Healthcare Needs Policy

Ffederasiwn Ysgolion **Llanidloes** Schools Federation

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What legislation is relevant to this policy?

Section 175 of the Education Act 2002 places a duty on local authorities and governing bodies to make arrangements to ensure that their functions are exercised with a view to safeguarding and promoting the welfare of children in school or another place of learning. This includes supporting children with healthcare needs.

In meeting the duties under section 175 of the Education Act 2002, local authorities and governing bodies must have regard to guidance issued by the Welsh Ministers.

Section 21(5) of the Education Act 2002 places a duty on governing bodies to promote the well-being of learners at the school so far as related to the matters mentioned in section 25(2) of the Children Act 2004, which includes physical and mental health and emotional well-being, education, training and recreation, and social well-being.

General principles in meeting the healthcare needs of learners

Healthcare issues affect each learner individually and support from the education setting may have an impact on their quality of life and future chances. Therefore, the governing body and headteachers will ensure that arrangements focus on meeting the needs specific to the learner and consider how this impacts on their education, attainment and well-being. Arrangements will give learners and parents confidence that provision is suitable and effective.

The governing body and headteachers will ensure that arrangements properly support learners and minimise disruption or barriers to their education. Arrangements will also consider any wider safeguarding duties while seeking to ensure that all learners can access and enjoy the same opportunities.

Many learners will have a short-term healthcare need at some point. With appropriate support they will be able to regularly attend and take part in most activities. However, some learners may have significant or long-term healthcare needs affecting their cognitive or physical abilities, their behaviour or their emotional state, which may require additional support.

Consideration will be given to flexible delivery of the curriculum to help learners reintegrate with the education setting during periods of absence, for example, through suitable part-time study, alternative provision from the local authority (LA) and phased returns.

A collaborative approach when making decisions around support is crucial. This includes listening to the wishes and advice of the learner, parent, education and health professionals. The best interests of the learner must be the primary concern when making decisions which affect them.

Where possible, the learner will be supported to build understanding and confidence to increasingly self-manage healthcare needs, depending on their ability to do so. This is sometimes referred to as ‘Gillick competence’.

Multi-agency arrangements between education settings, healthcare professionals, social care professionals, local authorities, parents and learners are of critical importance. These collaborative working arrangements will help ensure we meet the

needs of learners with healthcare needs.

Further information can be found in the Welsh Government's Children and Young People's Continuing Care Guidance (2012).

Supporting learners with healthcare needs

The governing body and headteachers will ensure that plans, arrangements and procedures to support learners with healthcare needs are in place and are properly and effectively implemented. The arrangements and procedures at Llanidloes Schools' Federation apply the best practice detailed in the Welsh Government guidance document, '***Supporting learners with healthcare needs'*** which can be found at the link below:

http://learning.gov.wales/docs/learningwales/publications/170330-healthcare-needs-en.pdf

Key principles

The following will be considered when developing arrangements and procedures:

- staff should understand and work within the principles of inclusivity
- lessons and activities should be designed in a way that allows those with healthcare needs to participate fully
- staff should understand their role in supporting learners with healthcare needs and appropriate training should be provided
- staff should feel confident that they know what to do in a healthcare emergency
- staff should be aware of the needs of their learners through the appropriate and lawful sharing of the individual learner's healthcare needs
- whenever appropriate, learners should be encouraged and supported to take responsibility for the management of their own healthcare needs

Roles and responsibilities

Governing bodies

Governing bodies should oversee the development and implementation of arrangements, which should include:

- complying with applicable statutory duties, including those under the Equality Act 2010 (e.g. the duty to make reasonable adjustments in respect of learners with healthcare needs if they are disabled, as outlined above)
- having a statutory duty to promote the well-being of learners. Schools should give consideration to how they can meet these needs, including providing learners access to information and material aimed at promoting spiritual and moral well-being and physical and mental health (Article 17 of the UNCRC)
- considering how they can support learners to develop the skills, knowledge and emotional resilience required to uphold their rights, and the rights of others
- ensuring that the roles and responsibilities of all those involved in the arrangements to support the healthcare needs of learners are clear and understood by all those

involved, including any appropriate delegation of responsibilities or tasks to a headteacher, member of staff or professional as appropriate, working collaboratively with parents and other professionals to develop healthcare arrangements to meet the best interests of the learner
- developing and implementing effective arrangements to support learners with healthcare needs. This should include a policy on healthcare needs and where appropriate, IHPs for particular learners
- ensuring that arrangements are in place for the development, monitoring and review of the healthcare needs arrangements
- ensuring that the arrangements are in line with other relevant policies and procedures, such as health and safety, first aid, risk assessments, the General Data Protection Regulations (GDPR), safeguarding measures and emergency procedures
- ensuring that robust systems are in place for dealing with healthcare emergencies and critical incidents, for both on- and off-site activities, including access to emergency medication such as inhalers or adrenaline pens
- ensuring that staff with responsibility for supporting learners with healthcare needs are appropriately trained (see '2.8 Training' on page 17 of WG guidance 'Supporting Learners with Healthcare Needs').
- ensuring that appropriate insurance cover is in place, any conditions are complied with and staff are clear on what this means for them when supporting learners

Headteachers

The headteachers should ensure arrangements to meet the healthcare needs of their learners are sufficiently developed and effectively implemented. This can include:

- working with the governing body to ensure compliance with applicable statutory duties when supporting learners with healthcare needs, including duties under the Equality Act 2010
- ensuring that the arrangements in place to meet a learner's healthcare needs are fully understood by all parties involved and acted upon, and such actions maintained. In larger education settings it may be more practical to delegate the day-to-day management of a learner's healthcare needs to another member of staff. The headteachers should supervise this arrangement as part of the regular reporting and supervision arrangements
- ensuring that the support put in place focuses on and meets the individual learner's needs, also known as person-centred planning
- extending awareness of healthcare needs across the education setting in line with the learner's right to privacy. This may include support, catering and supply staff, governors, parents and other learners
- appointing a named member of staff who is responsible for learners with healthcare needs, liaising with parents, learners, the home tuition service, the LA, the key worker and others involved in the learner's care
- ensuring that a sufficient number of trained staff are available to implement the arrangements set out in all IHPs, including contingency plans for emergency situations and staff absence
- having the overall responsibility for the development of IHPs
- ensuring that learners have an appropriate and dignified environment to carry out their healthcare needs, for example, private toilet areas for catheterisation
- checking with the LA whether particular activities for supporting learners with healthcare needs are appropriately covered by insurance and making staff aware of any limits to the activities that are covered

- ensuring that all learners with healthcare needs are appropriately linked with the education setting's health advice service
- ensuring that, when a learner participates in a work experience placement or similar, appropriate healthcare support has been agreed and put in place
- ensuring that all learners with healthcare needs are not excluded from activities they would normally be entitled to take part in without a clear evidence-based reason
- notifying the LA when a learner is likely to be away from the education setting for a significant period, for example, three weeks (whether in one go or over the course of the academic year) due to their healthcare needs. Ultimately, what qualifies a period of absence as 'significant' in this context depends upon the circumstances and whether the setting can provide suitable education for the learner. Shorter periods of absence may be significant depending upon the circumstances
- being mindful of the Social Services and Well-being (Wales) Act 2014. Education settings should be fully aware of this approach and ensure assistance to learners is provided using a holistic approach.

Teachers and support staff

Any staff member within the education setting may be asked to provide support to learners with healthcare needs, including assisting or supervising the administration of medicines. This role is entirely voluntary. Staff members must receive sufficient and suitable training and achieve the necessary level of competence before they take on the responsibility. No staff member can be required to administer or supervise medication unless it forms part of their contract, terms and conditions or a mutually agreed job plan.

In addition to the training provided to staff that have volunteered or are contracted to support learners with healthcare needs, the education setting should ensure that staff:

- fully understand the education setting's healthcare needs policies and arrangements are aware of which learners have more serious or chronic healthcare needs, and, where appropriate, are familiar with these learners' IHPs. This includes knowing how to communicate with parents and what the triggers for contacting them are, such as when the learner is unwell, refuses to take medication or refuses certain activities because of their healthcare needs
- are aware of the signs, symptoms and triggers of common life-threatening medical conditions and know what to do in an emergency. This includes knowing who the first aiders are and seeking their assistance if a medical emergency takes place fully understand the education setting's emergency procedures and be prepared to act in an emergency
- ask and listen to the views of learners and their parents, which should be taken into consideration when putting support in place
- ensure that learners (or their friends) know who to tell if they feel ill, need support or changes to support
- listen to concerns of learners if they feel ill at any point and consider the need for medical assistance (especially in the case of reported breathing difficulties)
- make sure that learners with healthcare needs are not excluded from activities they wish to take part in without a clear evidence-based reason, including any external trips and visits. This includes ensuring learners have access to their medication and that an appropriately trained member of staff is present to assist where required
- are aware of bullying issues and emotional well-being regarding learners with healthcare needs, and are prepared to intervene in line with the education setting's

policy
- are aware that healthcare needs can impact on a learner's ability to learn and provide extra help when needed
- support learners who have been absent and assist them with catching up on missed work – this may involve working with parents and specialist services
- keep parents informed of how the healthcare need is affecting the learner in the education setting. This may include reporting any deterioration, concerns or changes to learner or staff routines

Learners and parents

It is vital that learners and parents are actively involved in the planning of support and management of healthcare needs. Meeting the individual's needs should be at the centre of decision making and processes. The UNCRC states learners should have access to appropriate information essential for their health and development and have opportunities to participate in decisions affecting their health.

Parents and learners should:

- receive updates regarding healthcare issues or changes that occur within the education setting
- be involved in the creation, development and review of an IHP (if any). The parent and learner may be best placed to provide information about how their healthcare needs affect them. They should be fully involved in discussions about how the learner's healthcare needs will be met in the education setting, and contribute to the development of, and compliance with, their IHP
- provide the education setting with sufficient and up-to-date information about healthcare needs, including any guidance regarding the administration of medicines and/or treatment from healthcare professionals. Where appropriate, learners should be encouraged and enabled to manage their own healthcare needs
- inform the education setting of any changes such as type of medication, dosage or method of administration
- provide relevant in-date medicines, correctly labelled, with written dosage and administration instructions
- ensure that a nominated adult is contactable at all times and all necessary forms are completed and signed
- inform the education setting if their child has/had an infectious disease or condition while in attendance

NHS Wales school health nursing service, third sector organisations and other specialist services

Healthcare and practical support can be found from a number of organisations. Education settings have access to a health advice service. The scope and type of support the service can offer may include:

- offering advice on the development of IHPs
- assisting in the identification of the training required for the education setting to successfully implement IHPs
- supporting staff to implement a learner's IHP through advice and liaison with other healthcare, social care and third sector professionals.

Health advice and support can also be provided by specialist health professionals such

as GPs, paediatricians, speech and language therapists, occupational therapists, physiotherapists, dieticians and diabetes specialist nurses. In addition, third sector voluntary bodies can provide advice and practical support. Proactively engaging with specialist services can provide practical help when writing and implementing IHPs. They can also provide training and awareness-raising resources, including video links.

The schools will engage with these services, where appropriate. This can include health professionals, for example, occupational therapists, speech and language therapists.

The Local Authority

The school will work with the LA to ensure that legal duties and requirements are met in regard to pupils with healthcare needs.

Creating an accessible environment

LAs and governing bodies will ensure that their schools are inclusive and accessible in the fullest sense to pupils with healthcare needs. This includes the following:

a) Physical access to school buildings

A duty is placed on LAs to produce a written accessibility strategy for all schools they are responsible for under the Equality Act 2010. Any such strategy is expected to address:

'improving the physical environments of schools for the purpose of increasing the extent to which disabled pupils are able to take advantage of education and benefits, facilities or services provided or offered by the schools' (Schedule 10, Equality Act 2010).

This strategy must relate to a prescribed period, be consulted upon, available for inspection and kept under review. Similarly, individual schools must carry out accessibility planning and are under a duty to prepare an accessibility plan following the same principles as the strategies prepared by the LAs.

b) Reasonable adjustments – auxiliary aids or services

The Equality Act 2010 places a duty on learning establishments to make 'reasonable adjustments' for pupils who are disabled as defined by the Act. In regard to these pupils, auxiliary aids or services (with the appropriate number of trained staff) must be provided.

c) Day trips and residential visits

The governing body will ensure that the schools actively support all pupils with healthcare needs to participate in trips and visits. The governing body is aware of its legal requirement (see 'Annex 1: Outline of legal framework' on page 28) to make reasonable adjustments to trips and residential visits ensuring full participation from all pupils.

Staff will be aware of how a pupil's healthcare needs may impact on participation, and seek to accommodate any reasonable adjustments which would increase the level of participation by the pupil. Staff will consider how to accommodate the sharing of personal information with third parties if necessary for off-site activities (in compliance with the Data Protection Act 1998 and in respecting the pupil's right to privacy). This may include information about the healthcare needs of pupils, what to do in an emergency and any additional support, medication or equipment needed.

d) Social interactions

The governing body will ensure that the involvement of pupils with healthcare needs is adequately considered in structured and unstructured social activities, such as during breaks, breakfast club, productions, after-hours clubs and residential visits.

The schools will make all staff aware of the social barriers that pupils with healthcare needs may experience and how this can lead to bullying and social exclusion. A proactive approach is needed to remove any barriers.

e) Exercise and physical activity

The schools fully understand the importance of all pupils taking part in physical activities and staff will make appropriate adjustments to sports and other activities to make them accessible to all pupils, including after-hours clubs and team sports.

Staff will be made fully aware of pupils' healthcare needs and potential triggers. They will know how to respond appropriately and promptly if made aware that a pupil feels unwell. They will always seek guidance when considering how participation in sporting or other activities may affect pupils with healthcare needs.

Separate 'special provisions' for particular activities will be avoided, with an emphasis instead on activities made accessible for all. Where this might not be possible, advice from healthcare or physical education professionals and the pupil should be sought.

Staff also understand that it may be appropriate for some pupils with healthcare needs to have medication or food with them during physical activity; such pupils should be encouraged to take the medication or food when needed.

f) Food management

Where food is provided by or through the schools, consideration will be given to the dietary needs of pupils, e.g. those who have diabetes, coeliac disease, allergies and intolerances.

Where a need occurs, the schools will provide, in advance, menus to parents and pupils, with complete lists of ingredients and nutritional information. Gluten and other intolerances or allergens will be clearly marked. Providing information will help facilitate parent and catering teams' collaborative working. This is especially important when carbohydrate counting is required.

Consideration will be given to availability of snacks. Sugar and gluten-free alternatives will be made available where possible. As some conditions require high calorific intake, there will be access to glucose-rich food and drinks.

Food provided for trips will reflect the dietary and treatment needs of the pupils taking part. Food provided for snacks in classroom settings will also take the dietary and treatment needs of these pupils into account. While healthy school and 'no sweets' policies are recognised as important, pupils with healthcare needs may need to be exempted from these policies. Pupils needing to eat or drink as part of their condition will not be excluded from the classroom or put in isolation.

g) Risk assessments

Staff will be clear when a risk assessment is required and be aware of the risk assessment systems in place. They will start from the premise of inclusion and have built into them a process of seeking adjustments or alternative activities rather than separate provision.

In addition, there are duties under the Equality Act 2010 to prepare and implement accessibility strategies and plans. These strategies and plans deal with matters related to increasing participation by disabled pupils. They are described in more detail in 'Annex 1: Outline of legal framework'.

Sharing information

The governing body will ensure that healthcare needs arrangements, both wider schools' policies and IHPs, are supported by clear communication with staff, parents and other key stakeholders to ensure full implementation. It is essential that all information is kept up to date. All information-sharing techniques such as staff noticeboards and school intranets must be agreed by the pupil and parent in advance of being used, to protect confidentiality.

Teachers, supply teachers and support staff (this may include catering staff and relevant contractors) will have access to the relevant information, particularly if there is a possibility of an emergency situation arising. This may include:

- where suitable, and following appropriate consent, a noticeboard in a staff room used to display information on high-risk health needs, first aiders and certificates, emergency procedures, etc. It is noted that not all staff use their staff room, and that at all times the pupil's right to privacy must be taken into account;
- the school's secure intranet area and staff meetings may be utilised to help ensure that staff are aware of the healthcare needs of pupils they have or may have contact with.

Parents and pupils will be active partners, and to achieve this the school will make parents fully aware of the care that their children receive. Parents and pupils will also be made aware of their own rights and responsibilities. To help achieve this the school will:

- make healthcare needs policies easily available and accessible, online and in hard copy;
- provide the pupil/parents with a copy of their information sharing policy. This should state the type of bodies and individuals with whom the pupil's medical information may be shared;

- ask parents to sign a consent form which clearly details the bodies, individuals and methods through which their pupil's medical information will be shared. Sharing medical information can be a sensitive issue and the pupil will be involved in any decisions. The schools will keep a list of what information has been shared with whom and why, for the pupil/parent to view on request;
- consider including a weblink to the healthcare needs policy in relevant communications sent to parents, and within the pupil's IHP;
- include the school council, 'healthy schools' and other pupil groups in the development of the school's healthcare needs arrangements, where appropriate;
- consider how friendship groups and peers may be able to assist pupils, for example, they could be taught the triggers or signs of issues for a pupil, know what to do in an emergency and who to ask for help. The school will discuss with the pupil and parents first and decide if information can be shared.

Procedures and record keeping for the management of pupils' healthcare needs

The schools will create procedures which state the roles and responsibilities of all parties involved in the identification, management and administration of healthcare needs. The following documentation will be collected and maintained, where appropriate:

1. Contact details for emergency services;
2. Parental agreement for educational setting to administer medicine;
3. Headteacher's agreement to administer medicine;
4. Record of medicine stored for and administered to an individual pupil;
5. Record of medicines administered to all pupils by date;
6. Request for pupil to administer own medicine;
7. Staff training record – administration of medicines;
8. Medication incident report.

New records will be completed when there are changes to medication or dosage. The schools will ensure that the old forms are clearly marked as being no longer relevant and stored in line with the information retention policy. These forms and templates can be found in 'Annex 2: Form templates'. Electronic versions can be found on the Welsh Government website.

Storage, access and the administration of medication and devices

The governing body will ensure that the schools' policy is clear regarding the procedures to follow for managing medicines and devices. Storage, access and administration procedures will always be contextual to the schools and the requirements of the pupil. However, the following general principles will be reflected.

a) Supply of medication or devices

The schools will not store surplus medication. Parents will be asked to provide appropriate supplies of medication. These should be in their original container, labelled with the name of the pupil, medicine name, dosage and frequency, and expiry date. The schools should only accept prescribed medicines and devices that:

- are in date;

- have contents correctly and clearly labelled;
- are labelled with the pupil's name;
- are accompanied with written instructions for administration, dosage and storage;
- are in their original container/packaging as dispensed by the pharmacist (with the exception of insulin which is generally available via an insulin pen or a pump).

Where non-prescribed medicine is held by the schools, for example, liquid paracetamol, it should:

- be in date;
- have its contents correctly and clearly labelled;
- be labelled with the pupil's name;
- be accompanied with written instructions for administration, dosage and storage – this can be from the parent;
- be in its original container/packaging.

b) Storage, access and disposal

While all medicines should be stored safely, the type and use of the medication will determine how this takes place. It is important for pupils to know where their medication is stored and how to access it.

- ***Refrigeration***

  Some medicines need to be refrigerated. The refrigerator temperature will need to be regularly monitored to ensure it is in line with storage requirements. Medicines can be kept in a refrigerator containing food, but should be in an airtight container and clearly labelled. A lockable medical refrigerator should be considered if there is a need to store large quantities of medicine.

- ***Emergency medication***

  Emergency medication must be readily available to pupils who require it at all times during the day or at off-site activities. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors (pens) should be readily available to pupils and not locked away. This is particularly important to consider when outside the school premises, for example, on trips. If the emergency medication is a controlled drug it should be kept as securely as possible so as to minimise the risk of unauthorised access while also allowing quick access if this might be necessary in an emergency. For example, keys should not be held personally by a member of staff. A pupil who has been prescribed a controlled drug may legally have it in their possession, if they are competent to do so, and they must not pass it to another pupil or other unauthorised person. Monitoring may be necessary. Where staff administer emergency medication to a pupil, this should be recorded.

- ***Non-emergency medication***

  All non-emergency medication should be kept in a secure place with appropriate temperature or light controls. If it is a controlled drug, additional security measures and controls are advisable.

- ***Disposal of medicines***

  When no longer required, medicines should be returned to parents to arrange safe disposal. Sharp boxes must always be used for the disposal of needles and other sharp instruments, and disposed of appropriately.

c) Administration of medicines

- Where the pupil is under 16, assistance or administration of prescribed or non-prescribed medicines requires written parental consent, unless Gillick competence is recorded. The administration of all medication should be recorded.
- Where medication is prescribed to be taken in frequencies which allow the daily course of medicine to be administered at home, parents should seek to do so, for example, before and after school and in the evening. There will be instances where this is not appropriate.
- Pupils under 16 should never be given aspirin or its derivatives unless prescribed to them.
- Unless there is an agreed plan for the pupil to self-medicate (16 years and above or Gillick competent), all medication will be administered by a member of staff. In other cases, it may need to be supervised in accordance with the IHP.
- Medication will only be administered by suitably trained staff. The movement and location of these trained staff will always be in conjuncture with the pupils they support.
- Staff will check the maximum dosage and the amount and time of any prior dosage administered.
- Certain medical procedures may require administration by an adult of the same gender as the pupil, and may need to be witnessed by a second adult. The pupil's thoughts and feelings regarding the number and gender of those assisting must be considered when providing intimate care. There is no requirement in law for there to be more than one person assisting[1]. This should be agreed and reflected in the IHP and risk assessment.
- The schools should have an intimate care policy[2]. It should be followed, unless alternative arrangements have been agreed, and recorded in the pupil's IHP.
- If a pupil refuses their medication, staff will record this and follow their defined procedures informing parents as soon as possible. If a pupil misuses any medication, their parents will be informed as soon as possible. The schools will ask parents to seek healthcare advice as appropriate. If parents cannot be contacted immediately, staff need to consider seeking immediate healthcare advice.
- Staff involved in the administration of medication will be familiar with how pupils consent to treatment. Further information on this from the Welsh Government can be found in the *Patient Consent to Examination and Treatment – Revised Guidance* (NHS, 2008)[3].

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[1] gov.wales/docs/dcells/publications/150114-keeping-pupils-safe.pdf

[2] Intimate care can be defined as any care which involves washing or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as day-to-day tasks such as help with washing, toileting or dressing. It also includes supervision of pupils involved in intimate self-care.

[3] Please note this circular will be revised in spring 2017. The current version can be accessed at www.wales.nhs.uk/sites3/page.cfm?orgid=465&pid=11930

- All staff supporting off-site visits will be made aware of pupils who have healthcare needs. They will receive the required information to ensure staff are able to facilitate an equal experience for the pupil. This information may include health and safety issues, what to do in an emergency and any other additional necessary support that the pupil requires, including medication and equipment.

Emergency procedures

The governing body will ensure that a policy is in place for handling emergency situations. Staff will know who is responsible for the policy, nominated first aiders and how to deal with common healthcare needs. In situations requiring emergency assistance, 999 will be called immediately. The location of pupils' healthcare records and emergency contact details will be known to staff.

Where a pupil has an IHP, this will clearly define what constitutes an emergency and explain what to do. Staff will be made aware of emergency symptoms and procedures.

Other pupils in the school will also know what to do in general terms in an emergency, such as to inform a member of staff immediately. If a pupil needs to be taken to hospital, a staff member will stay with the pupil until a parent arrives. This includes accompanying them in an ambulance to hospital. The member of staff will have details of any known healthcare needs and medication.

Training

The governing body will ensure that staff who volunteer or who are contracted to support those with healthcare needs are provided with appropriate training. The governing body will also ensure that their policies clearly set out how a sufficient number of these staff will be identified and supported.

When assisting pupils with their healthcare needs, it is recognised that for many interventions no specialist training is required and the role of staff is to facilitate the pupil to meet their own healthcare needs.

IHPs may reflect complex needs requiring staff to have specific information and training. This training may also be in the use of aids such as hearing aids (staff could be shown how to change batteries) and various adaptive technologies. If these have been instigated by health professionals, they can be asked to provide advice suitable for schools as well as pupils and families.

Training provided will be sufficient to ensure that staff are competent, have confidence in their ability to support pupils and fulfil IHP requirements. Crucially this training should involve input from the pupil and parents, who often play a major role in providing information on how needs can be met. However, parents will not be solely relied upon to provide training about the healthcare needs of their child.

If a pupil has complex needs, input may be needed from healthcare services and the LA who will be able to advise and signpost to further training and support.

All staff, irrespective of whether they have volunteered to assist or support pupils with healthcare needs, may come into contact with pupils who have healthcare needs. It is

therefore advisable that all staff have a basic understanding of common conditions to ensure recognition of symptoms and understand where to seek appropriate assistance.

Policies will include a procedure on how to raise awareness of common conditions, a healthcare needs policy and staff roles in carrying out arrangements. New and temporary staff will especially be made aware of what preventative and emergency measures are in place so staff can recognise the need for intervention and react quickly.

If the trained staff who are usually responsible for administering medication are not available, the IHP will set out alternative arrangements. This also needs to be addressed in risk assessment and planning of off-site activities.

10. Qualifications and assessments

Efficient and effective liaison is imperative when pupils with healthcare needs are approaching assessments, including those undertaking examinations in hospital or at home. The coursework element may help pupils to keep up with their peers. The home and hospital teachers may be able to arrange for concentration on this element to minimise the loss of learning while they are unable to attend. Liaison between the school and the hospital teacher or home teacher is most important, especially where the pupil is moving from school or home to the hospital on a regular basis.

Adjustments, adaptations or additional time for pupils taking the National Reading and Numeracy Tests should be based on normal classroom practice for particular needs. Teachers will use their professional judgement to support pupils. Guidance is provided in the current *National Reading and Numeracy Tests – Test administration handbook*[4].

School transport

There are statutory duties on LAs, headteachers and governing bodies in relation to pupils travelling to the place where they receive their education or training[5]. For example, depending upon the circumstances, LAs may need to arrange home-to-school transport for a pupil, or provide appropriately trained escorts for such journeys to facilitate the attendance of a pupil. Information and guidance on this is set out in the *Pupil Travel: Statutory Provision and Operational Guidance* (2014) document[6].

Reviewing policies, arrangements and procedures

The governing body will ensure that all policies, arrangements and procedures are reviewed regularly by the school. IHPs may require frequent reviews depending on the healthcare need – this should involve all key stakeholders including, where

[4] learning.gov.wales/resources/browse-all/national-reading-and-numeracy-tests-administration-handbook/?lang=en

[5] The Pupil Travel (Wales) Measure 2008.

[6] Available at gov.wales/docs/det/publications/140616-ltog-en.pdf

appropriate, the pupil, parents, education and health professionals and other relevant bodies.

Insurance arrangements

Governing bodies of maintained schools should ensure an appropriate level of insurance is in place to cover the setting's activities in supporting pupils with healthcare needs. The level of insurance should appropriately reflect the level of risk. Additional cover may need to be arranged for some activities, e.g. off-site activities for pupils with particular needs.

Complaints procedure

If the pupil or parent is not satisfied with the school's health care arrangements they are entitled to make a complaint.

The schools' complaints policies and procedures are available on the schools' websites and on request from the schools.

If the complaint is Equality Act 2010 disability-related, then consideration of a challenge to the Special Education Needs Tribunal for Wales (SENTW) can be made.

Individual healthcare plans (IHPs)

IHPs set out what support is required by a pupil. They do not need to be long or complicated. The governing body will ensure that their healthcare needs policy includes information on who has overall responsibility for the development of the IHPs. IHPs are essential where healthcare needs are complex, fluctuating, long term or where there is a high risk that an emergency intervention will be needed. However, not all pupils with healthcare needs require an IHP and there should be a process in place to decide what interventions are most appropriate. The following diagram outlines the process for identifying whether an IHP is needed.

Identify pupils with healthcare needs

- Pupil is identified from enrolment form or other route.
- Parent or pupil informs school of healthcare need.
- Transition discussions are held in good time, e.g. eight weeks before either the end of term or moving to a new school.

Gather information

- If there is potential need for an IHP, the school should discuss this with the parent and pupil.

Establish if an IHP should be made

- The school should organise a meeting with appropriate staff, the parents, the pupil and appropriate clinicians to determine if the pupil's healthcare needs require an IHP, or whether this would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher should take the final decision, which can be challenged through the complaints procedure.

If an IHP should be made

- The school, under the guidance of the appropriate healthcare professionals, parents and the pupil, should develop the IHP in partnership.
- The school should identify appropriate staff to support the pupil, including identifying any training needs and the source of training, and implement training.
- The school should circulate the IHP to all appropriate individuals.
- The school should set an appropriate review date and define any other triggers for review.

In most cases, especially concerning short-term illnesses such as those requiring a course of antibiotics, a detailed IHP may not be necessary. In such circumstances it may be sufficient to record the name of medication, dosage, time administered and any possible side effects. These procedures will be confirmed in writing between the pupil (where appropriate), the parents and the school.

However, when a pupil has continual or episodic healthcare needs, then an IHP may be required. If these needs are complex and the pupil is changing settings, then preparation will start as early as possible to help ensure that the IHP is in place at the start of the new term.

Roles and responsibilities in the creation and management of IHPs

IHPs do not need to be complex but they should explain how the pupil's needs can be met. An IHP should be easily accessible to all who need to refer to it, while maintaining the required levels of privacy. Each plan should capture key information and actions required to support the pupil effectively. The development of detailed IHPs may involve:

- the pupil;
- the parents;
- input or information from previous school;
- appropriate healthcare professionals;
- social care professionals;
- the headteacher and/or delegated responsible individual for healthcare needs across the setting;
- teachers and support staff, including catering staff;
- any individuals with relevant roles such as a first aid coordinator, a well-being officer, and additional learning needs coordinator (ALNCo).

While the plan should be tailored to each individual pupil, it may include:

- details of the healthcare need and a description of symptoms;
- specific requirements such as dietary requirements, pre-activity precautions (for example, before physical education classes);
- medication requirements, for example, dosage, side effects, storage requirements, arrangements for administration;
- an impact statement (jointly produced by a healthcare professional and a teacher) on how the pupil's healthcare condition and/or treatment affects their learning and what actions are required to mitigate these effects;
- actions required;
- emergency protocols and contact details;
- the role the school can play, for example, a list of things to be aware of;
- review dates and review triggers;
- roles of particular staff, e.g. a contact point for parents, staff responsible for administering/supervising medication, and arrangements for cover in their absence;
- consent/privacy/sensitive information-sharing issues;
- staff training needs, such as with regard to healthcare administration, aids and adaptive technologies;
- record keeping – how it will be done, and what information is communicated to others;
- home-to-school transport – this is the responsibility of the local authority, who may find it helpful to be aware of the pupil's IHP and what it contains, especially in respect of emergency situations.

The aim of the plan is to capture the steps which need to be taken to help a pupil manage their condition and overcome any potential barriers to participating fully in education. Those devising the plan should agree who will take the lead, but responsibility for ensuring it is finalised and implemented rests with the school. Many third sector organisations have produced condition-specific template IHPs that could be used.

The governing body will should ensure that the plans are reviewed at least annually or more frequently should there be new evidence that the needs of the pupil have changed. They should be developed with the best interests of the pupil in mind and ensure that the school, with specialist services (if required), assesses the risks to the pupil's education, health and social well-being.

Where a pupil has an ALN the IHP should be linked or attached to any individual education plan, Statement of SEN, or learning and skills plan.

Coordinating information with healthcare professionals, the pupil and parents

The way in which a pupil's healthcare needs are shared with social and healthcare professionals depends on their requirements and the type of school. The IHP should explain how information is shared and who will do this. This individual can be a first point of contact for parents and staff and would liaise with external agencies.

Confidentiality

It is important that relevant staff (including temporary staff) are aware of the healthcare needs of their pupils, including changes to IHPs. IHPs are likely to contain sensitive or confidential information. The sharing and storing of information must comply with the Data Protection Act 1998 and not breach the privacy rights of or duty of confidence owed to the individuals.

The pupil's role in managing their own healthcare needs

Pupils who are competent to do so will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within the pupil's IHP.

Where possible, pupils will be allowed to carry their own medication and relevant devices, or be able to quickly access their medication. Some pupils may require an appropriate level of supervision.

If a pupil refuses to take their medicine or carry out a necessary procedure, staff will not force them to do so, but follow the school's defined arrangements, agreed in the IHP. Parents will be informed as soon as possible so that an alternative arrangement can be considered and health advice should be sought where appropriate.

Unacceptable practice

It is not acceptable practice to:

- prevent pupils from attending school due to their healthcare needs, unless their attending the setting would be likely to cause harm to the pupil or others;
- prevent pupils from easily accessing their inhalers or other medication, and prevent them from taking their medication when and where necessary;
- assume every pupil with the same condition requires the same treatment;

- ignore the views of the pupil or their parents, or ignore healthcare evidence or opinion (although these views may be queried with additional opinions sought promptly);
- send pupils with healthcare needs home frequently or prevent them from staying for normal activities, including lunch, unless this is suitably specified in their IHP;
- send a pupil who becomes ill or needs assistance to a medical room or main office unaccompanied or with someone unable to properly monitor them;
- penalise a pupil for their attendance record if the absence is related to their healthcare needs. 'Authorised absences' including healthcare appointments, time to travel to hospital or appointment, and recovery time from treatment or illness should not be used to penalise a pupil in any way. This includes, but is not limited to, participation in activities, trips or awards which are incentivised around attendance records;
- request adjustments or additional time for a pupil at a late stage. They should be applied for in good time. Consideration should also be given to adjustments or additional time needed in mock examinations or other tests;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever needed in order to manage their healthcare needs effectively;
- require parents, or otherwise make them feel obliged, to attend the school, trip or other off-site activity to administer medication or provide healthcare support to the pupil, including for toileting issues;
- expect or cause a parent to give up work or other commitments because the school is failing to support a pupil's healthcare needs;
- ask a pupil to leave the classroom or activity if they need to administer non-personal medication or consume food in line with their health needs;
- prevent or create unnecessary barriers to a pupil's participation in any aspect of their education, including trips, e.g. by requiring a parent to accompany the pupil.

Annex 1: Form templates

Education settings may wish to use or adapt the forms listed below according to their particular policies on supporting learners with healthcare needs.

- Form 1 – Contacting emergency services
- Form 2 – Parental agreement for education setting to administer medicine
- Form 3 – Headteacher's agreement to administer medicine
- Form 4 – Record of medicine stored for and administered to a pupil
- Form 5 – Record of medicines administered to all pupils – by date
- Form 6 – Request for pupil to carry/administer their own medicine
- Form 7 – Staff training record – administration of medicines
- Form 8 – Medication/healthcare incident report

Form 1: Contacting emergency services

Request for an Ambulance

Dial **999**, ask for an ambulance, and be ready with the following information where possible.

1. State your telephone number
   01686 412603 (Primary School) 01686 412289 (High School)
2. Give your location as follows Llanidloes Primary or High School, Llangurig Road, Llanidloes.
3. State that the postcode is SY18 6EX.
4. Give the exact location within the school.
5. Give your name.
6. Give the name of the pupil and a brief description of symptoms.
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the location.
8. Don't hang up until the information has been repeated back.

Speak clearly and slowly and be ready to repeat information if asked to.

Form 2: Parental agreement for education setting to administer medicine

Llanidloes Schools Federation needs your permission to give your child medicine. Please complete and sign this form to allow this.

Name of child	
Date of birth	
Class	
Healthcare need	

Medicine

Name/type of medicine (as described on the container)	
Date dispensed / /	Expiry date / /
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school needs to know about?	

Self-administration (delete as appropriate) **Yes / No**

Procedures to take in an emergency	

Parent's contact details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I accept that this is a service that the school is not obliged to undertake.
I understand that I must notify the school of any changes in writing.

Signed:	
Date	

Form 3: Headteacher's agreement to administer medicine

Name of school

It is agreed that (name of pupil) ……. will receive

(quantity or quantity range and name of medicine) ……

every day at ……. (time medicine to be administered, e.g. lunchtime).

(Name of pupil) ……. will be given their medication* / supervised while they take their medication* (* delete as applicable) by a member of staff.

This arrangement will continue until (either end date of course of medicine or until instructed by parents/carers) ……

Signed …… (headteacher)

Print name …….

Date ……...

Form 4: Record of medicine stored for and administered to a pupil

Name of school

Name of pupil

Class

Date medicine provided by parent

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature ……

Signature of parent/carer …….

Name of pupil: …….

Medication: ……..

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Form 5: Record of medicines administered to all learners – by date

Name of setting	

Date	Pupil's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Form 6: Request for pupil to carry/administer their own medicine

This form must be completed by the parent/carer.

If staff have any concerns, discuss this request with healthcare professionals.

Name of setting	
Learner's name	
Class	
Address	
Name of medicine	
Carry and administer	
Administer from stored location	
Procedures to be taken in an emergency	

Contact information

Name	
Daytime telephone no.	
Relationship to learner	
I would like my child to ac	

Signed parent/carer …… Date

I agree to administer and/or carry my medicine. If I refuse to administer my medication as agreed, then this agreement will be reviewed.

Pupil's signature...……. Date

Form 7: Staff training record – administration of medicines

Please ensure that the Education Workforce Council registration is updated accordingly.

Name of setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] …….. has received the training detailed above and is competent to carry out any necessary treatment.

I recommend that the training is updated [please state how often]

Trainer's signature …….. Date

I confirm that I have received the training detailed above.

Staff signature ……. Date

Suggested review date

Form 8: Medication/healthcare incident report

Pupil's name …….
Home address ……... Telephone …….
Date of incident ……. Time of incident ……..

Correct medication and dosage: ……

Medication normally administered by:

☐ Learner

☐ Learner with staff supervision

☐ Nurse/school staff member

Type of error:

☐ Dose administered 30 minutes after scheduled time

☐ Omission

☐ Wrong dose

☐ Additional dose

☐ Wrong learner

☐ Dose given without permissions on file

☐ Dietary

☐ Dose administered by unauthorised person

Description of incident:

……..

Action taken:

☐ Parent notified: name, date and time

☐ School nurse notified: name, date and time

☐ Physician notified: name, date and time

☐ Poison control notified

☐ Learner taken home

☐ Learner sent to hospital

☐ Other:

Note:

Form 9: Individual Healthcare Plan

Healthcare Plan

Name of School _____

Child's Name _____

Group or Class _____

Date of Birth _____

Child's Address _____

_____

Medical Diagnosis or Condition _____

Date _____

Review Date _____

Contact Member of Staff _____

Family Contact Information

Name _____

Phone Number (Work) _____

Phone Number (Home) _____

Phone Number (Mobile) _____

Name _____

Phone Number (Work) _____

Phone Number (Home) _____

Phone Number (Mobile) _____

Clinic/Hospital Contact

Name _____

Phone Number _____

G.P.

Name _____

Phone Number _____

Describe medical needs and give details of child's symptoms

Daily care requirements, e.g. before sport, at lunchtime, home, school trips

Describe what constitutes an emergency for the child, and the action to take if this occurs

Who is responsible in an emergency? State if different for off-site activities

Form copied to

Signature (headteacher): _____

Signature (parent): _____

Form 10: Medical Poster (Ysgol Gynradd Llanidloes)

MEDICAL CONDITIONS

Name: **D.O.B.:** **CLASS:**

Insert Photograph

Parent/Carer: **Contact details** Home phone: Work phone: Mobile phone: Emergency contact details (if different from above)
Plan prepared by (name): Signed: Date:
I have read this document and agree that it is correct and can be displayed in staff-only areas of school. Signed (parent):

Signs and Symptoms
● ● ● ●

Action Required