

The Handbook of Procedures for the Management of Pupils with Healthcare Needs in Educational Establishments (December 2023)

This Handbook should be read in **conjunction** with:

*Arrangements for Medication, Healthcare Programmes and Clinical Tests:
Health and Safety Guidelines for Heads of Establishments HSP4
(May 2022)*

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1 Aim

This document has been prepared by the City of Edinburgh Council and NHS Lothian to assist schools in meeting the healthcare needs of pupils. It should be read in conjunction with Appendix 23, *Arrangements for Medication, Healthcare Programmes and Clinical Tests: Health and Safety Guidelines for Heads of Establishments HSP4 (May 2022)*. By working in partnership with parents/carers, pupils and health professionals, schools will be able to support pupils who have healthcare needs in a safe, efficient and secure environment. This includes pupils who require medication during school time. These procedures will be carried out by school staff who have access to clear instructions and appropriate training.

2 Roles and Responsibilities in Meeting Health Care Needs

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

Communities and Families have responsibility for the content of *Arrangements for Medication, Healthcare Programmes and Clinical Tests: Health and Safety Guidelines for Heads of Establishments HSP4 (May 2022)* and *The Handbook of Procedures for the Management of Pupils with Healthcare Needs in Educational Establishments*.

Head Teachers have responsibility for the management and implementation of the procedures described in this document. They must ensure that all relevant available information with regard to a medical condition that may affect a pupil at school is passed to all concerned and that the confidentiality of a pupil's medical history is respected. They should identify key members of staff and, where necessary, encourage them to attend all relevant awareness/training sessions. The head teacher is responsible for arrangements, ensuring that medicines are stored safely.

Educational Establishment Staff should be aware of difficulties/symptoms pertaining to the medical needs and the problems that may arise in school for pupils in their care. It is good practice for staff to attend awareness/training sessions as indicated by the head teacher and be able to carry out the procedures outlined in this document.

Parents/Carers have responsibility for ensuring that all relevant information pertaining to their child's health needs, including any changes to their condition or medication, is given to the head teacher, or a designated person, at the earliest opportunity. Parents/carers must ensure that the school supply of medication is replenished as required. They must collect out of date medication and ensure that it is disposed of correctly and collect all medication from the school at the end of the academic year.

School Nurses have responsibility for giving advice on medical conditions, the storage of medication and on carrying out the procedures in this document. They will facilitate the completion of School Healthcare Plans when the Specialist Nurse for Children with Complex Health Needs is unavailable.

School Nurses are the first point of contact for any healthcare queries.

3 Planning for Healthcare Needs

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

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

Apart from a few exceptional circumstances, all areas of the school curriculum, including school camps, should be accessible to pupils with healthcare needs. Forward planning may be required to accommodate these needs. If you require advice, please contact your school nurse team.

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

The flow chart in Appendix 1 (Pathway for Managing Pupils' Healthcare Needs in Educational Establishments) identifies which form is required in which circumstance.

Appendices 3 to 7 are examples of the medication forms for each category of medication. These are described in Section 9 (Healthcare Needs Involving Medication).

Information covering the health needs of the small number of pupils who require a School healthcare plan and/or an emergency care flow chart, is in Section 6 (School Healthcare Plans).

All establishments should have a minimum number of staff who have attended the appropriate CPD courses as stipulated in Table 1: Recommendations for attendance (Section 4.1). In the event of an emergency where no staff are available to follow the procedures laid out in a pupil's school healthcare plan, the emergency services should be summoned.

4 Continuing Professional Development (CPD) in Meeting Healthcare Needs

It is important that school staff are able to recognise certain conditions and their implications. Courses are provided to support staff in meeting pupils' healthcare needs.

The course *ASL: Asthma and Allergy Management* covers the areas of asthma and allergy awareness. The course lasts 2 hours and includes procedures and use of asthma inhalers and adrenaline pens.

There are further courses on epilepsy covering management and emergency medication; and the management of diabetes. All courses are available through the Continuing Professional Development (CPD) Directory and are delivered by appropriately qualified clinical staff.

It is recognised that every school is different and the information in sections 4.1 – 4.4 is only a guide. However, it is essential that all head teachers ensure that all staff are aware of these procedures and that the requirements set out in this document are met. The number of staff stated in Table 1 is the minimum number of staff who should attend the CPD sessions, regardless of the size of the school. This is to cover absences. Large schools and schools with split sites should look at increasing these numbers of staff. If there is any doubt, advice should be sought from the school nursing service.

The head teacher should ensure that a register is kept of staff who have attended appropriate CPD. A proforma for this purpose is provided in Appendix 20 (Staff Attendance Records). Staff are required to update their knowledge by attending CPD sessions every two years.

The following sections cover the recommendations for CPD in the areas below:

- 4.1 CPD in Asthma and Allergy Management
- 4.2 CPD in Managing Epilepsy with or without requiring emergency medication within Educational Establishments
- 4.4 CPD in Managing Diabetes in Educational Establishments
- 4.5 CPD in Managing Cystic Fibrosis in Educational Establishments

Bespoke CPD sessions will be arranged to address the training requirements of staff working with pupils who have more unusual or complex healthcare requirements, as appropriate to the environment of an educational establishment. This training must be delivered, and the learning outcomes accredited by an approved trainer under the direction of the School Nursing Service/Specialist Nurse for Children with Complex Health Needs/Community Child Health Service.

4.1 CPD in Managing Asthma and Allergies in Educational Establishments

The management of asthma and allergies is covered within the course *ASL: Asthma and Allergy Management*.

It specifically covers the following areas in relation to the management of allergies:

- the causes and physical effects of a severe allergy
- school management to help prevent an allergic reaction
- recognising signs and symptoms of an allergic reaction
- caring for a pupil who is having an allergic reaction
- storage of medication and emergency procedures

It specifically covers the following areas in relation to the management of asthma:

- the causes and physical effects of asthma
- management to help prevent an asthma attack in school
- recognising signs and symptoms of an asthma attack
- caring for a pupil who is having an asthma attack
- storage of medication and emergency procedures

All establishments require to have an appropriate number of staff who have attended this course (see Table 1 for overview).

Table 1: Recommendations for attendance

ASL: Asthma and Allergy Management Overview of Training Requirements		
	Core level of staff training essential for all establishments	When a pupil enrolls who has allergies, asthma or epilepsy (not requiring emergency medication)
Nursery	Core of 3 members of staff, to include one from senior management and staff who have remit for first aid	Core level plus the pupil's class teacher.
Nursery class in primary school	Core of 2 nursery staff	Core level
Primary school	Core of 3 members of staff, to include one from senior management and staff who have remit for first aid	Core level plus the pupil's class teacher.
Secondary school	Core of 5 members of staff, to include one from senior management, staff from PE and HE and staff who have remit for first aid	Core level
Special school with registered nurse	Core of 3 members of staff, to include one from senior management	Two members of class team
Special school without registered nurse	Core of 3 members of staff, to include one from senior management and staff who have remit for first aid	Core level plus the pupil's class teacher.

For further information:

Allergies: see Appendix 14 for:

- more detailed information on allergies
- a blank School Healthcare Plan
- an emergency care flowchart

Asthma: see Appendix 16 for:

- more detailed information on asthma
- an emergency care flowchart

4.2 CPD in Managing Epilepsy in Educational Establishments (NOT Requiring Administration of Emergency Medication)

The management of Epilepsy is covered in the course *ASL: Epilepsy Management in Educational Establishments*. Some children with epilepsy will have emergency medication for use in their educational setting. If a child presents with emergency medication, staff will also need to complete the course *ASL: Epilepsy - Emergency Medication (Midazolam)*. Please see section 4.3 for details. If the child young person does not require medication at school, staff are only required to attend the course *ASL: Epilepsy Management in Educational Establishments*.

Epilepsy Management specifically covers the following areas in relation to the management of epilepsy:

- the causes and physical effects of epilepsy
- recognising different types of epileptic seizures
- caring for a pupil who is having a seizure
- when emergency services should be called

The Epilepsy Management course finishes with a basic assessment on Epilepsy to demonstrate knowledge gained. On completion, attendees will receive a certificate. Training must be renewed within two years.

Recommendations for attendance

Nursery schools

There is no requirement for school staff to attend prior to a pupil who has epilepsy attending the school. Once such a pupil does attend, three members of staff, including the class teacher, should attend the course *ASL: Epilepsy Management in Educational Establishments*

Primary schools

There is no requirement for school staff to attend prior to a pupil who has epilepsy attending the school. Once such a pupil does attend, three members of staff, including the class teacher/nursery teacher, should attend *ASL: Epilepsy Management in Educational Establishments*

Secondary schools

There is no requirement for school staff to attend prior to a pupil has epilepsy attending the school. Once such a pupil does attend, three members of staff, including any staff who have a remit for first aid, should attend *ASL: Epilepsy Management in Educational Establishments*

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

There is no requirement for school staff to attend prior to a pupil who has epilepsy attending the school. Once such a pupil does attend, three members of staff, including the class teacher, should attend *ASL: Epilepsy Management in Educational Establishments*

Special schools, where registered nurses are available in school at all times and they can be contacted in an emergency by walkie talkie

There is no requirement for school staff to attend prior to a pupil who has epilepsy attending the school. Once such a pupil does attend, a minimum of two members of that classroom team should attend *ASL: Epilepsy Management in Educational Establishments* to allow the pupil to be taken on outings.

Further information

Epilepsy: see section 4.2 and Appendix 17 for:

- CPD for epilepsy requiring emergency medication
- more detailed information on epilepsy
- a blank School Healthcare Plan
- an emergency care flowchart

4.3 CPD on Managing Epilepsy Requiring Administration of Emergency Medication in Educational Establishments

In addition to the course *ASL: Epilepsy Management in Educational Establishments*, the course *ASL: Epilepsy - Emergency Medication (Midazolam)* is specifically for staff who volunteer to administer emergency medication for pupils who require emergency medication for the management of epilepsy. Staff working with children/young people who require emergency medication at school will need to attend both courses before the establishment can hold and staff can administer any emergency medication.

Staff who volunteer to administer emergency epilepsy medication must have attended the Epilepsy Management course within the previous two years. If the members of staff attended the course more than two years ago, or if they have never attended the course, they are required to satisfactorily complete the course before they are able to attend the course *ASL: Epilepsy - Emergency Medication (Midazolam)* and administer emergency epilepsy medication.

The content of the course is as follows:

- the causes and physical effects of epilepsy
- recognising an epileptic seizure
- caring for a pupil who is having a seizure
- when emergency services should be called
- when and how to administer emergency medication.

The course finishes with an assessment of the administration of emergency medication. On completion, attendees will receive a certificate which must be renewed within two years.

Recommendations for attendance

Nursery schools

There is no requirement for school staff to attend prior to a pupil who requires emergency medication for epilepsy attending the school. Once such a pupil does attend, three members of staff, including the class teacher, should attend the course *ASL: Epilepsy - Emergency Medication (Midazolam)*

Primary schools

There is no requirement for school staff to attend prior to a pupil who requires emergency medication for epilepsy attending the school. Once such a pupil does attend, three members of staff, including the class teacher/nursery teacher, should attend *ASL: Epilepsy - Emergency Medication (Midazolam)*

Secondary schools

There is no requirement for school staff to attend prior to a pupil who requires emergency medication for epilepsy attending the school. Once such a pupil does attend, three members of staff, including any staff who have a remit for first aid, should attend *ASL: Epilepsy - Emergency Medication (Midazolam)*

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

There is no requirement for school staff to attend prior to a pupil who requires emergency medication for epilepsy attending the school. Once such a pupil does attend, three members of staff, including the class teacher, should attend *ASL: Epilepsy - Emergency Medication (Midazolam)*

Special schools, where registered nurses are available in school at all times and they can be contacted in an emergency by walkie talkie

There is no requirement for school staff to attend prior to a pupil who requires emergency medication for epilepsy attending the school. Once such a pupil does attend, a minimum of two members of that classroom team should attend *ASL: Epilepsy - Emergency Medication (Midazolam)* to allow the pupil to be taken on outings.

Staff who have volunteered to administer emergency medication are required to update their knowledge by attending the course every two years.

Further information

Epilepsy: see section 4.2 and Appendix 16 for:

- CPD for epilepsy requiring emergency medication
- more detailed information on epilepsy
- a blank School Healthcare Plan
- an emergency care flowchart

4.4 CPD in Managing Diabetes in Educational Establishments

The management of diabetes is covered in the course *ASL: Diabetes – Management of Diabetes in Educational Establishments*. It covers the following areas in relation to the management of diabetes:

- the causes and physical effects of diabetes
- school management to help prevent low or high blood sugar
- recognising signs and symptoms of low or high blood sugar
- storage of medication and emergency procedures

The Specialist Diabetes Nurse will visit the schools of pupils newly diagnosed with diabetes and give advice and information to staff directly involved with that pupil.

Recommendations for attendance

Nursery and primary schools

Once it is known that a pupil with diabetes is going to attend the school, staff to be directly involved with the pupil should attend an *ASL: Diabetes – Management of Diabetes in Educational Establishments* session as soon as possible and keep their knowledge up to date by attending the course *ASL: Diabetes – Management of Diabetes in Educational Establishments* every two years whilst a pupil with diabetes attends their school.

Secondary schools

Once it is known that a pupil with diabetes is going to attend the school, a minimum of three members of staff, including any staff who have a remit for first aid and administration of medication and a member of senior management should attend the course *ASL: Diabetes – Management of Diabetes in Educational Establishments* as soon as possible and keep their knowledge up to date by attending the course *ASL: Diabetes – Management of Diabetes in Educational Establishments* every two years whilst a pupil with diabetes attends their school.

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

Once it is known that a pupil with diabetes is going to attend the school, staff to be directly involved with the pupil should attend an *ASL: Diabetes – Management of Diabetes in Educational Establishments* session as soon as possible and keep their knowledge up to date by attending an *ASL: Diabetes – Management of Diabetes in Educational Establishments* every two years whilst a pupil with diabetes attends their school.

Special schools, where registered nurses are available in school at all times and can be contacted in an emergency by walkie-talkie

Once it is known that a pupil with diabetes is going to attend the school, a minimum of two members of that classroom team should attend an *ASL: Diabetes – Management of Diabetes in Educational Establishments* session as soon as possible and keep their knowledge up to date by attending an *ASL: Diabetes – Management of Diabetes in Educational Establishments* every two years whilst a pupil with diabetes attends their school.

Further Information

Diabetes: see Appendix 18 for:

- more detailed information on diabetes
- a blank school healthcare plan
- an emergency care flowchart

4.5 CPD in Managing Cystic Fibrosis in Educational Establishments

The management of cystic fibrosis is specific to the individual pupil and cannot be delivered through a generic course. The Cystic Fibrosis Nurse Specialists will provide CPD in this area and will contact the educational establishment to arrange CPD sessions, as appropriate, to meet the needs of pupils with cystic fibrosis.

School staff with any questions can contact the Cystic Fibrosis Nurse Specialists directly by telephoning 07903969606.

The head teacher should identify staff who have responsibility in relation to any individual pupil who has cystic fibrosis and ensure that these staff are given time to attend the updates given by the Cystic Fibrosis Nurse Specialists and keep an up-to-date record of attendance of staff at these update sessions.

Cystic Fibrosis: see Appendix 19 for:

- more detailed information on cystic fibrosis

5 Medical Folders

Every school should have a medical folder that is kept in a safe, central, easily accessible place and all staff should know where it is located. This folder should contain copies of all medication/care forms, including any School Healthcare Plans, and emergency contact details for each pupil who has a medical condition which requires support.

If the school requires to call the Emergency Services (999), all the information given in Appendix 21 should be provided to the operator. The information given in Appendix 21 should be displayed at all telephones.

6 School Healthcare Plans

Initiating School Healthcare Plans

Please refer to the flow chart in Appendix 1 which identifies which form and/or school healthcare plan is required in which circumstances.

A school healthcare plan and/or an individualised flowchart is required for all pupils who have a long-term/complex medical condition. The appropriate paperwork for asthma, allergies, epilepsy and diabetes is in Appendices 14 to 18 and should be completed by school staff in consultation with the pupil's parents/carers with advice from the school nurse if required.

Pupils with any other long-term/complex medical condition will have the completion of their plan facilitated by the Specialist Nurse for Children with Complex Health Needs in consultation with the appropriate clinic specialist nurse/consultant. The school nurse team will facilitate the completion of plans if the Specialist Nurse for Children with Complex Health Needs is not available. Please refer to Appendices 2 and 2a which contain the procedure flowchart and appropriate forms to gather information and initiate a school healthcare plan.

Reviewing School Healthcare Plans

The head teacher, or a designated member of staff, should review all school healthcare plans at the beginning of each academic year. They should contact the pupil's parent/carer to find out if there have been any changes.

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

If there are any changes to the care or medication required by a pupil, a new School Healthcare Plan should be completed. Contact the school nurse team who will facilitate the completion of the updated School Healthcare Plan.

Accessing School Healthcare Plans

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

Nursery and primary schools

Copies of the school healthcare plan should be kept:

- in the medical folder
- in the pupil's Educational Record (formerly known as the Personal Pupil Record)
- by the pupil's parents/carers.

Copies of the emergency care flowchart should be kept:

- in the pupil's classroom, with any emergency medication
- centrally, with any back-up emergency medication.

Secondary schools

Copies of the school healthcare plan should be kept:

- in the medical folder
- in the pupil's Educational Record (formerly known as the Personal Pupil Record)
- by the pupil's parents/carers

A generic copy of the emergency care flow chart should be kept in every classroom and an individualised copy of the emergency care flow chart should be kept centrally with any back-up emergency medication.

In special schools, where registered nurses are not available in school at all times

Copies of the school healthcare plan should be kept:

- in the medical folder
- in the pupil's Educational Record (formerly known as the Personal Pupil Record)
- by the pupil's parents/carers

Copies of the emergency care flow chart should be kept:

- in the pupil's classroom, with any emergency medication
- centrally, with any back-up emergency medication

In special schools, where registered nurses are available at all times

Copies of the school healthcare plan should be kept:

- in the medical room
- in the pupil's Educational Record (formerly known as the Personal Pupil Record)
- by the pupil's parents/carers.

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

7 Confidentiality

All pupils have a right to confidentiality. Care should be taken to disseminate relevant information to staff without drawing undue attention to pupils with healthcare needs. Health information about individual pupils should not be openly displayed without the permission of the pupil and their parent/carer.

8 Healthcare Needs Not Involving Medication

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

8.1 Short-term Care

For care that is required for less than six months, School Healthcare Plan: not requiring medication in school (Appendix 9) should be completed and signed by the parent/carer.

8.2 Long-term Care

For ongoing care, including emergency care, for a chronic condition, please refer to Appendix 2 which contains the procedure flow chart and appropriate forms to gather information and initiate a school healthcare plan.

9 Healthcare Needs Involving Medication

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

In the event of any medication error, the pupil's parent/carer should be informed immediately and discuss next steps. Staff should seek support from senior management.

If the pupil receives medication that deviates from the prescription or parent/carer instructions, then staff must seek medical advice without delay:

If the child is well, staff can call NHS24 on 111 or the pupil's GP. If the pupil shows any signs of adverse reaction; has breathing difficulties; collapse; signs of serious illness or you are concerned about their condition – call 999 immediately.

An incident report should be completed following any medication error or near miss.

Early Years settings have different requirements for medication administration, and they must use only the Early Years medication forms within appendix 3. Medication forms within appendix 4 are designed for use by schools only.

9.1 Categories of Medication and Procedures for Administration (School)

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

a) **Non-prescribed Medication**

Any medication not requiring a medical or dental practitioner's prescription is defined as non-prescribed medication (e.g. paracetamol). School staff should not administer non-prescribed medication to pupils unless Form 1: Request for school to issue non-prescribed medication (Appendix 4) has been completed and signed by the parent/carer. The head teacher/designated person must also agree that it is necessary for the medication to be administered in school/on educational excursions.

This form may be used exclusively for the following medication. For queries regarding non-prescribed medication out with this list please contact your School Nurse or the Specialist Nurse for Children with Complex Health Needs for further support and advice.

Acceptable Non-Prescribed Medication for use in School:

- Paracetamol
- Non-steroid topical creams or emollients

b) Routine Prescribed Medication

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

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

If it is necessary for this medication to be administered during school hours, the parent/carer must complete and sign the appropriate form before any medication can be administered. The flowchart in Appendix 1 identifies which form is required in which circumstances. These can be found within Appendix 4 (School Medication Forms):

- **Form 1 Non- Prescribed medication**
- **Form 2 Prescribed medication form**
- **Form 3 Long-term 'as required' prescribed medication**
- **Form 4 Medication to be carried and self-administered by pupil**

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

For additional information relating to Methylphenidate (Ritalin™ or Equasym™), refer to Section 10.

c) Emergency Prescribed Medication

This covers any medication required to prevent or minimise an emergency situation. All pupils with the following conditions, and who require emergency medication in an educational establishment, must have a school healthcare plan:

- Severe Allergies
- Asthma (Pupils with asthma need an 11a or 11b form and their own symptom and action flowchart (with triggers noted) found in Appendix 16. Pupils with asthma do not need a school health care plan unless they have been identified by the asthma nurse specialist/school nurse to require one.)
- Epilepsy
- Diabetes
- Cystic Fibrosis
- Any other less common condition that requires the administration of medication in an emergency

9.2 Pupil Refusal to Take Medication

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

9.3 Pupil Self-administration of Medication

Best practice places considerable importance on secondary pupils being allowed to control their own medication, whenever possible. No primary pupil should self-administer any medication with the exception of reliever inhalers for asthma as detailed in Appendix 16 and travel sickness medication as appropriate for pupils in P7 only (pupil should only carry the amount required for the trip and no excess).

When there is a request for a pupil to carry and self-administer medication and the head teacher/designated person agrees to this, Form 4: Request to school for medication to be carried and self-administered by pupil (Appendix 4) should be completed and signed by parent/carer. **This form cannot be used for controlled drugs without further discussion with senior school management and an appropriate health professional.**

9.4 Supply, Collection and Disposal of Medication

Parents/carers must ensure that the school is supplied with a sufficient quantity of in-date medication. When medication supplies are low Form 6a: Notice to parent/carer that supply of medication needs replenished (appendix 5) should be sent home.

A up-to-date record of the expiry date of medication should be kept by school staff. When the use by date of medication supplies is approaching, Form 6b: Notice to parent/carer that supply of medication is near expiration date and needs replaced (appendix 5) should be sent home. The parent/carer should collect expired medication from school within 7 days of the expiry date. In those cases where pupils are transported to school by the authority and the school is not located near the family home, an arrangement should be made between the school and the parents as to how medicines can be safely delivered to the parents for disposal. Alternatively, medicines can be taken to a local pharmacy for safe disposal. N.B. Adrenaline pens must be taken to a G.P. surgery to be disposed of.

Should medication be related to a long-term condition (e.g. Asthma or Allergies), it does not need to be sent home at the end of the academic year as long as the parent/carer has confirmed the condition/medication will continue into the next academic year and the medication held by school remains in date into the Autumn term. Form 6c: Request to hold long-term medication in school (Appendix 5), should be completed by the parent along with the appropriate form specific to the child's medical condition (i.e. Form 11a/11b for Asthma). This will allow the school to keep the medication and continue to use it the following term. Medication staying within school over the holiday period should be securely stored in a locked cabinet. All other medication related to short term medical conditions should be collected by parents prior to the end of term. In this case, letter 1: Request to parent/carer to collect medication from school (Appendix 10) should be sent home.

The storing of medication within school over holiday periods is at the discretion of the head teacher who reserves the right to withdraw this service.

Uncollected/unauthorised/expired medication in school at the end of term should be taken to a local pharmacy for safe disposal.

9.5 Review and Changes to Medication and/or Care

All information regarding care or medication should be renewed at the beginning of each academic year. New forms must be completed and signed. It is the responsibility of the parent/carer to inform the school of any changes.

Where the pupil does NOT have a school healthcare plan and changes are made to the support required in school, the appropriate action should be taken as indicated below:

- If a doctor prescribes any change to the dose, time or manner of administration of routine medication, this should be treated as a new medication and the appropriate form completed (Appendix 4).
- If a parent/carer requests any change to the dose, time or manner of administration of non-prescribed medication, this should be treated as a new medication and the appropriate form completed (Appendix 4).

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

9.6 Recording the Administration of Medication or a Procedure

A written record should be kept of all medication administered to pupils. The record should be kept along with the medication, checked before every administration and completed by the member of staff administering the medication. Appendix 6 (School Medication Record) is a blank example of an administration of medicine recording sheet. For additional information regarding Methylphenidate (Ritalin™ or Equasym™), please see Section 10.

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

In the event of any medication error, the pupil's parent/carer should be informed immediately. Staff should seek medical advice. An incident report should be completed following the event.

9.7 Storage of Medication and/or Test Materials

a) Storage of Emergency Medication

Emergency medication should be stored in a zipped poly pocket with the instructions/emergency flow diagram.

In nursery schools, emergency medication should be kept in the pupil's classroom.

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

In secondary schools, pupils should carry their own emergency medication, where appropriate, and spare medication kept in a central, easily accessible, designated area. When it would be inappropriate for a pupil to carry his or her own emergency medication, the school nurse team should be contacted for advice.

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

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

b) Storage of Routine Prescribed and Non-Prescribed Medication

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

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

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

10 Arrangements for the Administration of Methylphenidate (Ritalin™ or Equasym™)

Methylphenidate is a medicine governed by the Misuse of Drugs Regulations 2001. Careful consideration must be given to the storage and recording of the administration of Methylphenidate. This will safeguard staff against possible allegations of misappropriation of medication governed by the Misuse of Drugs Act 2001.

In the event of any medication error, the pupil's parent/carer should be informed immediately. Staff should seek medical advice. An incident report should be completed following the event.

10.1 Storage of Methylphenidate

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

10.2 Recording the administration of Methylphenidate

A record of the number of tablets held in school must be kept. When a further supply is delivered to the school, the record must be updated and signed by the parent/carer and a member of staff or two members of staff. A blank example of an administration of medicine recording sheet for Methylphenidate, incorporating a column for updating the number of tablets held in school, is given in Appendix 7.

11 Procedures for pupils returning to school after a prolonged absence due to a medical condition

When a pupil is well enough to return to school, the school should contact the school nurse team who can offer advice and support to parents/carers and school staff.

12 Out-of-School Activities

Where a pupil is known to have an allergy, asthma or epilepsy, the Head Teacher should ensure that at least one member of staff accompanying such a pupil on activities taking place away from the school has attended *ASL: Asthma and Allergy Management* and/or *ASL: Epilepsy Management in Educational Establishments* (as appropriate) within the last two years. Failure to do so may invalidate the City's Public Liability Policy.

For pupils with other medical conditions requiring healthcare plans, at least one member of staff with appropriate training (if required) to carry out the pupil's care should be in attendance.

For pupils who require bespoke healthcare plans and/or additional support for health needs for trips out-with school hours; staff should seek advice from the School Nursing Service or the Specialist Nurse for Children with Complex Health Needs in advance of school trips.

13 Immunisations

Primary School:

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

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

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

Frequently asked questions about the programme are also available from NHS Lothian. NHS Health Scotland has previously produced a flu education pack for schools which has been sent in time for the August in service days to each primary school.

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

Facts about flu:

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

Further information can be found using this link: [Immunisation Scotland Childhood Flu Vaccination](#)

Secondary School:

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

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

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

Facts about HPV:

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

Further information can be found using this link: [Immunisation Scotland HPV Information](#)

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

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

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

Facts about Tetanus, Diphtheria, Polio and Meningococcal disease:

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

Further information can be found using these links: [Immunisation Scotland - Teenage Booster](#)
[Immunisation Scotland - Meningitis ACWY](#)

14 Headlice Information

City of Edinburgh Council follow NHS and Scottish Government guidance regarding headlice. The government guidance can be found by accessing this link;

<https://www.gov.scot/publications/national-guidance-managing-head-lice-infection-children/pages/1/>

Excerpts from this document have been copied below regarding communication with parents/carers;

- *'Alert letters' should not be sent to the parents of other children in the class of a child who may be infected with head lice.*

There is more than one reason for this. Firstly, 'alert letters' are not routinely sent out for other, more communicable diseases or infections. Secondly, most schools are likely to have a few pupils with head lice at any one time. On that basis, an 'alert letter' could potentially be required every day of the school year. 'Alert letters' also often lead parents to believe that there is an 'outbreak' when in fact, only one child in the class may be infected. Those parents might then treat their own child preventatively, which is neither necessary nor advised.

- *Only the parents of a child who appears to have a head lice infection should be informed, in writing or by telephone. This should be handled sensitively as it may be distressing for parents. Schools should also take account of the needs of parents for whom English is not their first language, or who may have difficulty in reading.*
- *Schools, working with the school nurse, should helpfully provide parents with information about the detection and treatment of head lice infection in a proactive and systematic way, at the start of every new term as well as at any point in the school year when a general (rather than individual) problem has been identified. For example, monthly reminders or 'flyers' can be sent home from school, informing and reminding families about detection through 'wet combing' and general grooming.*

An information leaflet can be accessed on the link below to be shared with parents;

<http://www.healthscotland.com/uploads/documents/25-Head%20Lice-Facts%20Detection%20Treatment-April18-English.pdf>

14 Infectious Disease and School/Nursery Exclusion Periods

City of Edinburgh Council follow NHS and Government guidance regarding infection control and time periods a pupil should not attend a setting to reduce the risk of transmission. The government guidance including the table of communicable diseases and exclusion periods can be found by accessing this link;

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources#exclusion-table>

Early Years:

Health Protection Scotland have created a resource specifically for Early Years regarding infection prevention and control which can be accessed at the link below:

<https://www.hps.scot.nhs.uk/web-resources-container/infection-prevention-and-control-in-childcare-settings-day-care-and-childminding-settings/>

16 School Guidance for Sun Safety

Whilst parents and carers have prime responsibility for their children's health and welfare, schools and nurseries also have a responsibility for the child's safety whilst in their care. Protection from the sun is one of many health and safety issues that schools and nurseries will wish to address with the involvement of parents/carers.

Outdoor education and recreation; sporting activities and sports days; school outings; picnics and other events are occasions when pupils and staff are more exposed to the sun. There can be a risk of sunburn and potentially heatstroke. On cloudy and windy days, it is still possible to burn, so protection is equally important at such times.

If the risk of sunburn is included in risk assessment procedure, it will enable the times, places, and circumstances to be identified when protection is most needed and of those measures necessary to reduce the risk. The NHS recommends that sun safety precautions should be taken March – October (or when the UV rating is 3+).

Staff should follow the school policy on sun safety to protect pupils and staff from sunburn. Sun protection measures should include advice on;

- (a) the provision of shade so that pupils can stay out of the sun,
- (b) the wearing of appropriate clothing and hats so that pupils can cover up and
- (c) the use of high Sun Protection Factor (SPF) sunscreens (minimum SPF 30).

Further guidance on good practice in outdoor conditions can be found on the following web address: <http://www.nice.org.uk> and on the Health and Safety Executive website.

Use of sunscreens

The use of sunscreens is only one of a range of sun safety measures to prevent sunburn but should be encouraged when other preventative measures, such as shade or protective clothing, are unavailable or impractical, or as an additional protection. Although sunscreen products are not classified as a medicine, the implications for sunscreen use in school are analogous to that of medicines. Consequently parents, and not the school, would normally supply such products. These can be signed in using Form 1: non-prescribed medication (appendix 4).

Schools and other educational establishments may, however, may hold a limited supply of high factor sunscreen for children who cannot, or forget to bring their own. In such circumstances and where sunburn is likely to occur, sunscreen may be applied at the discretion of staff. NHS recommends:

- applying sunscreen generously to exposed skin, 20 minutes before going outdoors when UV levels reach 3 or above.
- Reapply every 2 hours
- Store sunscreen in a cool, dry and accessible place

- Check expiry dates as sunscreen becomes less effective over time. If an expiration date is not displayed, look for an open jar symbol which will have a number next to it (i.e. 9M or 12M) - that's the number of months you can safely use the sunscreen after opening.

Where establishments choose to provide sunscreen, the following recommendations should be considered:

- Sunscreen should be labelled 'Broad-Spectrum' to provide both UVA and UVB protection and labelled with a UVA symbol (minimum 4 stars).
- Sunscreen should ideally provide SPF 50+ protection but must be minimum SPF 30.

Self- application of sunscreen by pupils is the preferred option and practical in most circumstances. Staff in charge of very young children or pupils with additional needs may agree, after communication between the school and parents and following written permission, to apply sunscreen on a voluntary basis.

Additional information

Schools - When leaving the school grounds, please refer to the Excursions guidance on Skincare and Sun safety.

Early years – Please refer to the Early Years Suncare Guidance available on the orb from March 2024.

Posters and leaflets about Sun Safety may also be sought from:

Lothian NHS Board
Waverley Gate
2-4 Waterloo Place
Edinburgh
EH1 3EG
Telephone: 0131 536 9000

17 Moving and Handling Pupils with Additional Support Needs

Moving and handling, or manual handling, is the transporting or supporting of a load by hand or by bodily force (including lifting, pushing, pulling, putting down, carrying or moving). In relation to children with additional support needs, it is a task that involves hands on physical assistance by an adult to facilitate a change in position. It does not just refer to manual lifting; it can also include the use of equipment, hoists and wheelchairs.

While it is important to consider safety issues, it is also very important to remember that children with additional support needs are entitled to have the same opportunities as their peers. This included full participation in swimming, school camps, outdoor learning and classroom tasks. It is the duty of each member of staff to consider safety issues and risk assess ongoing whilst adhering to the child's individual Moving & Handling Risk Assessment and Handling Plan (see risk assessment) when carrying out moving and handling tasks.

Please refer to the Moving and Handling Training Flowchart and Pathway located in Appendix 24 of this Handbook.

City of Edinburgh Council:

- Is committed to applying a safe system of work to all moving and handling situations involving children and young people with physical disabilities.
- Is committed to eliminating moving and handling techniques which incur a significant risk of injury to both child or young person and employee.
- Aims to reduce the level of risk to the lowest level reasonably practicable by:
 - Ensuring each child or young person with physical disabilities who needs assistance with moving and handling will be individually assessed by the therapists involved in supporting the child/ young person. This is usually the Occupational Therapist and/ or Physiotherapist.
 - Keeping the educational, developmental, social, emotional and care needs of the child or young person at the centre of this process.
 - Taking a balanced approach; accounting for the child's or young person's needs, capabilities, circumstances and rights, alongside the need to protect employees from injury.
- Will include Moving and Handling input as part of the GIRFEC child planning process.
- Will adopt a problem-solving ergonomic approach which considers the use of a variety of handling methods and equipment to maximise access to all areas of the curriculum and the wider community.
- Always encourages the independence of the child or young person.

The Moving and Handling team expect all staff to:

- Promote children and young people's independence
- Treat children and young people with dignity and respect
- Prioritise the health and safety of children and young people
- Maximise opportunities for mobility and physical development
- Work with children and young people to find positive solutions to inclusion
- Take reasonable care for their own health and safety and that of others who may be affected by their actions or omissions
- Balance their own health and safety with the rights and the physical and emotional welfare of children and young people.
- Comply with advice given by the Moving and Handling trainers and adopt the principles of safer moving and handling taught during training.
- Make appropriate use of equipment provided by the employer according to their training and instruction.
- Dynamically risk assess each moving and handling task before undertaking it.
- Adhere to any policies or procedures provided by Children and Families.
- Report to their line manager any shortage of staff, lack of/or defective equipment relevant to health and safety operations, or other change in circumstance e.g. pupil ability.
- Record all moving and handling accidents or near misses in line with CEC's incident reporting procedure
- Attend moving and handling introduction training and thereafter participate in moving and handling education/training every two years
- Request additional training / support if required
- Wear suitable clothing and footwear for moving and handling
- Report to their line manager any injury or significant pain or personal risk factor e.g. pregnancy, illness, which may interfere with the safe Moving and Handling processes they are responsible for undertaking

Legislative Context:

Children and Families have a general duty of care to children and young people, staff and visitors. Over and above this, the following Acts make it unlawful for Children and Families' establishments to discriminate against disabled children or young people:

- **Equality Act 2010 (Specific Duties) (Scotland) Regulations**
- **Equality Act, 2010 and the Public Sector Equality Duty**
- **Education (Additional Support for Learning) (Scotland) Act 2004 (as amended 2009)**
- **Education (Disability Strategies and Pupils' Educational Records) (Scotland) Act 2002**

- **Special Educational Needs and Disability Act 2001**
- **Standards in Scotland's Schools etc. Act 2000**

In addition, the following legislation must be considered in relation to Health and Safety:

The Health and Safety at Work Act 1974 sets out the responsibilities of employers to ensure the health, safety and welfare at work of all employees, as far as is reasonably practicable.

The Management of Health and Safety at Work Regulations 1999 establishes a clear legal requirement to carry out risk assessment for all hazardous activities. Employers must carry out risk assessments of moving and handling activities, taking particular account of risks to new or expectant mothers, when notified by the employee.

The Manual Handling Operations Regulations 1992 (as amended) require a more detailed moving and handling risk assessment to be carried out for activities where moving and handling presents a significant risk. The three main principles of these regulations are:

- avoiding hazardous moving and handling so far as is reasonably practicable
- assessing unavoidable moving and handling risks
- reducing any risks identified.

Provision and Use of Work Equipment Regulations, 1998 (as amended) require that equipment provided for use at work is:

- suitable and safe for the intended use
- maintained in a safe condition and, in certain circumstances, inspected to ensure this remains the case
- used only by people who have received adequate information, instruction and training in its use
- accompanied by suitable safety measures, e.g. protective devices, markings, warnings.

The Regulations require risks to peoples' health and safety, from equipment that they use at work, to be prevented or controlled. In addition to the requirements of PUWER, lifting equipment is also subject to the requirements of the Lifting Operations and Lifting Equipment Regulations 1998.

Responsibilities of staff:

- To attend CPD 1 day course to gain knowledge about moving and handling and to understand how to put principles into practice prior to handling children
- To adhere to the principles as outlined in the course in order to protect themselves and others
- To stop any handling that they are unhappy or unsure with and seek appropriate advice
- To report all near misses and injuries to their line manager
- To protect a child or young person's dignity and privacy at all times
- Ensure clear training and instruction is provided before using any handling equipment

The law is there to protect children and staff supporting them. It allows for common sense and flexibility and the council expect you to act sensibly and reasonably and seek advice and guidance if you do not understand or feel confident with moving and handling.

Lifting Operations and Lifting Equipment Regulations 1998 requires the employer to ensure that all lifting equipment and attachments are sufficiently strong, stable and suitable for the proposed use. Any lifting equipment and attachments used to lift children or young people require a maintenance inspection every six months.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 requires any accident or potentially dangerous occurrence to be reported and recorded.

More information on the above Health and Safety legislation can be found in the CEC Manual Handling policy.

Risk Assessment:

Risk assessment is the process of assessing the degree of risk involved in any given action or situation. This is something that is done daily on an informal basis e.g. crossing the road requires the risk assessment approach of weighing up the benefits versus the risk and deciding if the risk is acceptable or not and whether it can be eliminated or minimised in some way. It is clear with some children that moving and handling may not always be necessary and this decision can be reached as a result of informal risk assessment.

Moving and Handling can sometimes be avoided e.g. some children are able to stand independently or with minimal assistance. Alternative methods of movement can often be identified, but there are times when moving and handling cannot be avoided and therefore a formal risk assessment is required to clearly outline the handling required on an individual basis.

A slightly higher level of risk may be acceptable on certain activities e.g. on a trip out where more manual lifting may be required (N.B. it is unlawful under the terms of the Disability Discrimination Act 1995 to exclude a child from an activity because of their disability).

The Children and Young People (Scotland) Act 2014, along with the associated Health and Wellbeing outcomes within the Curriculum for Excellence, clearly illustrates the need for Education Staff and Allied Health Professional's to work collaboratively in order to provide a Child/Young Person with a positive educational experience.

To ensure that support arrangements are safe, effective and meet legal requirements relating to health and safety, any specific Moving and Handling needs that are integral to a Child/Young Person being able to access the Curriculum for Excellence require to be documented. This should take the form of a Moving and Handling Risk Assessment and Handling Plan that sits within the Child/Young Person's overall plan.

Moving and Handling Risk Assessment and Handling Plan

The purpose of the individual Moving and Handling Risk Assessment and Handling Plan is to assist employers and employees to meet their statutory obligations and to comply with relevant policies, procedures and guidance whilst providing effective support for a Child /Young Person. The process of risk assessment and planning enables managers to provide employees with safer systems of work that meet the needs of the Child/Young Person at the same time taking into account the health and safety of their employees. These documents will provide evidence of a risk management approach that ensures the Moving and Handling needs are clearly identified in order to minimise potential risk(s) to the Child/ Young Person and staff supporting them.

It is important to take a holistic approach when completing a Moving and Handling Risk Assessment and Handling Plan to achieve consistency between home, school and any other facilities the Child/ Young Person accesses e.g. respite, hospital, swimming, camp. This can be achieved through consultation and collaboration with the Child/ Young Person and their Family and Carers when making decisions on equipment used, Moving and Handling techniques and level of assistance required.