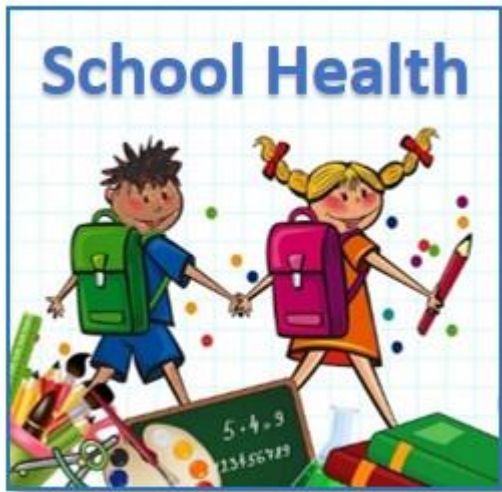
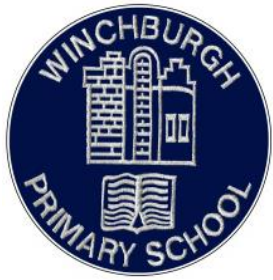


Procedures for the Management of Pupils with Healthcare Needs





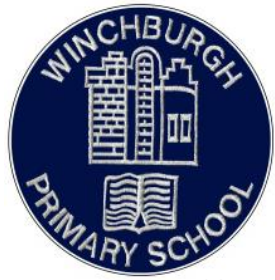
Aims of the Session



Provide an update on the roles and responsibilities in meeting healthcare needs.

Parents/staff roles and responsibilities on the storage, administration and disposal of medication.

Ensure we reach a shared understanding of how our schools plan to progress with the provision of healthcare needs.



Roles and Responsibilities in Meeting Healthcare Needs



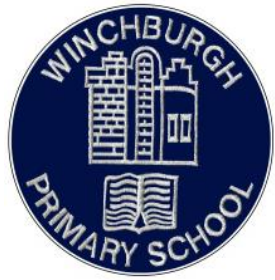
Parents/carers

All relevant healthcare information, including any changes to medication is given to the designated person at the earliest possible opportunity.

Complete all necessary paperwork as directed by the school's designated member of staff.

Ensure that all medication given to the school is within date and replenished as required.

Parents **MUST** collect out of date medication when necessary and all medication from the school at the end of the academic year.



Roles and Responsibilities in Meeting Healthcare Needs



School Staff

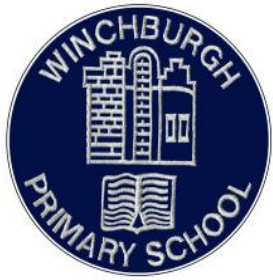
All staff should know the school's procedure for responding to an emergency situation, including how to access first aid support and how to contact emergency services.

Treat provision of healthcare needs with the upmost discretion and confidentiality

When necessary attend awareness/training sessions relating to healthcare conditions.

3 core staff members including 1 from the Senior Leadership Team who have a remit for first aid.

Staff must protect the dignity of the pupil as a far as possible, this may mean removing other pupils from the area.



Individual Healthcare Plans

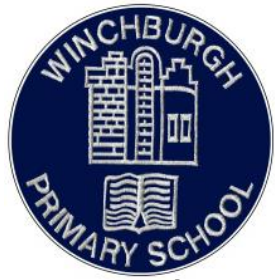


An individual Healthcare Plan is required for all children who require emergency medication or who have a complex, chronic condition that requires more in-depth planning and support.

Pupils with asthma, severe allergies, eczema, epilepsy diabetes and long term complex or multiple medical conditions who require an Individual Healthcare Plan will have the completion of their plan facilitated by the appropriate clinic specialist.

It is the **responsibility of parents** to obtain the relevant healthcare professional's signature in relation to individual healthcare plans.

Community child health can assist in identifying the most appropriate health professional to complete the Individual Healthcare Plan.



Roles and Responsibilities in Meeting Healthcare Needs



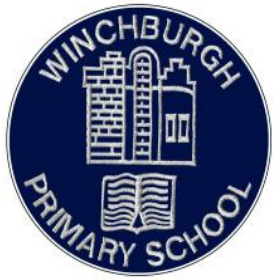
Procedures Involving Medication

Any medication not requiring a medical or dental practitioner's prescription is defined as non-prescribed medication. (paracetamol). School staff can only administer this medication if the appropriate form has been completed by parents.

Medication must be supplied in the **dispensing container with the original pharmacy label attached stating the child's name, date of birth, name of medication time/frequency and route of administration** – the statement "**As directed**" is no longer acceptable.

Parents **MUST** give the first dose of medication to their child and no adverse reaction has been observed prior to medicine being administered in school.

No primary pupil should self-administer medication with the exception of reliever inhalers for asthma. P1-3 – inhalers are kept with the class teacher. P4-7 – children are encouraged to carry their own inhalers.

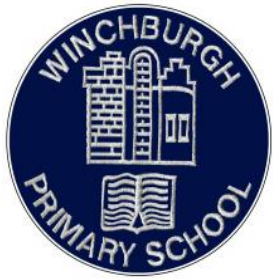


Medication Updates

Children under 16 should not be given aspirin unless prescribed by a doctor . Codeine should not be provided to children under 12 .

Pupils with asthma should never be given ibuprofen unless prescribed by a doctor.

Any form of antihistamine must be prescribed by a doctor, for example, piriton



Medication Updates

Children's safety and welfare is a key priority for all adults within schools.

School staff care for children's healthcare needs on behalf of parents/carers.

It is therefore important that we are fully informed/updated on children's healthcare needs.

West Lothian Council's policy on Healthcare needs may seem very complex but its core aim is to ensure the safety and welfare of all pupils.

Mental Wellbeing



If children come into our school, feeling worried, anxious, upset or scared then it is almost guaranteed that they will not feel mentally equipped to learn or progress within any aspect of their schooling. It is therefore essential that today's educational practitioners prioritise health and wellbeing, relentlessly focussing on building those positive relationships...it may be the only form of a secure, loving interaction that the child has from an adult.

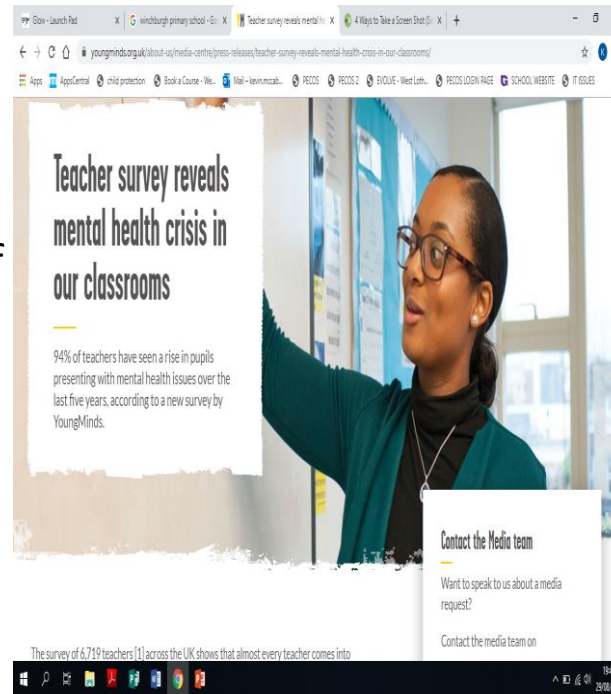
First Minister 2019

75% of mental illnesses start before a child reaches their 18th birthday, with 50% of mental health problems starting before a child is 15. In the average classroom, three will have a mental health issue. 10% of children aged between 5-16 have been diagnosed with a mental health problem. (The Guardian 2017)



Nearly 80,000 children and young people suffer from severe depression. The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s. Over 8,000 children aged under 10 years old suffer from severe depression.

www.minded.org.uk



What can mental illness look like in a young person?



- **Externalising behaviours** - disobeying rules, physical aggression, and threatening others
- **Internalising behaviours** - Social withdrawal, not talking to or interacting with others, nervousness or irritability, fearfulness, changes in sleeping or eating patterns, difficulty concentrating
- Lack of motivation, concentration or enjoyment
- **Emotional dysregulation** – mood swings, angry outbursts, substance use/abuse, depression, anxiety, suicidal thoughts, self harm.
- School refusal
- Tired or wired
- Loneliness



What can we do that would help to support children who are experiencing forms of emotional trauma?

What can we do to help in school?



- Positive, encouraging, welcoming classroom ethos.
- Opportunities for different learning styles.
- Daily check ins – Area of classroom that provides visual check in. P1-3 – check in board P4-7 feelings box.
- Reward effort, not attainment driven.
- Growth Mindset – adds to positive classroom practice. - Celebration of mistakes.
- One Good Adult. Tracking wellbeing indicators.
- Building Resilience pack.

Applying the Paul Dix approaches



- Recognition Boards in every classroom in daily use.
- “Above and Beyond” certificates at assemblies.
- Positive visits.
- Positive notes/ phone calls home.
- Compliment led incentives – PATHS kid, we love Thomas because...
- Class led treats at the end of each term.

"Building relationships with students is by far the most important thing a teacher can do. Without a solid foundation and relationships built on trust and respect, no quality learning will happen."

Timothy Hilton in Education Week Teacher