2004 (as amended) in relation to their child<sup>61</sup>.

### NHS boards

44. NHS boards must ensure that appropriate arrangements are in place with education authorities, which determine the respective responsibilities of each in relation to supporting children and young people with healthcare needs in schools including those with complex healthcare and medical needs. In doing so, NHS boards should work with the appropriate education authorities to facilitate joint agreements. They should plan and co-ordinate effective local provision within the resources available, taking into account needs of the local population, and ensure that the arrangements enable effective communication between all appropriate agencies and services, at all levels. In doing so, they should ensure that children, young people and their families are consulted.

45. This responsibility for securing the joint agreements between the NHS board and the appropriate education authorities for supporting children and young people with healthcare needs is often delegated to the Child Health Commissioner as part of their overall responsibility for regional planning and feeding into children's services

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<sup>60</sup> Parents/carers of children under 16 have the same rights as young people under the [Education \(Additional Support for Learning\) Scotland\) Act 2004 \(as amended\)](#).

<sup>61</sup> [Section 14 of the Education \(Additional Support for Learning\) \(Scotland\) Act 2004 \(as amended\)](#)

plans (refer to paragraph 36 for more information about the role of the Child Health Commissioner).

46. Under the Education (Additional Support for Learning) (Scotland) Act 2004 (as amended), NHS boards, have a duty to help education authorities discharge their duties under the Act<sup>62</sup>. Further in discharging their functions with regard to meeting health care needs of children and young people, NHS boards have a duty to make reasonable adjustments and due regard to the requirements of the public sector equality duty (for more information refer to **Annex C**).

#### Education authorities

47. Education authorities are required to work collaboratively with NHS boards and ensure that there is adequate and efficient provision in place in the schools in their area to support the healthcare needs of children and young people. As set out in Chapter 3, the education authority should work with the NHS Board to agree a policy framework on supporting the healthcare needs of children and young people in schools.

48. Education authorities will have staff in both strategic and operational roles with responsibility for the arrangements in place for additional support for learning, including, for example, education psychologists. The education authority will have a named contact from whom parents or carers, young people and others can obtain advice and information about the arrangements in place for the provision of additional support for learning<sup>63</sup>, including healthcare needs. Education authorities are also under a duty to publish<sup>64</sup> information about their arrangements in place for additional support for learning, and this should include arrangements for identifying, providing support and reviewing the additional support needs of their pupils include those arising from the healthcare needs of all children and young people. It should also include the contact information for the NHS board that parents/carers of children with additional support needs, or the young people who have those needs, can obtain advice.

#### The school health team<sup>65</sup>

49. The role of the school health team is to provide support to children, young people and their families in school and provide advice, guidance and sometimes support on supporting healthcare needs in school. While there is considerable variability in the makeup of the school health team and its role across NHS boards and education authority areas, these functions will be provided by a team of staff employed by the NHS board working collaboratively with the education authority within schools and communities.

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<sup>62</sup> [Section 23 of the Education \(Additional Support for Learning\) \(Scotland\) Act 2004 \(as amended\)](#)

<sup>63</sup> [Section 26\(2\)\(f\) of the Education \(Additional Support for Learning\)\(Scotland\) Act 2004](#)

<sup>64</sup> [Section 26 of the Education \(Additional Support for Learning\)\(Scotland\) Act 2004](#)

<sup>65</sup> Traditionally the school health team (or service) has provided a wide service ranging from health promotion in schools, immunisation and work with children and families with additional needs.

50. The team may include healthcare support workers, community children's nurses and other registered nurses working within schools, as well as those working with children and families with additional needs within the community<sup>66</sup>. Teams may also include a doctor (from the community paediatric service), clinical psychologist and allied health professionals, such as speech and language therapists, dieticians, occupational therapists and physiotherapists. The school health team may also include the involvement of representatives from third sector organisations providing support to specific children or conditions.

51. The school health team must work collaboratively with staff in the education authority and schools, to ensure that the health needs of children and young people are identified, supported and kept under review. This will rely on strong support and leadership from within the team and the school. All schools should have a main point of contact from within the school health team.

#### The school management team

52. As set out in chapter 4, it is the responsibility of the head teacher and the school management team to ensure that appropriate arrangements are in place to meet the healthcare needs of children and young people in their school. As such, they need to be aware of and familiar with the joint NHS board and education authority policy framework in place.

53. Based on this framework, and through the appropriate planning processes, the school management team are required to put in place the arrangements for supporting the healthcare needs of children and young people taking into account the local context of the school. These arrangements should be drawn up in consultation with the children and young people at the school, their parents, the school health team and wider school community.

54. In most circumstances, the head teacher, or their delegate, will also fulfil the role of the named person for the children and young people in their school. It will be the responsibility of the named person to play a key role in ensuring communication with children and young people and where appropriate their families, although in some complex, long term cases, it may be that a lead professional<sup>67</sup> is also designated. The named person will use professional judgement to ensure that the response to those needs is appropriate and safeguard the child's or young person's wellbeing. This role does not remove the responsibility of any other practitioners who work in

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<sup>66</sup> As set out in [Public Health Nursing Services – Future Focus \(CEL 13\), Scottish Government, 2013](#), the qualified school nurse role is being refocused to provide a clear distinction between the qualified school nurse role and role of the wider school health team which may include healthcare support workers, community children's nurses and other registered nurses working within schools. Going forward the qualified school nurse role will centre on work with children, young people and their families with additional needs and a number of priority areas (looked after children, mental health and well-being, substance misuse, domestic abuse, youth justice, young carers, homeless families and children, transition periods and child protection). The wider school health team will lead on providing other key public health interventions and services within schools such as immunisations, health zones; height and weight. Following initial testing it is envisaged roll out of this refocused role will take place in 2017/18.

<sup>67</sup> Where it has been agreed that a Child's Plan should be prepared, there will be a lead professional to make sure that the Child's Plan is managed properly and to co-ordinate the support described in the plan.

partnership with others to identify, address and review the arrangements in place for supporting that child or young person's needs.

55. As day to day decisions normally fall to the school management team in partnership with the school health team, decisions may need to be made about a school's response to outbreaks of infections and other diseases. Where appropriate, it is also the responsibility of the school's management team to report any outbreak of disease in the school setting or dangerous incidents to Health Protection Scotland.

#### Community paediatric services

56. Within the community paediatric service, the community paediatrician or community children's nurse are specialists in disability, chronic illness and the impact of ill health on children. While staff from the community paediatric service or children's nursing service may make up part of the school health team in the role of the school doctor or nurse, the community paediatric service may be a separate service that works alongside other school health teams.

#### General Practitioners (GPs)

57. GPs are part of primary healthcare teams. Parents are encouraged to register their child with a GP. Although the GP will often play a key role in diagnosing and prescribing for certain conditions, in most circumstances it will be more practical for schools to seek information and advice from the school health team or community paediatric service, rather than the GP.

#### Other health practitioners

58. Other health practitioners may be involved in the care of children and young people with healthcare needs in schools. For example, pharmacists employed by NHS boards may provide pharmaceutical advice to school health teams. Community pharmacists are a useful source of information about medicines, and may be able to advise on the management of medication, including recording, storage and disposal.

59. Consultants in public health medicine or communicable disease and environmental health advise school health teams and others on the circumstances in which children and young people with infectious diseases should not be in school, and the action to be taken following an outbreak of an infectious disease.

60. Some children and young people with healthcare needs will receive specific or individual support from specialist nurses or healthcare staff. They can provide advice on the individual medical needs of a child or young person, particularly when a medical condition has just been diagnosed and the child or young person is adjusting to new routines.

61. Psychological services and services provided by allied health professionals, including speech therapy, physiotherapy, occupational therapy, and dietetics may be particularly relevant to children and young people with healthcare needs.

## Voluntary and third sector organisations

62. Many voluntary and third sector organisations specialising in particular medical conditions are able to provide advice, support, resources and training on how to manage the condition in schools.

## All school staff

63. The day to day responsibility of supporting the healthcare needs of children and young people in schools is likely to fall to education support staff or healthcare support staff, working in partnership with the children and young people concerned, their parents, the school management team, teachers and the school health team. Staff who play a direct role in supporting the health and wellbeing needs of an individual child or young person should have access to relevant information which includes information about their health needs.

64. All other school staff have a duty of care to the children and young people. As such, they should be aware of how to respond to an emergency situation. It is not expected that teachers will routinely administer medication or support children and young people's healthcare needs.

## **CHAPTER 3 - DEVELOPING POLICIES AND PROCEDURES FOR SUPPORTING CHILDREN AND YOUNG PEOPLE WITH HEALTHCARE NEEDS - NHS BOARD AND EDUCATION AUTHORITY AGREEMENTS AND POLICIES**

### **Local strategic joint agreements**

65. As set in chapter 2, it is for NHS boards to ensure that appropriate agreements are in place with the relevant education authorities which determine the respective responsibilities of each in relation to supporting the healthcare needs of children and young people in schools in their areas. The responsibility of facilitating and securing these agreements usually falls to the Child Health Commissioner in each NHS board area.

66. In establishing local strategic joint agreements, effective communication is required between all parties involved to ensure that they are based on a sound understanding of the local context, resources available and the needs of children and young people in the area. It is good practice for children, young people, their parents and the wider education and health community to be consulted in the development of any local agreements. Such agreements may cover:

- Funding arrangements between NHS boards and education authorities to provide appropriate healthcare support in schools for children and young people with specific healthcare needs e.g. tracheostomy, intermittent catheterisation, etc.
- The allocation of other resources including staff.
- Local procedures and protocols including, for example, the arrangements for training between NHS boards, education authority and staff in schools.
- When the agreement should be reviewed.

67. The local strategic joint agreements will complement or form part of the local arrangements in place for children's services planning and should reflect the principles of Getting it Right for Every Child. Further, in line with the anticipatory duty to make reasonable adjustments under the Equality Act 2010, the joint agreements should enable NHS boards and education authorities to respond quickly to any request to help support healthcare needs in schools. NHS boards may wish to establish consistency in the arrangements that they make with the different education authorities in their area.

### **Policy framework on supporting children and young people with healthcare needs in schools**

68. Based on these local strategic joint agreements, a clear policy framework should be developed to guide all staff across the NHS board and the appropriate education authority, on the local arrangements in place for supporting children and young people with healthcare needs in schools within the education authority area. The policy framework should ensure that reasonable steps, and where appropriate reasonable adjustments, are taken to support those healthcare needs to enable children and young people's attendance and participation in their learning.

69. The policy framework agreed between the NHS board and the appropriate education authorities might set out or include the local policies and procedures on a range of issues, for example:

- the roles and responsibilities of those involved in supporting healthcare needs in schools;
- children's rights, and the rights and responsibilities of young people and their parents;
- policy on identifying, meeting and keeping under review the additional support and wellbeing needs of children and young people including those with complex healthcare or medical needs;
- the arrangements for managing the transition of children and young people with healthcare needs e.g. from early learning and childcare provision to primary school, from primary school to secondary school, and from secondary school to further learning, training or employment.
- arrangements for the management of certain health conditions e.g. example asthma, diabetes and epilepsy;
- circumstances where an individual healthcare plan or child's plan will be required, who will be involved and when will it be reviewed;
- who is responsible for the training of staff in supporting the healthcare needs;
- arrangements for record keeping including standard written consent forms/templates,
- details about the authority's indemnity/insurance arrangements;
- arrangements for risk assessments including the arrangements in relation to school trips and other activities outwith school such as work placements, young people attending college as part of the arrangements made for their learning, or learning with a private or third sector training provider;
- procedures for the administration of medicines in schools including the procedures for children and young people taking their own medication;
- storage and access to medication including the arrangements for children and young people carrying their medication themselves;
- the circumstances in which children may take non-prescription medication, e.g. painkillers for managing headaches and period pain;
- the circumstances, related to ill-health under which children and young people should not attend school;
- procedures for notifying parents or carers of outbreaks of infections and other diseases particularly when children with certain health conditions have an increased risk of complications;
- emergency procedures and emergency contact information;
- details about the local arrangements and policies in place about the use of salbutamol inhalers (see **Annex A**) or defibrillators for use in emergencies;
- where concerns should be directed and how they are handled;
- when local policies and procedures should be reviewed.

## **The allocation of support staff to meet the healthcare needs of children and young people in schools**

70. The NHS board and education authority are required to consider their respective allocations of staff to support the healthcare needs of children and young people. Under the Equality Act 2010, the duty to make reasonable adjustments is anticipatory and so workforce planning is particularly relevant in regard to children and young people with complex healthcare and medical requirements. Workforce planning should take into account the evolving needs of the population that NHS boards and education authorities are mutually responsible for, take into account planning at points of transition, and cover for staff illness. Planning should also take into account cover to enable staff to attend training.

## **Training and development of staff to support healthcare needs in schools**

71. NHS boards and education authorities should work collaboratively to ensure that all staff receive an appropriate level of training to understand and respond to both the educational and health needs of children and young people for whom they are responsible. Training requirements should be planned for and driven by the individual needs of children and young people in the schools in the area. However, education authorities and NHS boards also need to have arrangements in place to ensure that training can be provided for those children and young people with newly identified or fluctuating.

72. In many instances training will be will be the community children's nurse or community paediatrician or third sector organisation that provides or delivers the training although training may also be delivered by third sector or private organisations with the appropriate responsibility or accreditation for providing suitable training. Where agreed evidence based training standards or competencies for the management of certain conditions exist, i.e. for the emergency treatment of epilepsy seizures or diabetic hypoglycaemia episodes, it is expected that all training will conform to these standards. More generally, all practitioners are encouraged to use the Common Core of best practice values and skills for engaging effectively with children and young people<sup>68</sup>.

73. The NHS board and the education authority should develop a programme of appropriate refresher courses to ensure that staff competencies remain current and that they understand the legal duties relevant to their role. Training should also be monitored and supported via effective record keeping. Where appropriate, and particularly in regard to the staff whose job it is to meet specific healthcare needs, any training should be signed off by both the trainer and the staff member.

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<sup>68</sup> [Common Core of Skills, Knowledge & Understanding and Values for the "Children's Workforce" in Scotland, Scottish Government, 2012](#)



74. General awareness raising training of common conditions should be provided to ensure that staff in schools have a basic understanding of these, can recognise symptoms and seek appropriate support. Common medical conditions include, for example, asthma, diabetes, epilepsy, eczema and allergic reactions (including anaphylaxis). General awareness raising training about less common conditions may also be provided if there is a child or young person in the area diagnosed with that condition. This will help ensure that the needs of those children and young people can be met as fully as possible. Such training may be planned in partnership with the affected children, young people and their parents/carers.

### **Education Authority indemnification/insurance**

75. As far as possible, education authorities should ensure that their insurance/indemnification arrangements provide full cover for their staff who meet healthcare needs or administer medication within the scope of their employment. Education authorities must satisfy themselves as to the legality and safety of arrangements they have in place. For example, as full and up to date training is a requirement of the indemnity/insurance arrangements, in all cases, an appropriate healthcare practitioner should confirm competency of staff on completion of the training and then on a regular basis. All staff involved in supporting children and young people with healthcare needs need to be clear about their responsibilities, and how often training should be undertaken. This will provide reassurance to all concerned about the protection and support they will receive in the event of any allegation of fault. Detailed records about the administration of medicines and other actions taken to support healthcare needs should be kept as these records provide evidence of whether procedures have been followed.

76. Any difficulties in securing indemnification/insurance to meet the needs of children and young people should be flagged up promptly with the NHS board for joint consideration of the arrangements that should be made for supporting those needs.

### **Sharing information and confidentiality**

77. NHS Boards and education authorities must consider the existing legislative and policy framework<sup>69</sup> to ensure that they effectively share information to enable children and young people's needs to be met at school, whilst ensuring that the personal information is handled securely and appropriately and is only disclosed when necessary. A data sharing agreement (DSA) should be put in place between organisations setting out what personal data will be shared and how it will be shared. All processes respect a child's right to confidentiality, and set out the considerations that should be taken into account before information is passed on, including arrangements for seeking the views of the child.

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<sup>69</sup> This framework includes the [Data Protection Act 1998](#) and the [Pupils' Educational Records \(Scotland\) Regulations 2003](#).

## **Resolving disagreements**

78. Where there are any concerns regarding the educational provision or support of children and young people with healthcare needs, the aim will be to resolve any disagreements as early and at as local a level as possible. Concerns should be raised with the school management team in the first instance, but, young people and parents have the right to access more formal processes of dispute resolution<sup>70</sup> for issues related to additional support for learning and discrimination. These include mediation, independent adjudication or consideration by the Additional Support Needs Tribunals for Scotland. Further information is available from Enquire, the national information and advice service for additional support for learning, at <http://www.enquire.org.uk>.

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<sup>70</sup> <http://enquire.org.uk/publications/factsheets/resolving-disagreements>

## CHAPTER 4 - SUPPORTING CHILDREN AND YOUNG PEOPLE WITH HEALTHCARE NEEDS AT SCHOOL LEVEL

### The role of schools

79. The policy framework as agreed by NHS boards and education authorities on supporting the healthcare needs of children and young people in schools should be adopted or reflected in any of the local policies and practices that are put in place by any individual school. This will ensure that the arrangements in place at school are consistent with other schools in the area, but are also appropriate to the local context of the school and the school community. Where school policies and procedures are necessary, these should be drawn up, agreed on, and clearly understood by children and young people, staff, parents and wider school communities. Specific school arrangements may include:

- who in the school accepts responsibility, in principle, for supporting the healthcare needs of children and young people in the school;
- any arrangements that may be different to the education authority's policy framework;
- who is responsible in school for staff training in regard to supporting healthcare needs and administering medication;
- emergency procedures at the school including a main point of contact in the school health team;
- details of any centrally held inhalers or defibrillators for use in emergency situations at the school;
- the storage of and access to medication in the school;
- the arrangements in place to ensure that staff are informed and kept up to date about children and young people's healthcare needs at school.

### School level training issues

80. The school management team/and school health team should be aware of the arrangements in place for staff training. They must be satisfied that training gives staff with sufficient knowledge, understanding, confidence and competence appropriate to their role. Where staff are in any doubt about the support to be provided to a child or young person, they should refer immediately to the school management team and/or school health team or initiate emergency procedures, particularly if there are any concerns about the child or young person's immediate health or wellbeing.

81. School staff and school health team should work collaboratively to consider the needs of the school community and identify opportunities to support the delivery of the experiences and outcomes under Curriculum for Excellence and undertake health promotion activity<sup>71</sup>.

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<sup>71</sup> [The Schools \(Health Promotion and Nutrition\) Scotland Act 2007](#) places a duty on education authorities and managers of grant-aided schools to endeavour to ensure that public schools and grant-aided schools are health-promoting.

## **Identifying and supporting healthcare needs in schools**

82. Children and young person's health can have a significant impact on their attainment and/or wellbeing. Therefore, many children and young people are likely to support with healthcare needs at school at some time in their school life. In most cases this will be for a short period only, e.g. to finish a course of antibiotics and minimise the time they need to be off school. In these circumstances it is the responsibility of parents/carers to provide their child's school with sufficient information about their child's health, care and treatment. Staff in schools will need to ensure that this information is complete and the appropriate consents are sought for the healthcare support that is required.

83. If a child and young person is diagnosed with a longer term condition or develops healthcare support needs, it is normally the role of parents/carers to notify the school that they require the school's input to support their child's needs. However, school staff should be aware that notification may come from a variety of sources such as the child or young person themselves, the named person, allied health professionals or community nursing or paediatric teams.

84. Staff in the school and the school health team need to work closely with the child or young person concerned and their parents to ensure they have all the information required to help meet their needs. Members of the school health team, paediatrics staff and other members of the community children's nursing service or AHP team may be able to supplement information and advice already provided by the child's parents or GP. They may also be able to advise on training for school staff who administer medication, or take responsibility for other aspects of health care support. They may also be able to provide specialist medical support for a child with healthcare needs in school, particularly if there is any question over whether the procedures in place to meet a child or young person's needs is covered by the education authority insurance.

85. The school management team should ask the education authority to provide written confirmation of the insurance cover for staff who support healthcare needs in schools. The school management team should inform staff in the school know about the provision for indemnity against legal liability, and the terms and conditions under which is it operative. Staff in schools should be clear when practice may fall outwith insurance cover, and seek advice and support from the school health team and education authority if the needs arises. See paragraphs 75-76 for further information about indemnity and insurance.

86. If staff in school notice any deterioration in the health of an individual child or young person, they should inform the named person or another representative in the school management team who should let the parents know, and where appropriate, the school health team.

87. All staff in school 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. Where a child or young person is taken to hospital by ambulance they should be accompanied by a member of staff who should remain with the child or young person until a parent or carer arrives. The member of staff should take details of the child or young person's healthcare needs and/or details of any medication taken that day.

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

### **Individual healthcare plans**

89. The main purpose of an individual healthcare plan is to identify the level and type of support that is required to meet a child or young person's healthcare needs at school. It is not anticipated that one will be required for short term needs where a child, for example, is taking a course of antibiotics. In such cases it would be sufficient to seek the appropriate consents and record details of the medication or procedure to be undertaken, time of administration or procedure and any possible side effects. Planning procedures should be proportionate and take into account the best interests of the child or young person. More detailed planning and co-ordination will often be required for those with longer term or complex healthcare or medical needs, and should be managed via an individual healthcare plan.

90. The need for an individual healthcare plan and the medical detail of such a plan should only be assessed by an appropriate designated health practitioner. This input is likely to come from the community paediatrician or community children's nurse. Where it is identified that an individual healthcare plan is required, the school health team should work with the school management team, parents/carers and the individual child or young people to draw it up. Other health practitioners may also provide input if they are involved in supporting that child's healthcare or wellbeing needs, whether at school or home, to ensure a continuum of support is in place. The plan should always be tailored to identify and address the individual needs of the child or young person and may include:

- details of any diagnosed condition or symptoms;
- the impact that the condition or symptoms has to the individual;
- details of any medication, dosage, side effects and storage information;
- the healthcare support/procedures;
- whether any learning support required;
- special requirements e.g. dietary needs, pre-activity precautions, access to facilities and other reasonable adjustments etc...;
- who is responsible for providing the support;
- arrangements for staff cover;
- what to do, and who to contact, in an emergency;
- training needs for the support, how often these should be reviewed and who will deliver the training;
- consent;

- arrangements for support if a child or young person needs to attend regular hospital appointments or spend time in hospital;
- how often and when the plan should be reviewed.

91. Individual plans will contain different levels of detail according to the needs of the individual child or young person, but drawing up the plan should not be onerous. The co-ordination and sharing information will be in line with the arrangements under the GIRFEC approach and take into account the data sharing legislation (see paragraph 77). The school management team and school health team may delegate responsibility for leading this process or it may fall to the named person. The lead in the process may be a first contact for children, young people, parents/carers and any staff who may have a role in supporting the child or young person's healthcare needs in school.

92. For children and young people with healthcare needs to benefit fully from their education, consideration must also be given to the impact that their health needs has on both their learning and wellbeing. As such, consideration should be given to whether a child would benefit from an individualised learning plan or a Co-ordinated Support Plan<sup>72</sup>. In order to streamline the planning processes for certain individuals with complex additional support or wellbeing needs, an individual healthcare plan and other learning plans will be contained within or as part of child's plan or Co-ordinated Support Plan as appropriate.

93. As the plan provides a written agreement about the support to be provided at school it should be signed off by all those involved in its development, including the individual child or young person and parents/carers. Where there is any concern about whether a child or young person's needs can be met within these arrangements, or any dispute in regard to the support being planned for a child or young person or the content of the plan, it may be necessary for the school management team and the school health team to seek the advice from the NHS board or education authority. This should be done quickly, to ensure there is no delay to appropriate support being put in place to support the healthcare needs of the individual child or young person.

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

### **Dealing with medicines safely**

95. Medication should only be taken to school when absolutely essential, and in line with local policies and procedures. Parents/carers (and where appropriate the young person themselves) are responsible for supplying information about any medication that needs to be taken at school and for letting the school know of any changes to the prescription or the support needed. The school should seek written consent (usually through a standard form) that the medication may be administered.

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<sup>72</sup> Under the [Education \(Additional Support for Learning\) \(Scotland\) Act 2004 \(as amended\)](#), a Co-ordinated Support Plan is a statutory plan required if a child or young person's needs will last a year or more and will require significant additional support from education and more than one other agency.

96. Where possible, medication should be prescribed in dose frequencies which enables it to be taken outside school hours. Although this should be discussed with the prescriber, a child or young person's health or wellbeing needs should never be compromised.

97. Schools should ensure that medication is not stored in large quantities and parents provide weekly or monthly supplies in their original manufacturer's or pharmacy dispensed container or box. Some medicines may be harmful to anyone to whom they are not prescribed and particular care needs to be taken where a school stores controlled drugs such as methylphenidate<sup>73</sup>. Community pharmacists and school healthcare teams should be able to assist the education authority in producing their policy on the safe storage and handling of medicines in schools which manages the risks to the health of others if they are not properly controlled.

### **Self-management**

98. It is good practice to allow children and young people who manage their own medication from a relatively early age and schools should encourage and support this. Examples include children using their inhalers or checking their blood sugar levels during the school day. Where required, facilities should be provided to allow for this to ensure privacy.

99. There should be an assessment of the child's or young person's capability to manage their health needs and carry their medication. This should identify actions to help support children and young people, if possible and appropriate, to progressively manage their medical or health needs over time. The arrangements must also be flexible and sensitive to the needs of children and young people on any given day. Illness, for example, may impact on how much support the individual requires. It may, therefore, be appropriate to supervise children and young people who self-medicate or manage their health needs routinely, particularly if there is a risk of negative implications to their health or education.

### **Access to medication**

100. Where a child is managing medication themselves they should not normally be expected to give up their medication for storage. In allowing children to retain medication, an assessment must be made of the potential risk to others, with actions put in place to manage those risks appropriately.

101. Where individual children and young people do not hold their own medication, they must know where it is stored. Medication should always be accessible at the point of need. However, it is also important to make sure that medicine is only accessible to those children and young people for whom it is prescribed.

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

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<sup>73</sup> [A guide to good practice in the management of controlled drugs in primary care – Scotland, Version 2.0, September 2014](#)

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

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

### **Administering medication**

105. Where it is considered that medication will need to be administered at school, medication should always be supplied by the parents/carers to the school in its original packaging including any patient information leaflet. Parents/carers may, therefore, need to obtain a separate prescription for medication to be taken and held at school. If this isn't possible, then it should be decanted by an appropriate medical practitioner with an appropriate label or instruction. The parent/carer should also ensure that they provide clear instructions about how long the medication needs to be taken, and any other relevant information that isn't provided on the label or patient information leaflet. This information may be captured as part of a standard consent form that must be completed by parents or carers.

106. Staff should not administer medication if they are not sure what the medication is or what it is for. If a member of staff is in any doubt they should check with the parents/carer or a medical practitioner before taking further action. Further, staff administering or overseeing the administration of medication in school will want to ensure:

- they follow the instructions on the label and/or patient information leaflet (or in line with manufactures recommended dosage if the medicine is non-prescription (see paragraphs 109-112 for more information about Paracetamol and the use of other non-prescription medicines in schools).
- that they are giving the right medicine to the right child or young person at the right time;
- they are aware of the side effects and how to deal with them;
- the medication has been stored and handled as per the label or other instruction;
- a signed record is completed each time medication is given to any child or young person.

107. Wherever practical, the dosage and administration should be witnessed by a second adult. In some school situations this will not be possible and children, young people and their parents should be involved in decisions about managing any situations that may arise via standard written consent forms or an individual healthcare plan.

108. If there is likely to be any problems encountered with the administration of medication at school; or the provision of medication is not straight forward, this should be covered in an individual healthcare plan



## **Paracetamol (and the use of other non-prescription medicines in schools)**

109. Children and young people in schools sometimes ask for painkillers (analgesics) or other non-prescribed medication at school such as antihistamines. However, schools should not hold non-prescribed medication. If a child or young person suffers regularly from acute pain or symptoms, such as a headache, period pain or hayfever, parents may provide the school with non-prescribed medication alongside clear and appropriate instructions and consent for the medication to be (often via the completion of a standard form). Alternatively parents (or where appropriate the young person) may ask for the medication to be prescribed by a GP.

110. A member of staff should supervise younger children taking the medication and ensure that the individual's parents are informed on the day the medication is taken.

111. Some children and young people with the maturity and capacity to carry and self-manage their own non-prescribed medication and symptoms (for example, for period pain, occasional headaches, minor viral illnesses, coughs, sore throats or hayfever) should be allowed to do so. In such circumstances it is recommended that only medication that can be purchased by a pharmacy should be carried and that children and young people carry as little medication as possible in the original pack or bottle. It is recommended that children and young people should carry as little medication as possible in the original pack or bottle - normally only enough for a single school day (although this may not be possible for liquids or sprays). Blister packs, for example, can be cut to ensure only a single day's medication is carried.

112. It should be noted that children under 16 should not be given or take aspirin, unless prescribed by a doctor<sup>74</sup>. Further, codeine should not be provided to children under 12 as it is associated with a risk of respiratory side effects, and is not recommended for adolescents (12 to 18) who have problems with breathing<sup>75</sup>.

## **Hygiene/infection control**

113. All staff should be familiar with standard infection control precautions for avoiding infection and must follow basic hygiene procedures such as handwashing. Where advice on infection control is required, school staff should consult the school health team in the first instance. Staff should have access to protective disposable gloves and take care when dealing with spillage of blood or other body fluids and disposing of dressings or equipment.

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<sup>74</sup> <http://www.nhsinform.co.uk/health-library/articles/a/anti-platelets-aspirin-low-dose/introduction/>

<sup>75</sup> <https://www.gov.uk/drug-safety-update/codeine-for-cough-and-cold-restricted-use-in-children>

## Refusing medication

114. If a child or young person refuses to take medication, school staff should not force them to do so. If the child is below the age of legal capacity, or is not considered to have capacity, the school must inform the parents or carers of any child that refuses to take medication as a matter of urgency. If the parents or carers cannot be contacted, school staff should seek urgent advice from the school's health team about the impact of the child or young person refusing their medication. In the case of long term conditions or treatments the school health team may wish to contact the child's healthcare team for advice. If necessary, the school should call the emergency services for an ambulance.

## Disposal of medication

115. Staff in schools should not dispose of medication. Date expired medicines or those no longer required for treatment should be returned directly to the parent or carer to return to a pharmacy for safe disposal. Medication that is in use and in date should be collected by the parent/carer at the end of each term. Where this isn't possible, schools are required to dispose of medication in a safe and appropriate manner in accordance with current waste management legislation<sup>7677</sup>. This will normally mean that medication is sent to a community pharmacy. To do this legally, schools must register as a professional carrier and transporter of waste with the Scottish Environment Protection Agency (SEPA). Registration is free and can be done online on the SEPA website<sup>78</sup>. Clinical or healthcare waste, including needles for example, should be disposed of in line with the arrangements in place for the disposal of such waste. Again, more information is available on the SEPA website<sup>79</sup>.

## Intimate care

116. Intimate care encompasses areas of personal care, which most people usually carry out for themselves but some are unable to do so because of their additional support needs or impairment or medical condition. It may also apply to certain invasive medical procedures. Support to meet a child or young person's intimate care needs should be covered as part of the individual healthcare plan.

117. Appropriate training should be put in place for staff who provide intimate care. Staff protect the rights and dignity of the child or young person as far as possible, even in emergencies. Education authorities may have separate procedures in place for the management of intimate care and these must be adhered to at all times.

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<sup>76</sup> [Paragraph 12 of Schedule 4 of the Waste Management Licensing \(Scotland\) Regulations 2011](#)

<sup>77</sup> <http://www.sepa.org.uk/regulations/waste/waste-carriers-and-brokers/>

<sup>78</sup> [https://forms.sepa.org.uk/site/scripts/xforms\\_form.php?formID=51&return](https://forms.sepa.org.uk/site/scripts/xforms_form.php?formID=51&return)

[URL=http://online.sepa.org.uk/apex/pctw\\_return\\_from\\_jadu?p=217:340:3657112044583:::;%26](URL=http://online.sepa.org.uk/apex/pctw_return_from_jadu?p=217:340:3657112044583:::;%26)

<sup>79</sup> <http://www.sepa.org.uk/regulations/waste/special-waste/clinical-waste/>

## **CHAPTER 5 - CIRCUMSTANCES WHERE A SCHOOL MAY NEED TO MAKE SPECIAL ARRANGEMENTS FOR SUPPORTING CHILDREN AND YOUNG PEOPLE WITH HEALTHCARE NEEDS**

### **The need to make reasonable adjustments**

118. Staff in schools and the wider school health team must make reasonable adjustments to ensure that children and young people with healthcare needs are enabled to participate in the opportunities that learning provides. Where safety permits, this includes including school trips, sporting activities and work placements.

### **School trips and other outdoor learning activities**

119. Plans for school trips and other outdoor learning should take the healthcare needs of all children and young people into account from the outset. As part of this, school staff may wish to work with the disabled children and young people and their parents, who will have experience of taking their children on trips and outings or learn from the experiences of other schools to ensure that everyone is able to benefit from the trip activity. Risk assessments should be carried out in advance and take into account the healthcare support needs of all children and young people who are attending and how they would benefit from participating. The assessment should take into account the real risks involved, and identify proportionate actions and reasonable adjustments that ensure the participation of children and young people wherever possible.

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

121. Staff supervising excursions should be aware of a child's needs, and relevant emergency procedures, and information about the child or young person's medical needs and medication should be accessible in the event of an emergency.

122. If staff are concerned about whether they can provide for a child's safety, or the safety of other children or young people on a trip, they must seek advice in advance. Such advice may come from a parent or carer, a member of the school health team, the child's GP or EA. The Scottish Government published information about Health and Safety on Educational Excursions.<sup>80</sup>

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<sup>80</sup> [Health and Safety on Educational Excursions - A Good Practice Guide, Scottish Executive, 2004](#)

## **Sporting activities**

123. Most children and young people with healthcare needs can participate in extra-curricular sport or in physical education. However, some activities may need to be assessed and modified with precautionary measures or reasonable adjustments that may need to be taken, e.g. children with asthma may need to take their reliever inhaler before exercise. Teachers should be aware of which children and young people have specific health needs and be included in the arrangements for planning support where appropriate. Any restrictions to a child or young person's ability to participate should be noted in their individual healthcare plan and considered as part of any risk assessment of the activity.

## **Work placements and vocational pathways delivered through school-college partnerships**

124. Again, where appropriate, children and young people with healthcare needs should receive the appropriate support to enable them to make the most of any work experience or college placements. When a work placement has been arranged it is the responsibility of the work placement organiser to ensure that the placement is suitable for the individual with a particular medical condition. Similar considerations apply when a child or young person attends another establishment for part of their course. In both circumstances the school management team should ensure that organisers are aware of relevant medical conditions, all reasonable adjustments are in place and ensure that a risk assessment is carried out so that the individual's needs are met appropriately and proportionately. Children and young people may also be encouraged to share relevant medical information with employers.

125. When children and young people attend college as part of the arrangements made for their education, the education authority should liaise with the college to ensure that any are supported in line with the policy framework, taking account of the Scottish Funding Council's annual guidance to the sector<sup>81</sup>.

## **Transport**

126. Education authorities arrange home to school transport where legally required to do so. It may also provide transport in other situations, for example, to and from a school trip. In all circumstances, consideration needs to be given to ensuring that the specific healthcare needs of the children and young people are supported when they are travelling.

127. Transport escorts and others should only be provided with the information necessary for them to meet the health and wellbeing needs of the child or young person. It may be necessary to ensure that the driver or any accompanying adults have access to a phone to ensure they are able to call an ambulance in the event of an emergency. Again, these arrangements should be covered in an individual healthcare plan, considered as part of any risk assessment and are covered by the duty to make reasonable adjustments.

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<sup>81</sup> [Supporting you at college, A guide for people with additional support needs in Scotland's colleges, Scottish Government 2015-16 \(revised annually\)](#)

## ANNEX A: GUIDANCE FOR EDUCATION AUTHORITIES, NHS BOARDS AND SCHOOLS IN SCOTLAND ON THE USE OF EMERGENCY SALBUTAMOL INHALERS

### Introduction

1. This annex provides guidance to education authorities, NHS boards and schools in Scotland on the use of emergency salbutamol inhalers. This guidance is not statutory, but has been developed by the Scottish Government to accompany the guidance to NHS boards, education authorities and schools on 'Supporting the healthcare needs of children and young people at school' provided for earlier in this document.

### Background

2. The Human Medicines (Amendment) (No. 2) Regulations 2014<sup>82</sup>, which amended the Human Medicines Regulations 2012<sup>83</sup>, provides schools across the UK with discretionary powers to buy and hold salbutamol inhalers, without a prescription, for use in emergencies<sup>84</sup>. The legislation only applies to salbutamol inhalers. There are no other medications which can be held in schools for emergency use which can be purchased by a school. All other medications should be provided to schools by children and young people or their families for storage in line 'Supporting the healthcare needs of children and young people at school'.

3. As stated in paragraph 1 of this annex, the guidance on the use of salbutamol inhalers in schools is for education authorities, NHS boards and applies to schools<sup>85</sup>.

4. Once purchased, the salbutamol inhalers may only be administered to or used by children or young people who have been diagnosed with asthma, or who have been prescribed a salbutamol inhaler as a reliever medication. The salbutamol inhaler will only be used in an emergency when the child's own inhaler isn't available.

5. While schools are not required to hold a salbutamol inhaler for use in emergency situations, they should be aware that there are many benefits of doing so. For example, it might help to reduce the time a child or young person misses class, and the level of response required when a child has an asthma attack in school. It might provide reassurance to children, young people, parents/carers and school staff to know that there is an salbutamol inhaler on site that may be used in an emergency situation. Importantly, it might help to save the life of a child and young person.

6. The information contained within this note is based on recognised principles of safe usage of inhalers and good practice<sup>8687</sup>.

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<sup>82</sup> [Human Medicines \(Amendment\) \(No. 2\) Regulations 2014](#)

<sup>83</sup> [The Human Medicines Regulations 2012](#)

<sup>84</sup> [Regulation 27 of the Human Medicines \(Amendment\) \(No. 2\) Regulations 2014](#) amends [Schedule 17 of the Human Medicines Regulations 2012](#) to set out the principles of supply to schools.

<sup>85</sup> School is defined in [section 22 of the Human Medicines \(Amendment\) \(No. 2\) Regulations 2014](#) with reference to the definition in section [135\(1\) of the Education \(Scotland\) Act 1980](#) as meaning "an institution for the provision of primary or secondary education or both primary and secondary education being a public school, a grant-aided school or an independent school, and includes a nursery school and a special school"; and the expression "school" where used without qualification includes any such school or all such schools as the context may require.

## General information in regard to the use of emergency salbutamol in schools in Scotland

### Purchase of inhalers/asthma kits

7. Regulation 27 of the Human Medicines (Amendment) (No. 2) Regulations 2014 amends Schedule 17 of the Human Medicines Regulations 2012, and sets out the principles of supply to schools<sup>88</sup>. The Regulation which provides the power for schools to buy and hold salbutamol inhalers for use in emergencies, is clear that it is for individual headteachers and schools to purchase. Education authorities in Scotland may wish to consider whether they wish to have a local policy on whether the schools in their area are encouraged to hold salbutamol inhalers for use in emergencies and if they wish to secure a supplier from which individual schools can purchase them. Emergency salbutamol inhalers may only be purchased on receipt of an order signed by the headteacher of the school.

8. Salbutamol inhalers and spacers for use in emergencies in schools may be bought and/or kept as part of an asthma kit, which may include:

- one salbutamol metered dose inhaler;
- two plastic spacers compatible with the inhaler;
- instructions on using, cleaning, testing and storing the inhaler and spacer;
- manufacturer's information and a checklist of inhalers, identified by their batch number and expiry date, on which monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers;
- a form to record when the inhaler has been used;
- a physical and up to date list of children permitted to use the emergency inhaler (see paragraph 13 for more information about asthma registers).

### Who can use the emergency inhaler?

9. Emergency salbutamol inhalers must only be used by children and young people who are diagnosed with asthma and/ or for whom a reliever inhaler has been prescribed when their own inhaler isn't available. The emergency salbutamol inhaler must be retained by the school. It cannot be given to the child or young person to take home. If a child or young person requires a replacement inhaler it must be obtained by prescription.

### Consent

10. Written consent from parents/carers of children diagnosed with asthma and/or for whom a reliever inhaler has been prescribed, and, where appropriate, from children and young people themselves, **must** be sought to ensure that there is agreement in

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<sup>86</sup> [British guideline on the management of asthma](#)

<sup>87</sup> [Asthma quality standard, NICE, 2013](#)

<sup>88</sup> [Regulation 27 of the Human Medicines \(Amendment\) \(No. 2\) Regulations 2014](#) amends [Schedule 17 of the Human Medicines Regulations 2012](#) to permit persons selling or supplying prescription only medicines comprising salbutamol inhalers, subject to the condition that the principal or head teacher of the school has to present a signed order stating the name of the school, the purpose for which the medicine is required and the total quantity, and provided the purpose is for the supply of the medicine to pupils in an emergency.

place that the salbutamol inhaler may be administered or used in an emergency situation.

11. This may be handled via any form that obtains consent for a child's own inhaler to be administered at school, or as part of the development of an individual healthcare plan. Consent should be updated regularly, to ensure that any changes to a child or young person's condition can be managed. Therefore, consent may also be obtained at the start of an academic year or when seeking consent for flu or other vaccinations.

12. Arrangements in place for obtaining consent should take account of how the information about the children will be held and used.

#### Asthma register

13. Maintaining an up to date register or list of children and young people with asthma or a prescribed salbutamol inhaler will help ensure the easy identification of children who may require support with their condition and/or have consent in place to use the emergency salbutamol inhaler. This will be particularly important in larger schools or high schools where the individual health needs of children and young people are not known by school staff. While schools may wish to manage this information via a flagging system on the school management information system, a separate asthma register may also be held. A hard copy of the list or asthma register should be kept with the emergency salbutamol inhaler or asthma kit.

Children and young people who have not been diagnosed with asthma or prescribed a reliever inhaler

14. The salbutamol inhaler should not be used if there is no consent in place or the child or young person has not been diagnosed with asthma or prescribed a reliever inhaler. If any member of staff has reason to suspect a child has asthma or a respiratory condition, they should either speak to the child or young person concerned or notify their parents/carers, so they may seek further medical advice. Any ongoing health or wellbeing concerns may be flagged up to the individual's named person and/or school health team.

15. Where any child or young person is experiencing breathing difficulties – staff should follow their own emergency protocols.

#### Risk management

16. Although salbutamol is a relatively safe medicine, as with all medicines, it can have some adverse effects. The adverse effects of salbutamol are generally mild and temporary and are not likely to cause serious harm. Children may feel a bit shaky or experience an increased heart rate.

17. The arrangements in place for obtaining consent for an inhaler to be used in an emergency situation (see paragraph 10-12 of this annex) will help ensure that any risks are appropriately identified and managed. This may be managed, for example, via the questions in the consent forms or via the planning arrangements of an individual healthcare plan.

## Storage of the emergency salbutamol inhalers/asthma kit

18. All salbutamol inhalers should be stored as per the manufacturer's guidelines. These usually indicate that inhalers are stored at room temperature and are kept away from direct sunlight and heat.

19. The emergency salbutamol inhalers/asthma kits should be stored in a safe and central location in the school. Larger schools may want to consider having these in more than one location for emergency use (i.e. in a school with split sites or in the physical education department). The location of the emergency salbutamol inhaler or asthma kit should be known to all staff in the school and accessible at all times. While the salbutamol inhaler or asthma kit should not be locked away, it shouldn't be accessible by children and young people.

20. An emergency salbutamol inhaler or asthma kit should be kept separately to children's own inhalers (which children will normally carry with them) or any spare inhalers held for individual children and young people. As with all other inhalers, the emergency salbutamol inhaler or asthma kit should be clearly labelled.

## Care of the emergency inhalers/asthma kits

21. As part of the arrangements in place at school level, there should be at least 2 allocated members of staff who are clear about their responsibility for the care of the emergency salbutamol inhaler or asthma kit. It is recommended:

- Inhalers and spacers are used in line with the manufacturers' instructions.
- The emergency salbutamol inhaler or asthma kit is checked once a month to check whether the salbutamol inhaler and spacer is present and in working order.
- The salbutamol inhaler has a sufficient number of doses available.
- Replacement salbutamol inhalers/spacers/mouthpieces and other kit items are ordered in good time and are available for use .

## Disposal of the emergency inhaler/asthma kits

22. Manufacturers' guidelines will usually make recommendations about the disposal of inhalers, although this will normally be every 2 years. It is recommended that spent inhalers are taken to a pharmacy. To do this legally, schools should 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<sup>89</sup>.

## Early learning and childcare settings

23. Some young children in early learning and childcare settings and the early stages of primary school may not be able to indicate when they need their inhaler or use the inhaler without assistance. Staff in such settings need to be able to identify when children will be required to use their inhaler and the procedures in place for the individual child should be captured in an individual learning plan.

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<sup>89</sup> [https://forms.sepa.org.uk/site/scripts/xforms\\_form.php?formID=51&returnURL=http://online.sepa.org.uk/apex/pctw\\_return\\_from\\_jadu?p=217:340:3657112044583:::;%26](https://forms.sepa.org.uk/site/scripts/xforms_form.php?formID=51&returnURL=http://online.sepa.org.uk/apex/pctw_return_from_jadu?p=217:340:3657112044583:::;%26)



## Staff and training

24. All staff working in schools should have a general awareness of providing support to children and young people with asthma. All staff should:

- Whether or not the school holds an inhaler for use in the event of an emergency.
- The signs and symptoms of an asthma attack.
- How to check if a child is diagnosed with asthma, is on the asthma register and holds their own inhaler, how to access information from a child's individual care plan or other written record about the management of their condition.
- Where the child's own inhaler should be kept and how to access the emergency inhaler if there is one.
- Who to contact for further help and advice.

25. There should also be staff trained to support children and young people in managing their asthma, including how to respond in the event of an emergency.

Those staff should undertake specific training to be able to:

- be able to recognise when emergency action is required;
- respond to a request for help from another member of staff;
- administer (or support an individual to administer) salbutamol inhalers;
- clean the mouthpiece of the inhaler after each use (spacers should not normally be reused to reduce the risk of cross infection and may be given to the child to take home);
- undertake specific training regularly;
- maintain the emergency inhaler or asthma kit and
- update records regarding the use of an inhaler and pass on this information onto parents and carers.

## Information for parents or carers

26. At both education authority and school level, consideration will need to be given to the information available for parents or carers about the use of emergency inhalers in schools. As set out in paragraph 48 of the *Guidance on supporting children and young people with healthcare needs in schools*, education authorities must publish information about their arrangements in place for additional support for learning so schools may wish to include their policy in schools buying and holding salbutamol inhalers for use in emergencies. Schools may wish to include its arrangements in their school handbook or website.

Summary checklist for education authorities and NHS boards in putting in place a policy on the use of emergency salbutamol inhalers in schools

27. Education authorities and NHS Boards in Scotland may wish to consider whether they wish to have a local policy in place about the use of salbutamol inhalers in emergencies as part of the policy framework in place for supporting the healthcare needs of children and young people at school. If so, they may wish to include, for example:

- A clear statement about whether it encourages and supports schools to hold a salbutamol inhaler for use in emergencies.
- The arrangements in place for the purchase, storage, care, use and disposal of the emergency inhalers or asthma kit (subject to manufacturer's guidelines).

- The number of the emergency inhalers or asthma kits that a school might consider holding (depending on the size of the school and the number of sites the school is spread across).
- How and when written consent should be sought in regard to use of the emergency salbutamol inhaler.
- Whether information on what to do in an emergency should be specified in a child or young person's individual healthcare plan or captured within another relevant document such as the form that obtain written consent.
- General information on how to recognise and respond to an asthma attack and what to do in the event of an emergency (see page 43).
- The training that staff in school should expect in regard to the use of any emergency salbutamol inhalers it holds.
- The arrangements in place in schools to maintain an up to date register or list of children and young people who have been diagnosed with asthma and/or prescribed an inhaler including how this reflects whether or not consent is in place for regarding the use of an emergency salbutamol inhaler.
- How schools should record the use of the emergency salbutamol inhaler.
- How schools inform parents/carers that their child has used an emergency inhaler.
- A point of contact in regard to any queries.

#### Summary checklist for schools in the use of emergency inhalers in schools

28. In line with Chapter 4 of the Guidance on supporting the healthcare needs of children and young people in schools, when a school chooses to hold an asthma inhaler in school, the school management team will need to refer to any policy arrangement agreed by the NHS board and education authority. They should consider whether it can deliver the procedures set out in this policy framework, and/or whether local adaptations are required that meet the local context of that school (or cluster of schools).

29. In putting in place arrangements about the use of emergency inhalers in schools, the school management team should work with the school health team to ensure:

- Staff in school are aware that there is an inhaler held centrally for use in emergencies and the protocol for using the inhaler.
- That there are training arrangements in place for all staff in schools in recognising and responding to an emergency situation, and that staff training is up to date.
- There are arrangements in place for seeking consent from parents or carers, and where appropriate children and young people themselves, about the use of emergency salbutamol inhalers in schools, and how they will ensure that this information is kept up to date.
- Someone is responsible for ensuring that the asthma register is up to date, for maintaining the salbutamol inhaler or asthma kits and for ensuring that an up to date asthma register is kept alongside the kits, and the disposal of the components of the asthma kit.

## Guidance for school staff on how to respond if a child or young person is having an asthma attack

### Signs of an asthma attack

- The child's reliever inhaler (usually blue) isn't helping, and/or any of the following:
  - they are coughing, wheezing or short of breath;
  - they say their chest feels tight or if a younger child reports that they have stomach ache;
  - they are unusually quiet;
  - they are unable to talk or complete sentences.

### STEP 1: If a child is having an asthma attack the following steps should be taken:

- Send someone to get the child's own inhaler and spacer. If a child does not have their reliever inhaler in school, use the spare emergency inhaler if there is one available on the school premises (check that the child is confirmed as having asthma and is on the school's asthma register).
- Stay with the child.
- If possible do not move the child but allow space and privacy.

### STEP 2: Stay calm and help them to take their inhaler

- Encourage the child to sit in an upright position.
- Stay calm and reassure the child.
- Prime the inhaler (2 puffs into the air).
- Help the child to take two doses (2 puffs) of their inhaler, one dose at a time, shaking inhaler between doses. A spacer may be used to help ensure that the medicine reaches the lungs.
- If no better repeat a dose every 30-60 seconds up to 10 doses.

### STEP 3: Call 999 for an ambulance if:

- Their symptoms are getting worse or they are becoming exhausted.
- They don't feel better after 10 doses.
- If you are worried at any time, even if they haven't yet taken 10 puffs.

When calling ambulance give clear details and confirm the entrance to the school if there is more than one entrance. Record all information including the time inhalers were given.

**If the ambulance takes longer than 15 minutes, repeat STEP 2 and call emergency services again.**

### Useful information about the management of asthma

Asthma UK Website

<https://www.asthma.org.uk/advice/asthma-attacks/>

My Lungs, My Life

<http://mylungsmylife.org/>

## **ANNEX B: OTHER CONDITION SPECIFIC INFORMATION**

### **Children and young people with epilepsy prescribed with emergency rescue medicine**

1. All children and young people with epilepsy who have been prescribed emergency rescue medication should have a written protocol for administration of this medication, signed by the prescriber. In most cases an emergency medication plan issued from the child's hospital team or GP can be added to an individual healthcare plan, rather than producing a further document.
2. Staff administering epilepsy rescue medication must be appropriately trained and should have epilepsy training refreshed at least every two years. Training may be delivered by epilepsy specialist nurses, local authorities, independent contractors and third sector organisations, however all training should be in line with nationally agreed epilepsy training standards. For more information about national training standards for epilepsy, contact Epilepsy Scotland (refer to **Annex D** for contact information).
3. Free resources for schools including teachers' guides, first aid, template seizure care plans and forms for recording administration of epilepsy medications are also available via third sector organisations and epilepsy specialist nurses.

## ANNEX C: OTHER RELEVANT LEGISLATION AND POLICY TO SUPPORT THE HEALTHCARE NEEDS OF CHILDREN AND YOUNG PEOPLE AT SCHOOLS

### The Equality Act 2010

#### Reasonable adjustments

1. Under the Equality Act 2010 (the 2010 Act), responsible bodies have a duty to make reasonable adjustments in schools for disabled children and young people. For example if a policy on school trips has the effect of denying disabled people and young children who need assistance with medication from participating, this might amount to discrimination arising from disability if it cannot be justified. Since September 2012 this has included a duty to provide auxiliary aids and services. The duty may require steps to be taken in relation to the administration of medication or to meet other healthcare needs.

2. The 2010 Act requires responsible bodies to take such steps as it is reasonable to have to take to avoid the substantial disadvantage to a disabled child or young person caused by a provision, criterion or practice applied by or on behalf of a school or by the absence of an auxiliary aid or service<sup>90</sup>. Substantial is defined as being anything more than minor or trivial<sup>91</sup>. The duty to make reasonable adjustments is an anticipatory one. Therefore, services should work together to consider, in advance, what adjustments might need to be made for those children and young people with healthcare needs in schools who are considered to have a disability and make those adjustments in advance. These responsibilities extend to prospective pupils at the school.

3. The 2010 Act does not say what is "reasonable". This allows for flexibility for different sets of circumstances so that, for example, what is reasonable in one set of circumstances may not be reasonable in another. The purpose of the duty to make reasonable adjustments is to enable disabled pupils (and prospective pupils) to have access to an education as close as is reasonably possible to the education offered generally to pupils.

4. The Technical Guidance sets out the factors that are likely to be taken into account when considering what adjustments it is reasonable for a school to have to make<sup>92</sup>.

5. The reasonable adjustment duty is owed to disabled children and young people. A child or young person will have a disability if he or she has a physical or mental impairment that has a long-term and substantial adverse effect on his or her ability to carry out normal day-to-day activities. Physical or mental impairment includes sensory impairments such as those affecting sight or hearing.

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<sup>90</sup> [Section 20 of the Equality Act 2010](#)

<sup>91</sup> [Reasonable adjustments for disabled pupils Scotland, Equality and Human Rights Commission, 2014](#)

<sup>92</sup> [Technical Guidance for Schools in Scotland, Equality and Human Rights Commission, 2014](#)

6. Some disabled pupils will also have been identified as having additional support needs and may already be receiving additional support in school or may have a coordinated support plan. The fact that a disabled child or young person is receiving additional support does not take away from a school's duty to make reasonable adjustments for that child or young person.

### **Public Sector Equality Duty**

7. The Equality Act 2010<sup>93</sup> also includes a public sector equality duty that requires public authorities including NHS boards, education authorities and grant-aided schools<sup>94</sup>, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups

8. The broad aim of the general equality duty is for authorities to integrate consideration to the advancement of equality into their day-to-day work. To enable the better performance of the general equality duty, some public authorities, such as NHS boards, education authorities and grant-aided schools are also covered by specific duties<sup>95</sup>. These specific duties include a duty to assess the impact of new or revised policies or practices (and make arrangements to review existing policies or practices). Reviewing all practices and policies which are relevant to the healthcare needs of children and young people will help a school or education authority or NHS board to ensure that it does not discriminate, as well as help it to comply with the public sector equality duty<sup>96,97</sup>.

### **Patient Group Directions**

9. Patient Group Directions (PGDs) are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. These are now commonly used for school vaccination, outbreaks e.g. supply of antivirals in influenza outbreaks (2009 swine flu), antibiotics for meningitis contacts etc. The relevant provisions are contained in Regulations 229-232 of the Human Medicines Regulations 2012<sup>98</sup>. For further information visit the Medicines & Healthcare products Regulatory Agency (MHRA) website<sup>99</sup>.

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<sup>93</sup> [Section 149 of the Equality Act 2010](#)

<sup>94</sup> [Public Authorities in Scotland - Who is covered by the Specific Duties under the Public Sector Equality Duty?, Equality and Human Rights Commission, 2015](#)

<sup>95</sup> [The Equality Act 2010 \(Specific Duties\) \(Scotland\) Regulations 2012, as amended](#)

<sup>96</sup> [Technical Guidance on the public Sector Equality Duty Scotland, Equality and Human rights Commission, 2014](#)

<sup>97</sup> For further guidance on the public sector equality duty visit the Equality and Human Rights Commission website at <https://www.equalityhumanrights.com/en/advice-and-guidance/non-statutory-guidance-scottish-public-authorities>.

<sup>98</sup> [Human Medicines Regulations 2012](#)

<sup>99</sup> <http://www.mhra.gov.uk/Howweregulate/Medicines/Availabilityprescribingandsupplyingof/medicines/ExemptionsfromMedicinesActrestrictions/PatientGroupDirectionsintheNHS/index.htm>

## **Independent Prescribers**

10. There have been a number of changes to the Misuse of Drugs Regulations 2001 and Human Medicines Regulations 2012 to allow a variety of medical practitioners to become independent prescribers in addition to the traditional doctors and dentists who could prescribe prescription only medicines. Links to relevant info and legislation can be found at MHRA website<sup>100</sup>.

## **Administration of injectable medicines for the purpose of saving life in an emergency**

11. Regulation 238 of the Human Medicines Regulations 2012 allows for certain prescription only medicines to be administered by anyone for the purpose of saving life in an emergency. For more information see Regulation 238 and Schedule 19 of the Human Medicines Regulations 2012<sup>101</sup>.

## **Controlled Drugs**

12. In recent years there has been a significant number of children and young people receiving schedule 2 controlled drugs to treat ADHD e.g. methylphenidate (Ritalin; Concerta, Equasym, Medikinet) and there is a need for storage and administration of these while at school. The management and use of controlled drugs is currently reserved under the Scotland Act 1998 and is a matter for the Home Office who have UK-wide legislation in place to govern the therapeutic use of CDs. Most recently, the Controlled Drugs (Supervision of Management and Use) Regulations 2013<sup>102</sup> came into force in 2013.

## **Health and Safety at Work**

13. The Health and Safety at Work etc Act 1974<sup>103</sup> and Management of Health and Safety at Work Regulations 1999<sup>104</sup> both deal with health and safety for employees and non-employees present in workplaces, including schools.

## **Education (Schools and Placing Information) (Scotland) Regulations 2012**

14. Under the Education (Schools and Placing Information) (Scotland) Regulations<sup>105</sup>, schools must publish information about their arrangements for additional support for learning in a school handbook.

## **The Waste Management Licensing (Scotland) Regulations 2011**

15. Paragraph 12 of Schedule 4 of the Waste Management Licensing (Scotland) Regulations 2011<sup>106</sup> requires schools to register as a professional carrier and transporter of waste with the Scottish Environment Protection Agency (SEPA).

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<sup>100</sup> <https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency>

<sup>101</sup> [Regulation 238 and Schedule 19 of the Human Medicines Regulations 2012](#)

<sup>102</sup> [Controlled Drugs \(Supervision of Management and Use\) Regulations 2013](#)

<sup>103</sup> [The Health and Safety at Work etc Act 1974](#)

<sup>104</sup> [Management of Health and Safety at Work Regulations 1999](#)

<sup>105</sup> [Education \(Schools and Placing Information\) \(Scotland\) Regulations 2012](#)

<sup>106</sup> [Paragraph 12 of Schedule 4 of the Waste Management Licensing \(Scotland\) Regulations 2011](#)

## ANNEX D: OTHER USEFUL GUIDANCE DOCUMENTS AND USEFUL ORGANISATIONS

### Other useful guidance

Invasive procedures toolkit, PAMIS, 2016 - <http://www.pamis.org.uk/page.php?id=99>.

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

Management of medication in daycare of children and childminding services, Care Inspectorate, 2014 - <http://www.hub.careinspectorate.com/media/189567/childrens-service-medication-guidance.pdf>.

Establishing the Responsible Commissioner: Guidance and Directions for Health Boards, Scottish Government, 2013 - [http://www.sehd.scot.nhs.uk/mels/CEL2013\\_06.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2013_06.pdf).

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

Prescription for Excellence A Vision and Action Plan for the right pharmaceutical care through integrated partnerships and innovation. Scottish Government 2013 - <http://www.hub.careinspectorate.com/media/109965/sg-prescription-for-excellence.pdf>.

A common sense approach to moving and handling disabled children and young People, Scottish Government, 2012 – <http://www.gov.scot/Resource/0040/00402969.pdf>.

School Handbook Guidance, Information for local authorities and schools following the Education (School and Placing Information) (Scotland) Regulations 2012, Scottish Government , 2012 - <http://www.gov.scot/Resource/0040/00401568.pdf>.

Partnership working between education and allied health professionals guidance, Scottish Government, 2010, <http://www.gov.scot/Resource/Doc/313416/0099357.pdf>.

The handling of medicines in social care settings, Royal Pharmaceutical Society of Great Britain - <https://www.rpharms.com/social-care-settings-pdfs/the-handling-of-medicines-in-social-care.pdf>.



## **Useful organisations**

### **Action for Hearing Loss**

Action on Hearing Loss Scotland can provide tailored deaf awareness training to both staff and students to ensure that deaf and hard of hearing children are fully included in the school environment and to ensure that everyone works together to improve outcomes for the deaf or hard of hearing child or young person. For more information visit [www.actiononhearingloss.org.uk/scotland](http://www.actiononhearingloss.org.uk/scotland).

### **Action for Sick Children Scotland**

Action for Sick Children Scotland informs, promotes and campaigns on behalf of the needs of all sick children and young people within the healthcare system. For more information visit <http://www.ascscotland.org.uk/>.

### **Additional Support Needs Tribunals for Scotland**

The Additional Support Needs Tribunals for Scotland consider appeals (references) made by parents or carers and young people against decisions of Education Authorities regarding the provision of educational support including claims of disability discrimination in relation to schools. For more information dial 0845 120 2906 or visit [www.asntscotland.gov.uk](http://www.asntscotland.gov.uk).

### **ALISS (A Local Information System for Scotland)**

ALISS is a search and collaboration tool for Health and Wellbeing resources in Scotland. It helps signpost people to useful community support. For more information visit <https://www.aliss.org/>.

### **Asthma UK**

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

### **British Heart Foundation Scotland**

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

## **British Lung Foundation Scotland**

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

## **The Butterfly Trust**

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

## **Care Inspectorate**

The Care Inspectorate regulates and inspects care services in Scotland to make sure that they meet the right standards. For more information visit [www.careinspectorate.com](http://www.careinspectorate.com)

## **Chest, Heart and Stroke Scotland**

Chest, Heart and Stroke Scotland seeks to improve the quality of life for people in Scotland affected by chest, heart and stroke illness in Scotland and provides advice, information and support in the community. For more information visit [www.chss.org.uk](http://www.chss.org.uk).

## **Children and Young People's Commissioner Scotland**

The role of the Children and Young People's Commissioner is to help children and young people to understand their rights and to make sure those rights are respected. For more information please visit their website at <http://www.sccyp.org.uk/about>.

## **Clic Sargent**

Clic Sargent provides advice and support to children and young people affected by cancer, their families and the professionals who work with them. For more information visit <http://www.clicsargent.org.uk/content/help-and-support>.

## **Contact a Family Scotland**

Contact a Family is a national charity that provides information, advice and support for families with disabled children. For more information visit their website at <http://www.cafamily.org.uk/scotland>.

Contact a Family has an online A-Z directory of medical conditions. It contains an overview of a number of common and rare conditions, and signposts further information where it exists. The directory can be accessed at <http://www.cafamily.org.uk/medical-information/conditions/>.

## **The Cystic Fibrosis Trust**

The Cystic Fibrosis Trust helps to make a difference to the lives of people with the condition and those who care for them. For more information visit [www.cysticfibrosis.org.uk](http://www.cysticfibrosis.org.uk).

## **Diabetes Scotland**

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

## **Education Scotland**

Education Scotland works collaboratively and in partnership with other public bodies and local authorities to promote, support and build the capacity of education providers and practitioners to improve their own performance. For more information, visit [www.educationscotland.gov.uk](http://www.educationscotland.gov.uk).

## **Epilepsy Scotland**

Epilepsy Scotland aims to improve access to services, enabling them to lead full and active lives. It also provides useful resources for staff in schools and the school health team. For more information call 0141 427 4911 or visit <http://www.epilepsyscotland.org.uk/>.

## **Enquire**

Enquire provides advice and support to families of children and young people who require some additional support to make the most of their learning. For more information call the Enquire helpline on 03451232303 or email [info@enquire.org.uk](mailto:info@enquire.org.uk). Visit the website [www.enquire.org.uk](http://www.enquire.org.uk) for access to a wide range of publications and online resources and more information.

## **Govan Law Centre, Education Law Unit**

Govan Law Centre, Education Law Unit operates a second tier advice service to partner agencies, advocacy agencies, local authorities, NHS boards, Social Services and other solicitors in relation to education matters. A referral can be made by any of these agencies to the Education Law Unit for parents and carers to get legal assistance when their child's educational needs are not being met.

The Education Law Unit also operates a national advocacy service in partnership with Kindred called Let's Talk ASN. Parents can contact the Education Law Centre directly on 0141 445 1955 if they have the right of appeal to the Additional Support Needs Tribunal in respect of a placing request to a special school or a mainstream school where the child has a co-ordinated support plan; in relation to matters arising relating to Co-ordinated Support Plans and transition from child to adult services. For further information visit [www.edlaw.org.uk](http://www.edlaw.org.uk).

## **Health and Safety Executive**

The Health and Safety Executive (HSE) is the regulatory body for health and safety in Great Britain. HSE provides information to school leaders about health and safety in schools on their website at <http://www.hse.gov.uk/services/education/index.htm>.

## **Health Protection Scotland**

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

## **Meningitis Research Foundation**

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

## **The Mental Health Foundation**

The Mental Health Foundation website has a number of resources on supporting vulnerable young people. For more information visit <http://www.mentalhealth.org.uk>.

## **The Mental Welfare Commission for Scotland**

The Commission aims to ensure that care, treatment and support are lawful and respect the rights and promote the welfare of individuals with mental illness, learning disability and related conditions. For more information visit <http://www.mwcscot.org.uk>.

## **Respectme**

Respectme is Scotland's anti-bullying service. Information and advice on all aspects of bullying for practitioners, parents, children and young people is available at [www.respectme.org.uk](http://www.respectme.org.uk). This website also includes details of Respectme's free training programme, advice on policy development and campaigning work.

## **Scottish Child Law Centre**

The Child Law Centre helps children and young people, their families and carers, and professionals working for and with children by providing free expert legal advice and information. For further information visit <http://www.sclc.org.uk/>.

## **Scottish Council for Independent Schools (SCIS)**

SCIS is a membership organisation which represents and promotes independent schools in Scotland. For more information visit the SCIS website at [www.scis.org.uk](http://www.scis.org.uk).

### **Scottish Information Commissioner**

The Scottish Information Commissioner promotes and enforces both the public's right to ask for the information held by Scottish public authorities, and good practice by authorities. For more information telephone 01334 464610 or visit their website at [www.itspublicknowledge.info/home/ScottishInformationCommissioner.aspx](http://www.itspublicknowledge.info/home/ScottishInformationCommissioner.aspx).

### **Scottish Paediatric Epilepsy Network**

The Scottish Paediatric Epilepsy Network (SPEN) is a national managed clinical network and brings together people involved in paediatric epilepsy from all over Scotland to agree the way forward for epilepsy services. For more information visit <http://www.spen.scot.nhs.uk>.

### **Scottish Public Services Ombudsman**

The Scottish Public Services Ombudsman handles complaints from people who have suffered injustice or hardship as a result of maladministration or service failure. For more information visit [www.spsso.org.uk](http://www.spsso.org.uk).

### **UNISON**

UNISON is a trade union, representing full-time and part-time staff who provide public services. Visit [www.unison-scotland.org.uk](http://www.unison-scotland.org.uk) for more information.



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