



Your policy must be produced in line with the Welsh Government's 'Supporting Learners with Healthcare Needs' statutory guidance: <http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en>, page references are set out below. This link also provides template forms and useful contacts. Please make your policy available online wherever possible, containing no confidential or personal information. For the purposes of this template, the term 'school' refers to maintained nursery, primary, secondary and special schools, and pupil referral units (PRUs).

**Policy:** Healthcare Needs Policy for Ysgol Gymraeg Gwaun y Nant

**Date of issue:**

**Review date:**

**School's full address and post code:** Amroth Court, Calsy Close, Barry CF62 9DU

**School's phone number (including area code):** 01446 421723

**School's email address:** YGwaunYNant@valeofglamorgan.gov.uk

**Website address for this policy:** [www.ysgolgwaunynant.co.uk](http://www.ysgolgwaunynant.co.uk)

**Name of person responsible for maintaining this policy:** Rhydian Lloyd

## 1. Key Principle

In our school we are committed to ensuring that learners with healthcare needs are properly supported so that they have full access to education, including trips and physical education.

## 2. Schools Legal Requirements

The school is aware of its legal requirements in regard to supporting learners with healthcare needs. This legislation includes:

Section 175 of the Education Act 2002 places a duty on local authorities and governing bodies to make arrangements to ensure 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.

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.

All learners with healthcare needs are entitled to a full education. In addition to the duties set out above (Education Act 2002), consideration must also be given to whether the learner is defined as disabled under the Equality Act 2010.

### **3. Roles and Responsibilities**

- The Governing Body recognises that every member of the school community must work together to ensure that the needs of learners with healthcare needs are met. The Governing Body is committed to discharging their duties as set out in the statutory guidance and will ensure that the headteacher, teachers and support staff also fulfil their respective duties as set out in the guidance, including those under the Equalities Act (2010)
- 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

### **4. Parents/Carers and Learners**

The school recognises that 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/carers and learners should:

- receive updates regarding healthcare issues/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 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, learners should be encouraged and enabled to manage their own healthcare needs;
- inform 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 a nominated adult is contactable at all times and all necessary forms are completed and signed; and
- inform school if their child has/had an infectious disease or condition while in attendance.

## **5. Local authority**

The school works collaboratively with the local authority to ensure that education provision is accessible to learners, and that reasonable adjustments are made to ensure inclusivity and accessibility to disabled children and young people so that they are not at a substantial disadvantage compared with their peers.

The Local authority will make arrangements to promote co-operation between various bodies or persons, including working with other agencies such as local health boards, health professionals, education professionals, and other relevant professionals, with a view to improving, among other things the wellbeing of children in relation to their physical and mental health, their education, training and recreational activities (sharing data when appropriate. This could be through working within the Wales Accord on Sharing Personal Information)

The local authority will make reasonable provision of counselling services for young people aged 11-18 and learners in Year 6 of primary school

The local authority will provide support, guidance and advice including how to meet the training needs of education setting staff, so that governing bodies can ensure that the support specified within the Individual Healthcare plan (IHP) can be delivered effectively

## **6. NHS Wales school health nursing service, health and other professionals, third sector organisations and other specialist services**

The school works with a number of organisations and professionals as appropriate.

Health advice and support is provided by specialist health professionals such as GPs, paediatricians, speech and language therapists, occupational therapists, physiotherapists, dieticians and diabetes specialist nurses and voluntary bodies.

Proactively engaging with specialist services can provide practical help when writing and implementing IHPs. They can also provide training and awareness-raising resources.

## **7. Creating an accessible environment**

The school and governing body ensures that it is inclusive and accessible in the fullest sense to learners with healthcare needs. This includes the following:

- **Physical access to education setting buildings**

The Governing Body carries out accessibility planning to improve where necessary the physical environment of the school to increase the extent to which disabled learners are able to take advantage of education as per the Equality Act 2010.

- **Reasonable adjustments – auxiliary aids or services**

The Governing Body is committed to making ‘reasonable adjustments’ for learners who are disabled as defined by the Act. In regard to these learners, auxiliary aids or services (with the appropriate number of trained staff) are provided for our school when necessary.

- **Day trips and residential visits**

The Governing body ensures the school actively supports all learners with healthcare needs to participate in trips and visits and are aware of their legal requirements as set out in the guidance.

- **Social interactions**

The Governing body ensures that the involvement of learners 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 and proactively make staff aware of the social barriers learners with healthcare needs may experience.

- **Exercise and physical activity**

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

Staff are aware of learners’ healthcare needs and potential triggers. They know how to respond appropriately and promptly if made aware that a learner feels unwell. They seek guidance when considering how participation in sporting or other activities may affect learners with healthcare needs.

Separate ‘special provisions’ for particular activities is avoided, with an emphasis instead on activities made accessible for all. Where this is not possible, advice from healthcare or physical education professionals and the learner is sought.

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

- **Food management**

The school gives consideration to the dietary needs of learners, e.g. those who have diabetes, coeliac disease, allergies and intolerances.

Where a need occurs, the school provides a menu to parents and learners, with complete lists of ingredients and nutritional information. Gluten and other intolerances or allergens are clearly marked. The catering team works collaboratively with staff and parents to ensure this. Consideration is given to availability of snacks. Sugar and gluten-free alternatives are always made available. As some conditions require high calorific intake, there is access to glucose-rich food and drinks.

Food provided for trips reflect the dietary and treatment needs of the learners taking part. Food provided for snacks in classroom settings also take the dietary and treatment needs of these learners into account.

- **Risk assessments**

Staff are clear when a risk assessment is required and are aware of the risk assessment systems in place. The school is aware that 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 learners.

## 8. Sharing information

The Governing body ensures healthcare needs arrangements, which are supported by clear communication with staff, parents and other key stakeholders to ensure full implementation. All information is kept up to date by designated staff. All information-sharing techniques such as staff noticeboards and school intranets are agreed by the learner and parent in advance of being used, to protect confidentiality.

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

- 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. At all times the learner's right to privacy is taken into account;
- the school's staff meetings are utilised to help ensure staff are aware of the healthcare needs of learners they have or may have contact with. This information is stored safely on the school's information management systems.

**Parents and learners** are active partners at our school, and parents are made fully aware of the care their children receive. Parents and learners are also made aware of their own rights and responsibilities. To achieve this, the school:

- make healthcare needs policies easily available and accessible, online and in hard copy;
- provide the learner/parents with a copy of our information sharing policy. This states the type of bodies and individuals with whom the learner's medical information may be shared;
- ask parents to sign a consent form which clearly details the bodies, individuals and methods through which their learner's medical information will be shared. Sharing medical information can be a sensitive issue and the learner should be involved in any decisions;
- the school keeps a list of what information has been shared with whom and why, for the learner/parent to view on request;
- consider including a weblink to the healthcare needs policies in relevant communications sent to parents, and within the learner's IHP;
- include student councils, 'healthy schools' and other learner groups in the development of the setting's healthcare needs arrangements, where appropriate;
- consider how friendship groups and peers may be able to assist learners, e.g. they could be taught the triggers or signs of issues for a learner, know what to do in an emergency and who to ask for help. This is discussed with the learner and parents first and they decide if information can be shared.

## 9. Procedures and record keeping for the management of learners' healthcare needs

The school has created procedures which state the roles/responsibilities of all parties involved in the identification, management and administration of healthcare needs. The following documentation should be collected and maintained, where appropriate:

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

New records should be completed when there are changes to medication or dosage. The learning setting should ensure that the old forms are clearly marked as being no longer relevant and stored in line with their information retention policy. Details of the pupils' medical needs should also be recorded on SIMS.

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

The Governing body ensures that the school's policy is clear regarding the procedures to follow for managing medicines and devices. This is according to the needs of the learner. However, the following general principles are followed:

### **Supply of medication or devices**

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

- are in date;
- have contents correctly and clearly labelled;
- are labelled with the learner'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 medicine such as e.g. liquid paracetamol will:

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

### **Storage, access and disposal**

While all medicines are stored safely, the type and use of the medication will determine how this takes place. The learners know where their medication is stored and how to access it.

- **Refrigeration**  
Some medicines need to be refrigerated. The refrigerator temperature is regularly monitored to ensure it is in line with storage requirements. Medicines may be kept in a

refrigerator containing food, but would be in an airtight container and clearly labelled. A lockable medical refrigerator is used if there are large quantities of medicine.

- **Emergency medication**

Emergency medication is readily available to learners 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) are available to learners and not locked away. This is always considered when outside of the school premises, e.g. on trips. A learner 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 learner or other unauthorised person. Monitoring may be necessary. Where staff administer emergency medication to a learner, this should be recorded.

- **Non-emergency medication**

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

- **Disposal of medicines**

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

## **Administration of medicines**

- Where the learner 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, e.g. before and after school and in the evening. There will be instances where this is not appropriate.
- Learners under 16 should never be given aspirin or its derivatives unless prescribed to them.
- Unless there is an agreed plan for the learner to self-medicate (16 years and above or Gillick competent), all medication should be administered by a member of staff. In other cases, it may need to be supervised in accordance with the IHP.
- Medication is only administered by suitably trained staff. The movement and location of these trained staff should always be in conjunction with the learners they support.
- Staff should 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 learner, and may need to be witnessed by a second adult. The learner'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. This should be agreed and reflected in the IHP and risk assessment.
- The education setting should have an intimate care policy. It should be followed, unless alternative arrangements have been agreed, and recorded in the learner's IHP.
- If a learner refuses their medication, staff should record this and follow their defined procedures informing parents as soon as possible. If a learner misuses any medication, their parents should be informed as soon as possible. The education setting should ask parents to seek healthcare advice as appropriate. If parents cannot be contacted immediately, staff will seek immediate healthcare advice.

- Staff involved in the administration of medication should be familiar with how learners 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 learners who have healthcare needs. They receive the required information to ensure staff are able to facilitate an equal experience for the learner. This information may include health and safety issues, what to do in an emergency and any other additional necessary support that the learner requires, including medication and equipment.

## **11. Emergency procedures**

Staff 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 learners' healthcare records and emergency contact details are known to staff.

Where a learner has an IHP, the staff understands what constitutes an emergency and explains what to do. Staff are aware of emergency symptoms and procedures.

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

## **12. Training**

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

If a learner has complex needs, input is needed from healthcare services and the local authority who will be able to advise and signpost to further training and support. Records of all staff training should be kept on site at the individual school.

All staff, irrespective of whether they have volunteered to assist or support learners with healthcare needs, may come into contact with learners who have healthcare needs. All staff have a basic understanding of common conditions to ensure recognition of symptoms and understand where to seek appropriate assistance.

Our policy includes 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 are made aware of what preventative and emergency measures are in place so staff can recognise the need for intervention and react quickly.

## **13. Qualifications and assessments**

Efficient and effective liaison is imperative when learners with healthcare needs are approaching assessments, including those undertaking examinations in hospital or at home. The coursework element may help learners 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.

Awarding bodies may make special arrangements for learners with permanent or long-term disabilities and learning difficulties, or temporary disabilities and illnesses, who are taking public examinations such as GCSEs or A levels. Applications for special arrangements are submitted by schools to the awarding bodies early so that their needs can be met. See *Adjustments for candidates with disabilities and learning difficulties* (2016) and *A guide to the special consideration process* (2016), which are both accessible from the Joint Council for Qualifications' website.

Adjustments, adaptations or additional time for learners taking the National Reading and Numeracy Tests are based on normal classroom practice for particular needs. Teachers are expected to use their professional judgement to support learners. Guidance is provided in the current *National Reading and Numeracy Tests – Test administration handbook*.

#### **14. School transport**

There are statutory duties in relation to learners travelling to the place where they receive their education or training. Information and guidance on this is set out in the *Learner Travel: Statutory Provision and Operational Guidance* (2014) document.

#### **15. Reviewing policies, arrangements and procedures**

The Governing body ensures all policies, arrangements and procedures are reviewed regularly by our school. IHPs require frequent reviews depending on the healthcare need – this should involve all key stakeholders including, where appropriate, the learner, parents, education and health professionals and other relevant bodies.

#### **16. Roles and responsibilities in the creation and management of Individual Healthcare Plans (IHPs)**

The school understands that the IHPs show how the learner's needs can be met. An IHP is 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 learner effectively. The development of detailed IHPs will follow the procedure as set out in the guidance.

The aim of the plan is to capture the steps which need to be taken to help a learner manage their condition and overcome any potential barriers to participating fully in education. Those devising the plan will take the lead, but responsibility for ensuring it is finalised and implemented rests with the designated person in school.

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

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

## **17. Coordinating information with healthcare professionals, the learner and parents**

The school will be a first point of contact for parents and staff and would liaise with external agencies. The IHP should explain how information is shared and who will do this.

## **18. Confidentiality**

All relevant staff (including temporary staff) are aware of the healthcare needs of their learners, including changes to IHPs. IHPs will likely contain sensitive or confidential information. The sharing and storing of information complies with the Data Protection Act 1998 and does not breach the privacy rights of or duty of confidence owed to the individuals.

## **19. The learner's role in managing their own healthcare needs**

Learners who are competent to do so are encouraged to take responsibility for managing their own medicines and procedures. This is reflected within the learner's IHP. Where possible, learners are allowed to carry their own medication and relevant devices, or be able to quickly access their medication. Some learners may require an appropriate level of supervision. If a learner refuses to take their medicine or carry out a necessary procedure, staff should not force them to do so, but follow the school's arrangements, which is 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.

## **20. Record keeping**

All administration of medication is recorded on the appropriate forms. If a learner refuses their medication, staff record this and follow the defined procedures where parents will be informed of this non-compliance as soon as possible and ensure they comply with the Data Protection Act 1998.

## **21. Insurance arrangements**

The Governing body at our school ensures that an appropriate level of insurance is in place to cover the setting's activities in supporting learners with healthcare needs. The level of insurance appropriately reflects the level of risk. Additional cover may need to be arranged for some activities, e.g. off-site activities for learners with particular needs.

## **22. Complaints procedure**

If the learner or parent is not satisfied with the school's health care arrangements they are entitled to make a complaint. The governing body publicises their formal complaints procedure, including how complaints can be escalated from teacher to headteacher, then to the governing body, and then to the local authority. The complaints procedure is summarised in their policy for supporting learners with healthcare needs.

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.

### **23. Unacceptable practice**

It is not acceptable practice to:

- prevent learners from attending school due to their healthcare needs, unless their attending the setting would be likely to cause harm to the learner or others;
- prevent learners from easily accessing their inhalers or other medication, and prevent them from taking their medication when and where necessary;
- assume every learner with the same condition requires the same treatment;
- ignore the views of the learner or their parents, or ignore healthcare evidence or opinion (although these views may be queried with additional opinions sought promptly);
- send learners 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 learner who becomes ill or needs assistance to a medical room or main office unaccompanied or with someone unable to properly monitor them;
- penalise a learner 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 learner 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 learner 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 learners 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 education setting, trip or other off-site activity to administer medication or provide healthcare support to the learner, including for toileting issues;
- expect or cause a parent to give up work or other commitments because the education setting is failing to support a learner's healthcare needs;
- ask a learner 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 learner's participation in any aspect of their education, including trips, e.g. by requiring a parent to accompany the learner.