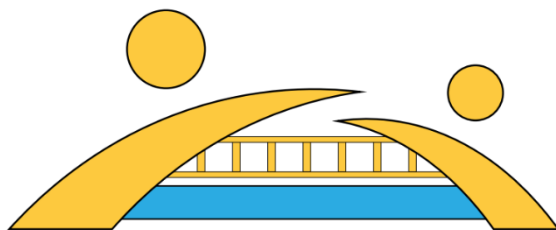


# YSGOL BRO CAEREINION



YSGOL BRO  
CAEREINION

## Medication and Healthcare Needs Policy

	Enw / <b>Name</b>	Llofnod / <b>Signature</b>	Dyddiad / <b>Date</b>
Cadeirydd / <b>Chair of Governors</b>	Cllr Gareth Jones	<i>Gareth D Jones</i>	14.7.22
Pennaeth / <b>Headteacher</b>	Huw Lloyd-Jones	<i>H. Lloyd Jones</i>	14.7.22
Adolygwyd a Chadarnhawyd <b>Reviewed and Accepted</b>	14 <sup>th</sup> July 2022	Dyddiad Adolygu <b>/ Date of Review</b>	Summer Term 2024
Polisi Statudol / <b>Statutory Policy to be reviewed biannually</b>			
Canllawiau: <a href="#">Cefnogi dysgwyr ag anghenion gofal iechyd   LLYW.CYMRU</a>			
Guidance: <a href="#">Supporting learners with healthcare needs   GOV.WALES</a>			

## 1. Key principles

Ysgol Bro Caereinion is committed to supporting pupils with healthcare needs in a sensitive manner and ensuring minimal disruption to their education.

## 2. School's legal requirements

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 under this section.

Section 21(5) of the Education Act 2002 places a duty on governing bodies to promote the well-being of pupils 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.

## 3. Roles and responsibilities

### *3a) School – Governing Body*

The governing body will oversee the development and implementation of arrangements, which include:

- complying with applicable statutory duties, including those under the Equality Act 2010, for example, the duty to make reasonable adjustments in respect of pupils with healthcare needs if they are disabled, as outlined above;
- having a statutory duty to promote the well-being of pupils. The school will give consideration to how it can meet these needs, including providing pupils with 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 pupils 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 pupils 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 pupil;
- developing and implementing effective arrangements to support pupils with healthcare needs. This will include a policy on healthcare needs and where appropriate, IHPs for particular pupils;
- 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 Data Protection Act 1998, 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 pupils with healthcare needs are appropriately trained (see section 9 of this policy; 'training');
- 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 pupils.

### **3b) School - Headteacher**

The Headteacher will ensure that arrangements to meet the healthcare needs of their pupils are sufficiently developed and effectively implemented. This includes:

- working with the governing body to ensure compliance with applicable statutory duties when supporting pupils with healthcare needs, including duties under the Equality Act 2010;
- ensuring that the arrangements in place to meet a pupil's healthcare needs are fully understood by all parties involved and acted upon, and such actions maintained. The day-to-day management of a pupil's healthcare needs may be delegated to another member of staff. The headteacher will directly 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 pupil's needs, also known as 'person-centred planning';
- extending awareness of healthcare needs across the school in line with the pupil's right to privacy. This may include support, catering and supply staff, governors, parents and other pupils;
- appointing a named member of staff who is responsible for pupils with healthcare needs, liaising with parents, pupils, the home tuition service, the local authority, the key worker and others involved in the pupil'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 pupils have an appropriate and dignified environment to carry out their healthcare needs, for example, a private toilet area for catheterisation;
- checking with the local authority whether particular activities for supporting pupils with healthcare needs are appropriately covered by insurance and making staff aware of any limits to the activities that are covered;
- ensuring that all pupils with healthcare needs are appropriately linked with the schools' health advice service;
- ensuring that when a pupil participates in a work experience placement or similar, the appropriate healthcare support has been agreed and put in place;
- providing annual reports to the governing body on the effectiveness of the arrangements in place to meet the healthcare needs of pupils;
- ensuring that all pupils with healthcare needs are not excluded from activities that they would normally be entitled to take part in without a clear evidence-based reason;

- notifying the local authority when a pupil is likely to be away from school for a significant period, e.g. 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 school can provide suitable education for the pupil. Shorter periods of absence may be significant depending upon the circumstances;
- being mindful of the Social Services and Well-being (Wales) Act 2014. Schools should be fully aware of this approach and ensure assistance to pupils is provided using a holistic approach.

### ***3c) School - teachers, support staff and other members of staff (e.g. catering staff or reception staff)***

Any staff member within school may be asked to provide support to pupils 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 pupils with healthcare needs, the school will ensure that staff:

- fully understand the school's healthcare needs policies and arrangements;
- are aware of which pupils have more serious or chronic healthcare needs, and, where appropriate, are familiar with these pupils' IHPs. This includes knowing how to communicate with parents and what the triggers for contacting them are, such as when the pupil 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 school's emergency procedures and be prepared to act in an emergency;
- ask and listen to the views of pupils and their parents, which should be taken into consideration when putting support in place;
- ensure that pupils (or their friends) know who to tell if they feel ill, need support or changes to support;
- listen to concerns of pupils 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 pupils with healthcare needs are not excluded from activities that they wish to take part in without a clear evidence-based reason, including any external trips or visits. This includes ensuring that pupils 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 pupils with healthcare needs, and are prepared to intervene in line with the school's policy;
- are aware that healthcare needs can impact on a pupil's ability to learn and provide extra help when needed;

- support pupils 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 pupil in the school. This may include reporting any deterioration, concerns or changes to pupil or staff routines.

### ***3d) Designated members of staff who support pupils with healthcare needs; school first aiders and other professionals who support pupils with healthcare needs***

Healthcare and practical support can be found from a number of organisations. Schools 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 school to successfully implement IHPs;
- supporting staff to implement a pupil'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.

### ***3e) Parents / carers***

It is vital that pupils 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 that pupils should have access to appropriate information essential for their health and development and have opportunities to participate in decisions affecting their health.

Parents will:

- receive updates regarding healthcare issues or changes that occur within the school;
- be involved in the creation, development and review of an IHP (if any). The parent and pupil may be best placed to provide information about how their healthcare needs affect them. They should be fully involved in discussions about how the pupil's healthcare needs will be met in the school, and contribute to the development of, and compliance with, their IHP;
- provide the school 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, pupils should be encouraged and enabled to manage their own healthcare needs;
- inform the school 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 school if their child has/had an infectious disease or condition while in attendance.

### **3f) Pupils**

Pupils will:

- inform their parent / carer or a member of staff if feeling unwell;
- inform relevant staff member/s of any medication or healthcare needs, or changes;
- participate in drafting and agreeing their individual healthcare plan (IHP), where appropriate;
- take care when carrying medicines to and from school, and not share with others;
- take part in discussions around sharing and confidentiality of personal information.

### **3g) 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.

### **3h) NHS Wales school health nursing service, health and other professionals, third sector organisations and other specialist services (pages 10-11)**

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

## **4. Creating an accessible environment**

Local authorities 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 local authorities 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 local authorities.

The school's accessibility and equality plan is available on request.

### ***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 school actively supports 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 school 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 school fully understands 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 school, 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 school 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'.

## **5. 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 school 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.

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

The school 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 school 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/templates can be found in 'Annex 2: Form templates'. Electronic versions can be found on the Welsh Government website.

## **7. Storage, access and the administration of medication and devices**

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

### ***a) Supply of medication or devices***

The school 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 school 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).

Non-prescribed medication **will not** be administered by the school.

### ***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 medicines requires written parental consent. 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<sup>1</sup>. This should be agreed and reflected in the IHP and risk assessment.
- 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 school 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).
- 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.

## **8. 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.

## **9. 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 local authority 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

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*.

## 11. Education other than at school (EOTAS)

This section describes the support available to pupils of compulsory school age who, due to their healthcare needs, may not for any period attend a mainstream school. The support they receive during an episode of illness could be in hospital, a PRU or at home. Local authorities have a duty (sections 19(1) and 19(4) of the Education Act 1996) to make arrangements for the provision of suitable education for all children and young people of compulsory school age.

A pupil who is unable to attend their school because of their healthcare needs should have their educational needs identified, and receive educational support quickly so they continue to be provided with suitable education. This means education suitable to the age, ability, aptitude of the pupil and any additional learning needs (ALN) they may have. The nature of the provision should be responsive, reflecting the needs of what may be a changing health status.

The local authority is unlikely to provide education at home for pupils who are ill for very short periods of time, as their school should be able to provide appropriate support. However, they should take into account the way in which the absence is likely to affect the pupil on their return to education. In the case of a short absence (likely to last for less than 15 school days) the pupil's school should provide work to be completed at home, if the pupil's condition permits, and support the pupil to catch up on their return. The local authority should be ready to make arrangements for pupils in cases where it is clear that the pupil is likely to be absent from school for a significant period, e.g. more than 15 school days, whether consecutive or cumulative over the course of an academic year. However, the local authority might still need to make arrangements if a shorter absence is anticipated, depending upon the circumstances.

Where absences are anticipated or known in advance, close liaison between the school and local authority should enable the EOTAS service to be provided from the start of absence.

The local authority should take into account any period of education provided in hospital when considering whether it needs to provide EOTAS for a pupil and what to provide. If the pupil has been in hospital and has received tuition there, their curricular progress and experiences may be different to that of their peers in school. Even so, as much continuity as possible should be ensured. The local authority should provide as many lessons as the pupil's condition allows, and as is beneficial, taking into account what is suitable for the pupil. It may be necessary to give particular consideration to a pupil who is on a course leading to qualifications.

The local authority should have a written policy regarding EOTAS for pupils with healthcare needs. Policies should include arrangements for the service and the way it is staffed, the timing of the provision, and a named person who parents, hospital teachers and others should contact. The policy should make links with related services in the local authority such as those for ALN and other local authority support services, educational psychologists, the Education Welfare Service (EWS) and PRUs.

Monitoring and evaluation of EOTAS should form a key element in the local authority's strategies. It should seek to ensure new developments are taken on board, levels of education are of a sufficient standard and provision represents good value for money.

Cooperation between education, health and administrative staff in hospital is essential. The aim should be to achieve the greatest possible benefit for the child or young person's education and health, which should include the creation of an atmosphere conducive to effective learning.

Close liaison between home/hospital teachers and mainstream teachers underpins the provision of an effective educational programme for the pupils. However, parents can also act as a valuable link.

Pupils with complex healthcare needs may be discharged from hospital with a written care plan. Where this happens, the written care plan will be integrated into any IHP.

## **12. School transport**

There are statutory duties on local authorities, headteachers and governing bodies in relation to pupils travelling to the place where they receive their education or training<sup>5</sup>. For example, depending upon the circumstances, local authorities 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<sup>6</sup>.

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

## 14. 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.

<sup>5</sup> The Pupil Travel (Wales) Measure 2008.

<sup>6</sup> Available at [gov.wales/docs/det/publications/140616-ltogg-en.pdf](http://gov.wales/docs/det/publications/140616-ltogg-en.pdf)

## 15. Complaints procedure

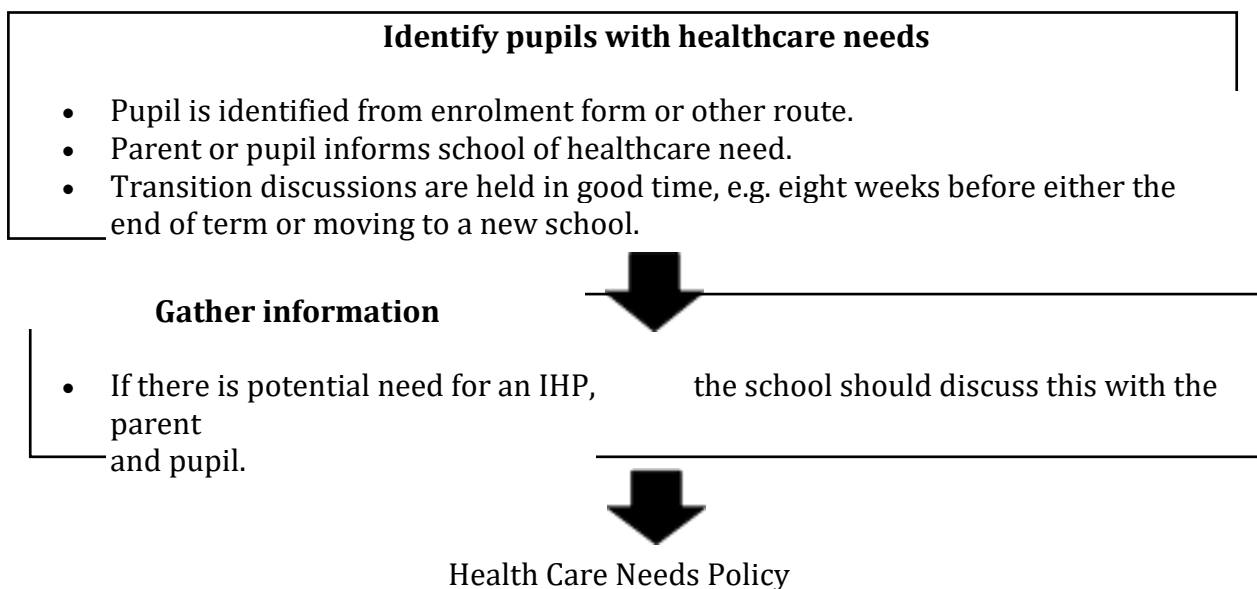
If the pupil or parent is not satisfied with the school's health care arrangements they are entitled to make a complaint.

The school's complaints policy and procedure is available on the school website and on request from the school.

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.

## 16. Individual healthcare plans (IHPs)

IHPs set out what support is required by a pupil. They do not need to be long or complicated. 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.



### **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.

### ***16.1 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 (e.g. before physical education classes);



- medication requirements, e.g. 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, e.g. 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.

The headteacher will 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.

### ***16.2 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.

### ***16.3 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.

### ***16.4 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.

### ***17. 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 – 01938 810 470
2. Give your location as follows Ysgol Gynradd Llanfair Caereinion, Pool Road, Llanfair Caereinion
3. State that the postcode is SY21 0SF.
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**

**Ysgol Bro Caereinion 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  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 .....

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 \_\_\_\_\_

<b>Date</b>	<b>Pupil's Name</b>	<b>Time</b>	<b>Name of Medicine</b>	<b>Dose Given</b>	<b>Any Reactions</b>	<b>Staff Name</b>	<b>Signature</b>



**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 administer and/or carry their medicine.

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 .....

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:

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