CARDIFF
CAERDYDD

Western Learning Federation

Riverbank School

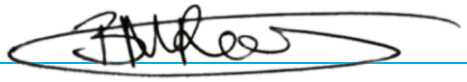
HEALTHCARE NEEDS POLICY

Riverbank
SCHOOL
Learning together to be the best we can

RATIFIED BY GOVERNORS	8th July 2026
DATE REVIEWED	8th July 2026
DATE FOR REVIEW	8th July 2027
DATE PUBLISHED	July 2026

Monitoring the policy

This policy will be reviewed bi-annually unless change of circumstances or legislation requires it to be amended earlier.

SIGNED  **DATE** 09.07.26

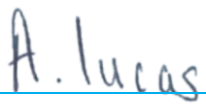
Chair of Governors

SIGNED  **DATE** 09.07.26

Executive Headteacher

SIGNED  **DATE** 09.07.26

Deputy Executive Headteacher

SIGNED  **DATE** 09.07.26

Head of School

The values and principles

The federation is underpinned by a set of values that define the culture of the three federated schools.

Our Principles

Honesty

Responsibility

Positivity

Trust

Empathy

Patience

Respect

Kindness

Our Values

- We celebrate our differences.
- We have a shared sense of belonging.
- We play, laugh, smile and celebrate success.
- We have a positive attitude.
- We learn from experiences to develop life and independent skills.
- We follow our dreams and aspirations.
- We care for our own and wider environment.
- We improve quality of life.

Definition

Values One's judgement of what is important in school life.

Principles Morally correct behaviour and attitudes.

Rights Respecting Schools

Every child has rights "without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status"

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Riverbank SCHOOL
Learning together to be the best we can

Tŷ Gwyn SCHOOL
Learning to achieve

Woodlands SCHOOL
Learning for Living

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Western Learning Federation
Together we learn, grow and achieve

@CardiffWestern @RiverbankSch @GwynSchool @WoodlandsHS

www.westernlearningfederation.co.uk

1.1 Key Principles

1.1.1 The staff and governors of Western Learning Federation are committed to pursuing a policy of inclusive education that welcomes and supports learners with healthcare needs. This policy is designed to ensure that all learners can access their education in a supportive environment, which is sensitive to any healthcare needs. It supports the management of medication and healthcare needs in school, and to support individual pupils with specific healthcare needs.

1.1.2 At Western Learning Federation we understand that healthcare needs should not be a barrier to learning, so we ensure that all staff understand their duty of care to children and young people in the event of an emergency and feel confident in knowing what to do in an emergency.

1.1.3 It identified the roles and responsibilities of school, parents, and learners. Effective communication and cooperation between home and school will enable this to be achieved.

1.1.4 Our policy has been written in consultation with a wide range of local key stakeholders within school and complies with the Welsh Government Guidance 'Supporting Learners with Healthcare Needs' which was published on 30th March 2017. We also acknowledge and can refer to Cardiff Local Authority's toolkit entitled 'Meeting the Healthcare Needs of Children and Young People in Cardiff – A toolkit for Early Years Setting and Schools' (April 2017) for further information, in particular, the management of specific medical conditions.

1.1.5 Each child including learners with healthcare needs is an individual developing in their own individual way; therefore, it is our aim to encourage the children to see for themselves their own talents, to foster self-confidence, and to develop a sense of person adequacy, so that each child can cope with the environment, at a level appropriate to that child. Hopefully, each child will be well balanced, happy, and able to develop sensible attitudes to learning, so that they are able to find enjoyment in all aspects of schoolwork, and gain satisfaction from their own achievements.

1.1.6 Healthcare issues affect each learner individually and support from school may have an impact on their quality of life and future chances. Therefore, Governing Bodies, the Executive Headteacher, Deputy Executive Headteacher and Heads of Schools should ensure arrangements focus on meeting the needs specific to the learner and consider how this impacts on their education, attainment, and wellbeing. Arrangements should give learners and parents' confidence that provision is suitable and effective.

2.1 School's Legal Requirements

2.1.1 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 learners with healthcare needs.

2.1.2 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.

2.1.3 Section 21 (5) of the Education Act 2002 places a duty on Governing Bodies to promote the wellbeing of learning at the school as far as related to the matters mentioned in section

25(2) of the Children Act 2004, which includes physical and mental health and emotional wellbeing, education, training and recreation, and social wellbeing.

2.1.4 The non-statutory advice contained within the document is issued in exercise of the Welsh Ministers' duty to promote the education of the people of Wales and their power in relation to the promotion or improvement of the economic, social, and environmental wellbeing in Wales.

2.1.5 Being mindful of the Social Services and Wellbeing (Wales) Act 2014, education settings should be fully aware of this approach and ensure assistance to learners is provided using a holistic approach.

3. Roles and Responsibilities

3.1 Schools

The school has developed and implemented its arrangements in line with legal requirements – see below.

3.2 Governing Bodies

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

3.2.1 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).

3.2.2 Having a statutory duty to promote the wellbeing of learners. Schools should consider how they can meet these needs, including providing learners' access to information and material aimed at promoting spiritual and moral wellbeing and physical and mental health (Article 17 of the UNCRC).

3.2.3 Considering how they can support learners to develop the skills, knowledge and emotional resilience required to uphold their rights, and the rights of others.

3.2.4 Ensuring 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 the Head of School, member of staff or professional as appropriate

3.2.5 Working collaboratively with parents and other professionals to develop healthcare arrangements to meet the best interests of the learner.

3.2.6 Developing and implementing effective arrangement to support learners with healthcare needs. This should include a policy on healthcare needs and where appropriate, IHPs for particular learners.

3.2.7 Ensuring arrangements are in place for the development, monitoring, and review of the healthcare needs arrangements.

3.2.8 Ensuring 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.

3.2.9 Ensuring 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.

3.2.10 Ensuring staff with responsibility for supporting learners with healthcare needs are appropriately trained.

3.2.11 Ensuring appropriate insurance cover is in place, any conditions are complied with and staff are clear on what this means for them when supporting learners.

3.2.12 Having an infection prevention policy that fully reflects the procedures laid out in current guidance.

4.1 <u>Head of School</u>

The Head of School should ensure arrangements to meet the healthcare needs of their learners are sufficiency developed and effectively implemented. To include:

4.1.1 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.

4.1.2 Ensuring 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 Head of School should directly supervise this arrangement as part of the regular reporting and supervision arrangements.

4.1.3 Ensuring the support put in place focuses on and meets the individual learner's needs, also known as person centred planning

4.1.4 Extending awareness of healthcare needs across the school in line with the learner's right to privacy. This may include support, catering and supply staff, governors, parents, and other learners

4.1.5 Appointing a named member of staff who is responsible for learners with healthcare needs, liaising with parents, learners, the home tuition service, the Local Authority, the key worker, and others involved in the learner's care.

4.1.6 Ensuring 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.

4.1.7 Having the overall responsibility for the development of IHPs.

4.1.8 Ensuring that learners have an appropriate and dignified environment to carry out their healthcare needs e.g. private toilet areas for catheterisation.

4.1.9 Checking with the Local Authority whether particular activities for supporting learners with healthcare needs are appropriately covered by insurance and many staff aware of any limits to the activities that are covered.

4.1.10 Ensuring all learners with healthcare needs are appropriately linked with the education setting's health advice service.

4.1.11 Providing annual reports to the Governing Body on the effectiveness of the arrangements in place to meet the healthcare needs of learners.

4.1.12 Ensuring all learners with healthcare needs are not excluded from activities they would normally by entitled to take part in without a clear evidence-based reason.

4.1.13 Notifying the Local Authority when a learner is likely to be away from the education setting for a significant period, e.g. three weeks 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 learner. Shorter periods of absence may be significant depending upon the circumstances.

4.1.14 Being mindful of the Social Services and Wellbeing (Wales) Act 2014. Education settings should be fully aware of this approach and ensure assistance to learners is provided using a holistic approach.

- **Teachers, Support Staff, and all members of Staff (e.g. catering staff and reception staff);** Any staff member within school may be asked to provide support to learners with healthcare needs, including assisting or supervising the administering of medicines. This role is voluntary. Staff members must receive sufficient and suitable training and achieve the necessary level of competence before they take on the responsibility.
  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 staff:

4.1 .15 Fully understand the school's healthcare needs policy and arrangements.

4.1.15 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.

4.1.16 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.

4.1.17 Fully understand the school's emergency procedures and be prepared to act in an emergency.

4.1.18 Ask and listen to the views of learners and their parents, which should be taken into consideration when putting support in place.

4.1.19 Ensure learners (or their friends) know who to tell if they feel ill, need support or changes to support.

4.1.20 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).

4.1.21 Make sure learners with healthcare needs are not excluded from activities they take part in without a clear evidence-based reason, including any external trips/visits. This includes ensuring learners have access to their medication and that an appropriately trained member of staff is present to assist where required.

4.1.22 Are aware if bullying issues and emotional wellbeing regarding learners with healthcare needs, and are prepared to intervene in line with the school's policy.

4.1.23 Are aware that healthcare needs can impact on a learner's ability to learn and provide extra help when needed.

4.1.24 Support learners who have been absent and assist them with catching up on missed work – this may involve working with parents and specialist services.

4.1.25 Keep parents informed of how the healthcare needs is affecting the learner in the education setting. This may include reporting any deterioration, concerns or changes to learner or staff routines.

Parents/Carers/Learners

4.1.26 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:

4.1.27 Receive updates regarding healthcare issues/changes that occur within school.

4.1.28 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.

4.1.29 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 are should be encouraged and enabled to manage their own healthcare needs.

4.1.30 Inform school of any changes such as type of medication, dosage, and administration instructions.

4.1.31 Ensure a nominated adult is always contactable and all necessary forms are completed and signed.

4.1.32 Inform school if their child has/had an infectious disease or condition while in attendance.

4.2 Local Authority

Local Authorities should ensure education provision is available to learners, and:

4.2.1 Must make reasonable adjustments to ensure disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory. For example, learners should not be disadvantaged when leaving primary school and beginning secondary school. In practical terms, this means adjustments must be planned and implemented in advance to prevent any disadvantage. Discussions around responsibility for provision should not impact on the delivery of service, as delays could be detrimental to the education and wellbeing of the learner.

4.2.2 Must make arrangements to promote cooperation between various bodies or persons, with a view to improving, among other things, the wellbeing of children in relation to their physical and mental health, their education, training, and recreation. When making these arrangements, Local Authorities should ensure appropriate agreements are in place for data sharing. This could be through working within the Wales Accord on Sharing Personal Information (WASPI) Information Sharing Protocols or Data Disclosure Agreements.

4.2.3 Must make reasonable provision of counselling services for young people aged 11 – 18 and learners in Year 6 of primary school. Within schools, this provision should complement the different approaches already in place to support the health, emotional and social needs of learners.

4.2.4 Should work with schools to ensure learners with healthcare needs received a suitable education. Where a learner of compulsory school age does not receive a suitable education for any period because of their health, the Local Authority has a duty to make arrangements to provide suitable education. If a learner is over compulsory school age but under 18, the Local Authority may make such arrangements.

4.2.5 Should provide support, advice, and guidance, including how to meet the training needs of school staff, so that Governing Bodies can ensure the support specified within the individual healthcare plan (IHP) can be delivered effectively.

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

4.2.6 Healthcare and practical support can be found from several 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 learner's IHP through advice and liaison with other healthcare, social care and third sector professionals.

4.2.7 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.

4.2.8 Creating an Accessible Environment

Local Authorities and Governing Bodies should ensure their schools are inclusive and accessible making reasonable adjustments for learners with healthcare needs. This includes the following:

4.2.9 Physical access to education setting buildings

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

'Improving the physical environment of schools for the purpose of increasing the extent to which disabled learners can take advantage of education and benefits, facilities or services provided or offered by schools' (schedule 10, Equality Act 2010)

Similarly, individual schools must carry out accessibility planning and are under a duty to prepare an accessibility plan following the same principles are the strategies prepared by the Local Authority.

4.2.10 Reasonable adjustments – auxiliary aids or services

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

4.3 Day trips and residential visits

4.3.1 Governing Bodies should ensure the school actively supports all learners with healthcare needs to participate in trips and visits. Governing Bodies must be aware of their legal

requirements to make reasonable adjustments to trips and residential visits ensuring full participation from all learners.

4.3.2 Staff should be aware of how a learner's healthcare needs may impact on participation, and seek to accommodate any reasonable adjustments, which would increase the level of participation by the learner. Staff should 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 learner's rights to privacy). This may include information about the healthcare needs of learners, what to do in an emergency and any additional support, medication or equipment needed.

4.3.3 Additional safety measures to those already in place in school may be necessary to support learners with health care needs during visits or activities outside of the normal school timetable. Arrangements for taking medication and ensuring sufficient supplies for residential visits may be required. Appendix K Administrating medication on school trip needs to be completed for any pupil who needs medication whist off school site and attending a school trip.

4.3.4 All staff supervising visits should be aware of a learner's healthcare needs and any medical emergency procedures. Summary sheets held by all staff, containing details of each young person's needs and any other relevant information provided by parents, is one way of achieving this. If appropriate, a volunteer staff member should be trained in administering medication, if they have not already been so trained, and should take responsibility in a medical emergency.

Parents may be asked to supply:

- Details of medical conditions.
- Emergency contact numbers.
- The learner's GP's name, address, and phone number.
- Information on whether the learners has spent a night away from home before and their ability to cope effectively.
- Written details of any medication required (including instructions on dosage/times).
- Parental permission if the young people needs to administer their own medication or agreement for a volunteer staff member to administer.
- Information on any allergies/phobias.
- Information on any special dietary requirements.
- Information on any toileting difficulties, special equipment, or aids to daily living.
- Special transport needs for learners and young people who require help with mobility.
- 'Fit to travel' certificate written by the GP/consultant if the child has a significant medical need (without this the insurance maybe invalid).

4.4. Social interactions

4.4.1. Governing Bodies should ensure 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

4.4.2. The school should make all staff are aware of the social barriers learners with healthcare needs may experience and how this can lead to bullying and social exclusion. A proactive approach is needed to remove any barriers.

4.5 Exercise and physical activity

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

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

4.5.3. Separate 'special provisions' for particular activities should 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 learner should be sought.

4.5.4. Staff should 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 should be encouraged to take the medication or food when needed.

4.6 Food management

4.6.1. Where food is provided by or through school, consideration must be given to dietary needs of learners, e.g., those who have diabetes, coeliac disease, allergies, and intolerances.

4.6.2. Where a need occurs, school should in advance provide menus to parents and learners, with complete lists of ingredients and nutritional information. Gluten and other intolerances or allergens must be clearly marked. Providing information will help facilitate parent and catering teams' collaborative working. This is especially important when carbohydrate counting is required. Consideration should be given to availability of snacks. Sugar and gluten free alternatives should always be available. As some conditions require high calorific intake, there should be access to glucose rich food and drinks.

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

4.7 Risk assessments

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

4.7.2. 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 of disabled learners.

- **Sharing Information**

Governing Bodies should ensure healthcare needs arrangements, both wider school 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 learner and parent in advance of being used, to protect confidentially.

5.1. Teachers, supply teachers and support staff (this may include catering staff and relevant contractors)

5.1.1. Staff should have access to the relevant information, particularly if there is a possibility of an emergency situation arising. How this is done will depend on the type and size of the school and could include:

- Where suitable, and following appropriate consent, a noticeboard in the staff room used to display information on high risk health needs, first aiders and certificates, emergency procedures etc. It should be noted that not all staff use their staff room, that the size of the school could make this form of information sharing impractical, and that at all times the learner's right to privacy must be taken into account.
- The school's secure intranet area and staff meetings are utilised to help ensure staff are aware of the healthcare needs of learners they have or may have contact with.

5.2. Parents and learners

5.2.1. Parents and learners should be active partners, and to achieve this school should make parents fully aware of the care their child receives. Parents and learners should also be made aware of their own rights and responsibilities. To help achieve this school should:

- Make healthcare policies easily accessible, online and in hard copy.
- Provide the learner/parents with a copy of their information sharing policy. This should state 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 information will be shared. Sharing medical information can be a sensitive issue and the learner should be involved in any decisions. Schools should keep a list of what information has been shared with whom and why, for the learner/parent to view on request. (Appendix K Consent form).
- Consider including a web link to the healthcare needs policies in relevant communications sent to parents, and within the learner's IHP.
- Include school councils, 'healthy schools' and other learner groups in the development of the school'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 and signs of issues for a learner, know what to do in an emergency, and who to ask for help. The school should discuss with the learner and parents first and decide if information can be shared.

6. Procedures and Record Keeping for the Management of Learners' Healthcare Needs

6.1. The school should create procedures which states 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:

- Contact details for emergency services.
- Parental agreement for educational setting to administer medicine.
- Head of education setting agreement to administer medicine.
- Record of medicine stored for and administered to an individual learner.
- Record of medicines administered to all learners by date.
- Request for learner to administer own medicine.
- Staff training record are kept up to date (One drive- NAME FILE LOCATION) – administration of medicines. This is to be updated and monitored by school leadership team.

Mandatory Training (as required dependent on pupil population)

Type of training	Training delivered by:	Frequency
Allergies and Asthma		Annually (1hr)
Buccal Midazolam		Annually (1hr)
Medication management		Annually (1hr)
Oxygen Therapy		When pupil enters the school and if there any significant team changes in staff (1hr)
Shunt awareness		When pupil arrives in new class (30 mins)
Blood sampling- glucometer		
Catheters	Continence Nurse specialist	(2hrs depending on pupil needs)
Stoma Care	Paediatric stoma clinical nurse specialist	(1hr depending on pupil needs)
Dressings		
Defib/First Aid	School to arrange	
Gastrostomy displacement training	Abbott Nurse advisor or children's nutritional nurse specialist	Class change or yearly (1hr) (30 mins)
Insulin Injections		
NG Feeds		
Diabetes	Diabetes specialist Nurse	(2hrs depending on pupil

		needs)
Enteral Feeding	Abbott Nurse advisor or children's nutritional nurse specialist	(1 hr)
Vagus Nerve Stimulation (VNS)		
Feeding plans (SALT)	SALT team	Awareness and training as and when needed. When new plans are allocated.
Individual HC plans	e.g. Respiratory nurse	As and when needed.

- Medication incident form.

6.2 New records should be completed when there are changes to medication or dosage. The school should ensure that the old forms are clearly marked as being no longer relevant and stored in line with their information retention policy. Electronic versions can be found on the Welsh Government website.

6.2.1. All administration of medication must be recorded on the appropriate forms. If a learner refuses their medication, staff should record this and follow the defined procedures where parents will be informed of this non-compliance as soon as possible.

6.2.2. The best examples of record keeping include systems where the learner's healthcare needs records have been computerised to allow quick and easy access by the appropriate staff. Data systems can also allow for easy access to the required information for staff may be placed into classrooms where they are not familiar with the healthcare needs of the learners. The operation of such systems must comply with the Data Protection Act 1998.

7. Storage, Access and the Administration of Medication and Devices

Learners may require medication at school for many reasons and this should only be administered with prior agreement and consent given by the parent/legal guardian**.** Medicines should only be given if prescribed by the GP. No child under 16 should be given medicines containing Aspirin.

A learner requiring medication will require an Individual Healthcare Plan (IHP).

The arrangements for storing medication on school site will require the following procedures followed:

- All staff members to be aware of where the medication is stored for the pupils within their class.
- Access to medication should be available at all times, including when off school site.
- All medication to be checked on a half termly basis by the school and supported when required by the special school liaison nurse. (See Appendix C)
- When medication is requested from home. All medication needs to be signed into school using Appendix E and parents need to physically bring the medication to school site. In exceptional circumstances (e.g transport issues or medication is urgent) the leadership team can risk assess and make alternative arrangements.

7.1 Arrangements to give medication

- A parental request form should be completed each time there is a request for medication to be administered by staff, or for a learner to self-administer their own medication. This arrangement must be agreed, documented, and dated by the Head of School, the Executive Headteacher or Deputy Executive Headteacher. A copy must be kept on file.
- In the case where medication maybe a long-term arrangement, a letter must accompany the request from the learner's GP or consultant explaining this.
- Amendments to the medication should only be accepted in writing from a health professional and this should again be kept on file. **Verbal messages should not be accepted.**

7.2 Receiving medication

No medication should be accepted into school unless it is clearly labelled with the:

- Learner's name.
- Name and strength of medication.
- Dosage and frequency the medication should be given.
- Expiry date.
- Advice about storage.
- Original pharmacy label

7.3 Storage of medication

- Medication should be stored in a locked cupboard away from other children and young people. The key should be kept in an accessible place known to the designated members of staff. Some medications require refrigeration. If storage in a refrigerator is required this should be in a sealed container that is clearly labelled. All medicines must be clearly labelled. Further advice can be obtained from the **COSHH guidelines, Control of Substances Hazardous to Health, 2002** .
- In the case of older learners, it may be appropriate for them to carry emergency medication with them – decisions will be based on individual circumstances in liaison with the family and the school's health team. The IHP should reflect this agreed decision
- In most cases learners should be allowed to carry asthma inhalers with them to ensure easy access.
- All pupils that have inhalers in school will have an asthma and pre-school wheeze management plan (Appendix J)
- Local pharmacists can give advice about storing medicines.

7.4 Administering medication

- Any staff willing to administer medication must receive appropriate training and guidance, and be aware of any possible side effects of the medication.
- Parents must not send the medication to school in pre-drawn doses/syringes (unless this is how it is dispensed by the pharmacist) or in drinks. It must come in the original packaging

with a pharmacy label intact. There must be a syringe provided to help in the measurement of the correct dose.

- Medicines must only be given according to the pharmacy label as prescribed by the GP. Parents should ensure a copy of this is available for the school. Schools require written notification from the GP should doses change or medications change.
- Medicines should not be given if they are out of date. Parents will need to replace the medicines immediately and it is the parent's responsibility to dispose of any unwanted medicines.
- It is best practice that there should be two members of staff to check the medication when it is time to administer it. The following details should be checked:

    - **Right Learners** (name and date of birth).
    - **Right Medicine** (staff should be aware of the purpose of the medication).
    - **Right Dose** (measured using a syringe).
    - **Right Route** (orally/gastrostomy/nasogastric).
    - **Right Time.**

- The learner may self-administer some medications e.g. asthma inhalers. It should be clear in the forms relating to medications in school whether the learner requires supervision or not. It is good practice to record when a learner has medication even if self-administering.
- Appropriate measures should be put in place or alternative arrangements if appropriate staff are unavailable or absent. Preferred staff member would have medication management training.
- There should be a completed form to show the learner's name and DOB, the date, time and medication name and dose and two staff should sign this. Accurate recording is of the utmost importance.
- Staff should not give any medication if a medical judgement is required to determine the need unless an emergency but this should be in accordance with the agreed IHP.

7.5 Hygiene and infection control

- All staff should be familiar with normal procedures for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressing or equipment.

7.6 Disposal of medications

- Medications should always be returned to the parent to be disposed of. If this is not possible any unused medications should be returned to a local pharmacy.
- Medications should not be disposed of in sinks or toilets.
- Some medications (i.e. for diabetes) are pre-assembled and contain a needle. Sharps boxes are essential for the disposal of needles and these can be obtained by contacting your local pharmacy or speaking to the education setting nurse.

7.7 Emergency medications

- Emergency medications (i.e. epi pen, buccal midazolam) must have an IHP detailing how to administer it and what to do in the event of an emergency.
- The location of emergency medications should be easily known and accessible to all staff but not accessible to other children and young people.
- Emergency medications must not be used for another learner displaying the same symptoms. If there are concerns an ambulance must be called. Medication can only be given to the learner it is intended for.
- Staff should receive training in how to administer any emergency medications. If a learner forgets their emergency medications the parent must either bring it in immediately or the learner must go home.
- Parents and school liaison nurse must always be informed if emergency medications have been given and records should be retained at school.

8. Emergency Procedures

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

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

8.3. Other learners in school should 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 if this has previously been shared with school.

8.4. Learners should not be taken to hospital in staff cars unless there are extreme reasons. If this is necessary, another adult must accompany the learner and staff member. Staff must have public liability vehicle insurance.

-See Emergency Situations Policy

9. Training

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

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

9.3 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 should be shown how to change

batteries) and various adaptive technologies. If these have been instigated by health professionals, they can be asked to provide suitable for education settings as well as learners and families.

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

9.5 If a learner 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.

9.6 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. 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. For further information regarding common condition see Cardiff Local Authority's Healthcare Toolkit.

9.7 Policies should 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 should especially be made aware of what preventative and emergency measures are in pace so staff can recognise the need for intervention and react quickly.

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

10. Assessments

10.1 Efficient and effective liaison is imperative when learners with healthcare needs are approaching assessments. If a hospital teacher or home tutor is involved liaison is important, especially where the learner is moving from school or home to the hospital on a regular basis.

10.2 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 national tests. Applications for special arrangements should be submitted by schools to the awarding bodies as early as possible. Full guidance on the range of special arrangements available and the procedures for making applications is given in the Joint Council for Qualifications' circulars Adjustments for candidates with disabilities and learning disabilities (2016).

11. Education other than at school (EOTAS)

11.1 A learner 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 a suitable education. The nature of the provision should be responsive; reflecting the needs of what may be a changing health status.

11.2 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 the absence.

11.3 Cooperation between education, health and administration staff in hospital is essential. The aim should be to achieve the greatest possible benefit for the learner's education and health,

which should include the creation of an atmosphere conducive to effective learning. Parents can also be a valuable link.

11.4 Learners with complex healthcare needs may be discharged from hospital with a written care plan. Where this happened, the written care plan should be integrated into any IHP.

12. School Transport

12.1 There is a statutory duty on the Local Authority, Head of School, and Governing Body in relation to learners travelling to the place where they receive their education or training. For example, depending upon the circumstances, the Local Authority may need to arrange home to school transport for a learner, or provide appropriately trained escorts for such journeys to facilitate the attendance of a learner.

13. Reviewing Policies, Arrangements and Procedures

13.1 Governing Bodies should ensure all policies, arrangements and procedures are reviewed regularly by school. IHPs may require frequent reviews depending on the healthcare need – this should involve all key stakeholders including, where appropriate, the learner, parents, education and health professional and other relevant bodies.

14. Insurance Arrangements

14.1 Governing Bodies should ensure an appropriate level of insurance is in place to cover the school's activities in supporting learners with healthcare needs. The level of insurance should appropriately reflect the level of risk. Additional cover may need to be arranged for some activities or healthcare procedures for learners with particular needs. For further guidance refer to Cardiff's Local Authority Toolkit – *Supporting learning with healthcare needs (April 2017*).

15. Complaints Procedures

Refer to the school's complaints procedure policy

16. Individual Healthcare Plans (IHP)

16.1 Governing Bodies should ensure that the school's policy covers the role of IHPs, and who is responsible for their development in supporting learners at school with medical conditions.

16.2 An IHP can assist schools in identifying the necessary safety measures to support the learner with a healthcare need and ensure that they and others are not put at risk. They will often be essential, such as cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of cases, especially where the medical condition is long term and complex. However, not all children and young people will require one.

16.3 An Individual Health Care Plan can clarify for the school, parents, and the learner the help that the school can both provide and receive. There should be a level of flexibility to account for any unexpected changes in the learner's healthcare needs.

16.2 Roles and responsibilities in the creation and management of IHPs

16.2.1 IHPs do not need to be complex but they should explain how the learner'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 learner effectively. If school are notified of a pupil with a IHP, this information needs to be shared with the special school nurse within the setting.

16.2.2 The education setting, under the guidance of the appropriate healthcare professionals, parents and the learners, should develop the IHP in partnership. The support from specialist health care professionals will allow comprehensive IHP's to be generated as they will have greater knowledge of the condition, medication, emergency procedures and the learner is paramount. This should be completed involving the:

- The learner (where possible).
- Parent/carer.
- Input or information from previous education setting.
- Appropriate healthcare professionals.
- Social care professions.
- Head of School and/or delegated responsible individual for healthcare needs across the setting
- Teacher and support staff, including catering staff if necessary.
- Any individual with relevant roles such as a first aid coordinator, a wellbeing officer and ALNCo (Additional Learning Needs Coordinator).
- Setting staff who have agreed to administer medication or be trained in emergency procedures.

An individual healthcare plan (IHP) may include:

- The medical condition: its triggers, signs, symptoms, and treatments and how it is managed on a day-to-day basis, in particular during setting hours.
- The learner's needs: including medication (dose, side effects and storage) and other treatments; time; facilities; equipment; testing; access to food and drink where this is used to manage their condition; dietary requirements; and environmental issues e.g. crowded corridors, travel time between lessons.
- Specific support for the learner's educational, social, and emotional needs.
- The level of support needed (some learners will be able to take responsibility for their own healthcare needs) including in an emergency.
- Who will provide this support, their training needs, and expectations of their role.
- Who in school needs to be aware of the learner's healthcare needs and the support they require.
- Protocol for exchanging information between education and health (if necessary).
- Written permission from parents and the Head of School for the administration of medicines by staff or self-administration by the learner during school hours.
- Separate arrangements or procedures required for school trips or other activities outside of the normal setting timetable that will ensure the learner can participate e.g. risk assessments.
- Where confidentiality issues are raised by the parent/child/young person, the designated individuals to be entrusted with information about the child's condition.
- Home to school transport – this is the responsibility of the Local Authority.

- Emergency procedures including whom to contact, and contingency arrangements. Some learners may have an emergency health care plan prepared by their lead clinician that could be used to inform the development of their individual health care plan.
- An impact statement jointly produced by healthcare professional and a teacher on how the learner's healthcare condition and/or treatment affects their learning and what actions are required to mitigate these effects.
- Review date.

16.2.3 If the plan needs revising the school and health professional should meet with the parents and a new plan written and signed by all parties.

- The plan should also be made available to **all staf f** coming into contact with the learner.

16.2.5 If the learner's condition is degenerative or life threatening, the plan should reflect these additional needs and should provide sufficient information to school staff. The plan should include details of the condition, what to do and who to contact in an emergency. More frequent reviews will be required for those with conditions that are technologically dependent or potentially life limiting.

16.2.6 In most cases, especially concerning short term illnesses such as those requiring a course of antibiotics, a detailed IHP will 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 should be conformed in writing with the learner (where appropriate), the parents and school.

16.3 Coordinating information with healthcare professional the learner and parents

The way in which a learner's healthcare needs are shared with social and healthcare professionals depends on their requirements and the 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.

16.4 Confidentiality

It is important that relevant staff (including temporary staff) are aware of the healthcare needs of their learners, including changes to IHPs. IHP will likely 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.

16.5 The learner's role in managing their own healthcare needs

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

Where possible, learners should be 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 medication or carry out a necessary procedure, staff cannot force them to do so, but follow the school's defined arrangements, agreed in the IHP. Parents should be

informed as soon as possible so that an alternative arrangement can be considered and heath advice should be sought where appropriate.

17. Unacceptable Practice

It is not acceptable practice to:

- Prevent learners from attending education or reduce hours due to their healthcare needs unless this would be likely to cause harm to the learner or others.
- Prevent learners from easily accessing their inhalers, medication and administering of their medication when and where necessary.
- Assume every learner with the same condition requires the same treatment.
- Ignore the views of the learner of their parents, or ignore healthcare evidence or opinion.
- Send learners with healthcare needs home frequently for reasons associated with their medical condition or prevent them from staying for normal setting activities, including lunch, unless this is specified in their IHP or risk assessment.
- Send a learner that becomes ill or needs assistance to the office or medical room unaccompanied or with someone who is unaware of the learners' needs or unable to properly monitor them.
- Penalise a learner for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- Prevent learners from drinking, eating, or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend school, a trip or other off-site activity to administer medication or provide healthcare support to the learner, including for toileting issues.
- Prevent, or create unnecessary barriers for learners from participating in any aspect of education setting life, including setting trips e.g. by requiring parents to accompany the child.
- 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.
- Expect or cause a parent to give up work or other commitments because school is failing to support a learner's healthcare needs.
- 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

Please refer to the 'Unacceptable Practice' section in the Welsh Government's 'Supporting Learners with Healthcare Needs' statutory guidance.

Outline of Legal Framework

There are various duties on schools and Local Authorities which are relevant to safeguarding the welfare of children and young people with healthcare needs in the educational context. The main provisions are outlined below.

This is not an exhaustive list of the law relevant to this subject. Nor is it an authoritative statement or description of the law, which only courts can give. The descriptions below are summaries of the

main relevant provisions. For any particular duty, there will be further statutory provisions and there may be case law (and possibly such developments after the issue of this guidance), affecting the meaning of the provisions (e.g. defining terms), or how a function is to be exercised (e.g. matters to which the person exercising the function must have regard). It should not be relied upon as a substitute for seeking legal advice or reading the actual provisions. Legislation can be found at www.legislation.gov.uk though it is not all in revised and up to date form.

General

As part of the common law, those responsible for the care and supervision of children and young people, including teachers, and other staff in charge of children, owe a duty of care to act as any reasonably prudent parent would in relation to their own children.

A person without parental responsibility for a child or young person, but with the care of that child, may do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare. This is subject, for example, to a court order prohibiting certain steps being taken in relation to that child or young person without the Court's consent **(Section 3(5) of the Children Act, 1989)**.

Statutory Duties on Governing Bodies of Maintained Schools

- In discharging their functions relating to the conduct of the school, Governing Bodies of maintained schools (including maintained nursery schools) must promote the wellbeing of pupils at the school **(Section 21(5) of the Education Act, 2002).**
- Governing bodies of maintained schools (including maintained nursery schools) must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children and young people (i.e. those under 18) who are pupils at the school **(Section 175(2) of the Education Act, 2002).** In considering what arrangements are required, the governing body is to have regard to any guidance by the Welsh ministers **(Section 175(4) of the Education Act, 2002).**Governing bodies are also subject to duties under the **Equality Act, 2010 –** see the section below for more details.

Statutory duties on Local Authorities

- Local Authorities have general functions in relation to providing education for their area **(***in particular sections 13 to 14, 15A, 15B of the* **Education Act, 1996).**
- A Local Authority must make arrangements for the provision of suitable education (at school or otherwise), for children of compulsory school age who may now otherwise receive it for any period due to illness, exclusion from school or otherwise **(***Section 19(1) of the* **Education Act, 1996)**. For young persons (i.e. those who are over compulsory school age but under the age of 18), local authorities have a power (rather than a duty), to make such arrangements in those circumstances **(***Section (4) of the* **Education Act, 1996)**. In determining what arrangements to make under *Section 19(1) or 19(4)*, in the case of any child or young person, the local authority must have regard to any guidance given by the Welsh ministers.

- A Local Authority must make arrangements for ensuring that their education functions are exercised with a view to safeguarding and promoting the welfare of children and young people (i.e. under 18 years old), **(***Section 175(1) of the* **Education Act, 2002).**

  In considering what arrangements are required, the local authority is to have regard to any guidance given by the Welsh Ministers (see footnote 3 on previous page), **(***Section 175 (4) of the* **Education Act, 2002)**. Some of this guidance is issued under *Section 175(4)* –it is marked in bold font.

- Local Authorities have general duty to safeguard and promote the welfare of children and young people in need within their area (and so far, as consistent with that, to promote the upbringing of those children by their families) by providing a range and level of services appropriate to those children's needs **(***Section 17 of the* **Children Act 1989).**
- Local Authorities must make arrangements to promote cooperation between various persons and bodies, including a local health board for an area within the Local Authority's area and an NHS Trust providing services in the area. The arrangements are to be made with a view to:
  - Improving the wellbeing of children and young people within the area;
  - Improving the quality of care and support for children and young people provided in the area (when amendments made by the **Social Services and Wellbeing (Wales) Act, 2014** come into force).
  - Protecting children and young people who are experiencing or at risk of, abuse and other harm (when those amendments come into force), **(***Section 25 of the* **Children Act, 2004).**

- **The Education (School Premises) Regulations, 1999, S.I. 1999/2** set out requirements (for which local authorities are responsible) regarding facilities at maintained schools. These include requirements regarding accommodation for medical examination and treatment of pupils and the care of sick or injured pupils (*Regulation 5).*
- Local authorities also have duties under the **Equality Act, 2010** – see below.

The Equality Act, 2010

Disability is a protected characteristic under the **Equality Act, 2010.** Some learners with healthcare needs may be disabled for the purposes of that Act; others may not be. There are various duties under the **Equality Act, 2010** which are relevant in the context of learners with healthcare needs who are disabled.

The responsible body of a school must not discriminate, harass nor victimise disable pupils and in some cases, other particular persons. The responsible body is also subject to a duty to make reasonable adjustments **(***Section 85 of the* **Equality Act, 2010).**

Local Authorities must prepare and implement an accessibility strategy in relation to schools for which they are the responsible body. This is a strategy for (over a particular period):

- Increasing the extent to which disabled pupils can participate in the schools' curriculums;
- Improving the physical environment of the schools for the purpose of increasing the extent to which disable pupils are able to take advantage of education and benefits, facilities or services provided or offered by the schools;
- Improving the delivery to disabled pupils of information which is readily accessible to pupils who are not disabled **(***paragraph 1 of Schedule 10 to the* **Equality Act, 2010).**

The responsible body of a school must prepare and implement an accessibility plan. Such a plan involves the same content as an accessibility strategy except that it relates to the particular school **(***Paragraph 3 of Schedule 10 to the* **Equality Act, 2010).**

In relation to a maintained school and maintained nursery, the responsible body is the Local Authority or the Governing Body. In relation to a pupil referral unit, it is the local authority.

Local Authorities and the Governing Body of Local Authority maintained educational establishments (e.g. maintained schools) are subject to the public sector equality duty. This requires them, in the exercise of their functions, to have due regard to particular matters related to equality (*Section 149).* They are also under specific duties for the purpose of enabling better performance of the public sector equality duty **(Equality Act, 2010, (Statutory Duties) (Wales) Regulations, 2011 S.I. 2011/1064).**

Other relevant Provisions

The **Learner Travel (Wales) Measure, 2008** places duties on local authorities and governing bodies in relation to home-school transport.

The **Data Protection Act, 1998** regulates the processing of personal data, which includes the holding and disclosure of it.

The **Misuse of Drugs Act, 1971** and regulations made, deal with restrictions (for example, concerned with supply and possession), on drugs which are controlled. Learners may be prescribed controlled drugs.

Useful relevant legislation for England and Wales

The legislation listed below can be referred to clarify the main provisions relevant to children and young people with healthcare needs.

- **Children and Families Act, 2014 (Section 100)** - places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.
- **Section 21 of the Education Act, 2002** – provides that governing bodies of maintained schools must, in discharging their functions in relation to the conduct of the school, promote the wellbeing of pupils at the school.
- **Section 175 of the Education Act, 2002** – provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct

of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.

- **Section 3 of the Children Act, 1989** – provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.
- **Section 17 of the Children Act, 1989** – gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.
- **Section 10 of the Children Act, 2004** – provides that the local authority must make arrangements to promote cooperation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board, with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.
- **Equality Act, 2010** – the key elements are as follows:
    - They **must not** discriminate against, harass, or victimise disabled children and young people
    - They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage
- **Education Act, 1996, Chapter 1 (Special Educational Needs)**
- **Care Standard Act, 2000**
- **Health and Safety at Work Act, 1974, Section 2** - and the associated regulations, provides that it is the duty of the employer (local authority, governing body, or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.
- **Misuse of Drugs Act, 1971** – and associated regulations the supply, administration; possession and storage of certain drugs are controlled. Schools may have a child who has been prescribed a controlled drug.
- **Medicines Act, 1968** – specifies the way that medicines are prescribed, supplied, and administered within UK and places restrictions on dealings with medicinal products, including their administration.

Other Relevant Legislation

- **Every Child Matters, 2003**
- **UN Convention on the Rights of the Child, 1989**
- **Management of Health and Safety at Work Regulations, 1999**
- **Control of Substances Hazardous to Health Regulations, 2002**

- **The Regulatory Reform (fire safety) Order, 2005**
- **Chronically Sick and Disabled Persons Act, 1970**
- **Guidance on the use of emergency salbutamol inhalers in schools in Wales** https://www.gov.wales/sites/default/files/publications/2018-12/guidance-on-the-use-of-emergency-salbutamol-inhalers-in-schools-in-wales.pdf
- **Guidance on the use of emergency adrenalin auto-injectors in schools in Wales**

  https://www.gov.wales/sites/default/files/publications/2018-12/guidance-on-the-use-of-emergency-adrenaline-auto-injectors-in-schools-in-wales.pdf

Form templates:

Appendix A – Parental Agreement and Head of School Agreement to administer medication

Appendix B – Controlled drugs medication cabinet

Appendix C – Rescue medication cabinet

Appendix D – Record of medicines administered

Appendix E – Checklist to receive medication in school

Appendix F – Staff training record

Appendix G – Medicine/healthcare incident report

Appendix H – Medicine management audit tool

Appendix I-Seizure care plan

Appendix J Asthma and pre-school wheeze management plan

Appendix K- Consent form (sharing information with health)

Appendix L- Permission to administer medication on school trip

(Form are numbered the same as the supporting learners with Health care needs guidance)

Form 1 – Contacting emergency services

Form 6 – Request for learner to carry/administer their own medication

Form 9 – Individual Healthcare Plan template

Form 10 – Braces and Orthotics plan template

Form 11 – 2-person sign template for orthotics

These forms are downloadable as Word documents from

learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en to enable schools or settings to personalise them.

Useful LA information

https://www.cardiffeducationservices.co.uk/Page/17667

Form 1: Contacting emergency services

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

- State your telephone number.

- Give your location

- State that the postcode is ……

- Give the exact location in the education setting [insert a brief description].

- Give your name.

- Give the name of the learner and a brief description of symptoms.

- The ambulance control may ask if there are any known medical conditions.

- Inform Ambulance Control of the best entrance and state that the crew will be met and taken to [name school- full address].

- Don't hang up until the information has been repeated back.

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

- Put a completed copy of this form by all the telephones in the education setting.

Appendix A

Parental agreement for education setting to administer medicine

Riverbank School needs your permission to give your child medicine. Please complete and sign this form for each individual medicine to allow this.

Name of education setting	
Name of child	
Date of birth	
Class	
Healthcare need/reason for medication	
Medicine	
Name/type of medicine (as described on the container)	
Dosage and method	
Timing	
Are there any side effects or Allergies that the setting needs to know about?	
Self-administration	Yes/No
Procedures to take in an emergency	
Contact details: Name Daytime telephone no. Relationship to child	I understand that I must deliver the medicine personally to [agreed members of staff]

Address	
I understand that I must notify the setting of any changes in writing. Date:……Signature(s) ……	



Appendix B - CONTROLLED DRUGS MEDICATION CABINET

Daily checks to check stock level and expiry date

DATE	NAME OF PUPIL	NAME OF MEDICATION	STOCK LEVEL	EXPIRY DATE	MORE STOCK REQUESTED?

Riverbank
SCHOOL
Learning together to be the best we can

Appendix C - RESCUE MEDICATION CABINET Currently medication held in class.

Half termly checks to check stock level and expiry date

DATE	NAME OF PUPIL	RESCUE MEDICATION	STOCK LEVEL	EXPIRY DATE	EMERGENCY PLAN IN BAG



Appendix D - Record of medicines administered to all learners – by date

Recording of medication Chart

Child's name……

Medication being given……..

Dose mg……..

DATE	Time	Route	Dose MG	1st signature	2nd Signature For CD's	Balance of medication left for CD's



Appendix E

CHECKLIST TO RECEIVE MEDICATION IN SCHOOL FOR NEW SUPPLY OF MEDICATION OR EXISITNG MEDICATION

MEDICATION NEEDS TO BE SIGNED IN BY SCHOOL NURSE OR MEMBER OF SENIOR MANAGEMENT TEAM

Please check and sign below

Name of child……..

Date……..

Check details	Sign and date
Correct name of child	
Correct medication	
Correct dosage	
Expiry date	
Route of administration	
Put in cupboard with child's current medication and add new supply to current total	

If new medication as above but parent will need to sign a **new request form**. Please contact nurse to confirm if any change to dose or new medication.

Sign and print by Nurse/Member of SMT……

Sign and print by Parent/Guardian: ……



Appendix F - Staff training record – administration of medicines

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

Name of school	
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 6: Request for learner 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 school	
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. Learner's signature..... Date	

Training checklist: Administer medication to individuals and monitor the effects assessment sheet

LEARNING OUTCOMES	ASSESSMENT CRITERIA		Date	Signature
The learner will:	The learner can:		Date achieved	
1 understand legislation, policy and procedures relevant to administration of medication	1.1	Identify current legislation, guidelines, policies and protocols relevant to the administration of medication		
2 know about common types of medication and their use	2.1	Describe common types of medication including their effects and potential side effects		
	2.2	Identify medication which demands the measurement of specific physiological measurements		
	2.3	Describe the common adverse reactions to medication, how each can be recognised and the appropriate actions required		
	2.4	Explain the different routes of medicine administration		
3 understand procedures and	3.1	Explain the types, purpose and function of materials and		

techniques for the administration of medication		equipment needed for the administration of medication via the different routes		
	3.2	Identify the required information from prescriptions/medication charts		
4 prepare for the administration of medication				
	4.1	Apply standard precautions for infection control		
	4.2	Explain the appropriate timing of medication and check that the individual has not taken any medication recently		
	4.3	Obtain the individuals consent and offer info, support and reassurance, in a manner which encourages their cooperation and which is appropriate to their needs and concerns		
	4.4	Select, check and prepare correctly the medication according to the medication administration record		

LEARNING OUTCOMES	ASSESSMENT CRITERIA		Date	Signature
The learner will:	The learner can:		Date achieved	
5 administer and monitor individuals medication				
	5.1	Select the route for the administration of medication, according to the patients plan of care and the drug to the administered, and prepare the site if necessary		
	5.2	Safely administer the medication: (a) in line with legislation and local policies (b) in a way which minimises pain, discomfort and trauma		
	5.3	Describe how to report any immediate problems with the administration		
	5.4	Monitor the individual's condition throughout, recognise any adverse effects and take the appropriate action without delay		
	5.5	Explain why it may be necessary to confirm that the individual actually takes the medication and does not pass the medication to others		
	5.6	Maintain the security of medication and related records throughout the process and return them to the correct place for storage		
	5.7	Describe how to dispose of out of date and part used medications in accordance with legal and organisational		

		requirements		

Appendix G: Medication/healthcare incident report

Learner's name	
Home address	
Telephone no	
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	
Actions	□ Poison control notified □ Learner taken home □ Learner sent to hospital □ Other: _____
Note:	

Appendix H Medicines Management Audit Tool

AUDIT WILL BE COMPLETED EVERY HALF TERM IN THE SCHOOL YEAR

DATE OF AUDIT: ……

NURSE COMPLETING AUDIT TO PRINT AND SIGN: ……

1. STORAGE OF MEDICINES		
	Yes	No
Is this room kept locked?		
Are medicines stored in locked cupboards?		
Are emergency and regular medicines stored separately?		
Are medicines requiring refrigeration stored in a separate refrigerator?		
Are emergency medicines stored in a separate, secure, labelled container along with emergency care plan?		
Is the temperature of refrigerators monitored using max/min thermometers?		
Are refrigerated medicines properly labelled to indicate storage requirements?		
Are medical oxygen cylinders and any other medical gases securely and safely stored?		
Are stock levels appropriate?		
How often are expiry dates checked?		

Are arrangements for security of keys satisfactory? (Check key holders /handover of keys procedure/duplicate keys etc)		
Problems/comments/advice given		

2. ADMINISTRATION OF MEDICINES		
	Yes	No
Are medicines administered from original containers as received from the pharmacy one patient at a time?		
Are labels printed clearly?		
Are dosage instructions clear?		
Have any labels been defaced or changed?		
Are appropriate cautions and warnings clear?		
Are all medicines labelled for individual patients? (including medications for external use)		
Are 2 people signing and print for all medication?		
Is the medication administration record completed correctly?		
Is there a risk assessment for each pupil who self-medicates any of his or her medicines?		
Are times for medications clearly recorded?		
Is the route of the medication clearly recorded?		
Have staff who give medicines been trained in the school's policies and procedures for handling and recording medication and been assessed as competent?		
Are measures in place to identify pupils to ensure that they receive the correct drug?		
Problems/comments/advice given		

2. ADMINISTRATION OF MEDICINES		
	Yes	No
Are medicines administered from original containers as received from the pharmacy one patient at a time?		
Are labels printed clearly?		
Are dosage instructions clear?		
Have any labels been defaced or changed?		
Are appropriate cautions and warnings clear?		
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Are measures in place to identify pupils to ensure that they receive the correct drug?		
Problems/comments/advice given		

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	Yes	No
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Are dosage instructions clear?		

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Are times for medications clearly recorded?		
Is the route of the medication clearly recorded?		
Have staff who give medicines been trained in the school's policies and procedures for handling and recording medication and been assessed as competent?		
Are measures in place to identify pupils to ensure that they receive the correct drug?		
Problems/comments/advice given		

3. RECORD KEEPING		
	Yes	No
Are allergies or "nil known" recorded on the chart or elsewhere?		
Is it clear when medicines have been refused or not given?		
Are there suitable procedures in place for recording medicines receipt and disposal?		
Is the reason for non-administration clearly documented?		
Have records been checked for consistency with medicines labels?		
Are changes to doses clearly marked and signed?		
Is the record initialled by staff administering the medicine?		
Problems/comments/advice given		

4. CONTROLLED DRUGS		
FOR SCHOOLS WHICH STOCK CONTROLLED DRUGS	Yes	No
Is there secure storage for controlled drugs as specified in the Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007?		
Is the cupboard fixed to a solid wall?		
Do stock levels agree with the written balance?		
Are receipt and administration of CD's clearly and legibly recorded: signed, dated and witnessed?		
Problems/comments/advice given		

6. DISPOSAL OF MEDICINES		
	Yes	No
Have all discontinued and/or expired medicines been returned to the family for disposal and recorded? Or returned to pharmacy for disposal?		
Problems/comments/advice given		

7. ADDITIONAL NOTES (IF ANY)

Riverbank
SCHOOL
Learning together to be the best we can

Appendix J Asthma and pre school wheeze management plan (Use the link to the PDF)

https://allwales.icst.org.uk/wp-content/uploads/2021/03/Paediatric-asthma-management-plan-English.pdf





Appendix I**: Health Care Plan for a child/young person with seizures. To be reviewed annually or if any changes in seizure activity**

Name:	
Date of Birth:	

SEIZURE CLASSIFICATION AND/OR DESCRIPTION OF SEIZURES

Seizure type:

Description of seizure:

Known triggers:

Usual duration of seizure:

Recovery time:

First aid

Stay calm, note time of seizure.	Turn child onto side into recovery position as soon as jerking stops.
Loosen tight clothing around the neck	Stay with child until fully recovered.
Protect the child from injury, move any nearby objects.	Inform parents
Place something soft underneath child's head.	

What constitutes an emergency?

If a seizure lasts longer than …….minutes.	If the child is having a different seizure type.

If one seizure follows another.	If there are any difficulties with breathing or injury occurs.

Action to be taken in an emergency:

If in school:	**If out of school:**
Dial 999 for an ambulance	Dial 999 for an ambulance
Inform Senior Leadership Team	Inform parents
Inform parents	Ring the school to inform them

Health Care Plan Agreement.

	Name	**Signature**	**Date**
Parents			
Health Professional			
Education			

Form 9 – Individual Health Care Plan

INDIVIDUAL HEALTHCARE PLAN (IHP)

An Individual Healthcare Plan identifies the necessary measures to ensure that a child or young person with a significant physical healthcare has their needs met whilst attending a setting/ school. This may include regular interventions as well as what to do in an emergency.

This plan should be written in partnership with the parents/carers and supported by relevant healthcare professionals.

Setting/School/FEI name:	
Group/Class/Course:	

Child/Young Person's name:	DoB:
Address:	

Contact names of family/carers/Social Worker (CLA)	Contact Numbers:
	Work: Home: Mobile:
	Work: Home: Mobile:
	Work: Home: Mobile:

KEY CONTACTS

GP Name & GP Surgery:	Contact Number:

NHS health professionals contacts:

Job Title:	Name:	Contact Number:	Healthcare Information Provided? Yes/No/N/A

MEDICAL DIAGNOSIS OR HEALTH CONDITION

Medical diagnosis or health condition (diagnosed/confirmed)	Description of main symptoms as experienced by the child or young person named in this IHP.	Is this referenced in the risk assessment?
	1.	
	2.	
	3.	
	4.	

Actions required in relation to the medical diagnosis or health condition and associated symptoms previous stated: (Refer to healthcare information provided by health professional, if available)		
What needs to be done	When	By who

Medical diagnosis or health condition (diagnosed/confirmed)	Description of main symptoms as experienced by the child or young person named in this IHP.	Is this referenced in the risk assessment?
	1.	
	2.	
	3.	
	4.	

Actions required in relation to the medical diagnosis or health condition and associated symptoms previous stated: (Refer to healthcare information provided by health professional, if available)		
What needs to be done	When	By who

Medical diagnosis or health condition (diagnosed/confirmed)	Description of main symptoms as experienced by the child or young person named in this IHP.	Is this referenced in the risk assessment?
	1.	
	2.	
	3.	
	4.	

Actions required in relation to the medical diagnosis or health condition and associated symptoms previous stated: (Refer to healthcare information provided by health professional, if available)		
What needs to be done	When	By who

DAILY CARE REQUIREMENTS-in addition to the above

Does the learner have any dietary requirements? If yes, describe what is required whilst the learner is in school.

Are there any activities (on site/off site) which require additional consideration or precautions?

Is medication required to be administered? Please give details below
Please specify if supervised self-administration or administration by staff member (follow safe administration of medicines procedures)

Is there any further information that should be reported regarding the above actions that needs to be considered? (e.g. emotional, social needs, awareness of the condition, development, including the view of the child/young person)

Are there training needs associated with actions described above?				
Who needs training?	What training is required?	Who will deliver the training?	By when does the training needs to be delivered?	Date of training delivered.

IN CASE OF AN EMERGENCY

Emergency contacts (if different from above):	Contact Numbers:
1.	
2.	
3.	

Emergency Protocol for …….. :
Description of the emergency situation: ON-SITE: Steps to be taken & by who OFF-SITE: Steps to be taken & by who:

Emergency Protocol for …….. :

Description of the emergency situation: ON-SITE: Steps to be taken & by who OFF-SITE: Steps to be taken & by who:

REVIEW OF IHP

Are there any events which should trigger a review of this IHP? If yes, list below	
What event(s):	Who to contact:
Planned review dates:	By who:

OTHER INFORMATION

Any other information:	
Has the Transport Department been informed of the existence of the IHP (if the learner has been agreed transport?)	Yes/ No
Does the learner have an Individual Development Plan for identified ALN?	Yes/ No

SIGNATURES

Name:	Signature:	Date:
Parents:		
Head of School/Nominated Person:		

Please ensure that staff working with the learner are fully aware of the Individual Healthcare Plan and Emergency Procedures.

Appendix K Health care plan – Consent

I..... parent / Carer's name

Of.....(address)

For .....(child's name)

Confirm that all the information contained in this health care plan and the relevant reports attached (as appropriate) can be shared with other professionals / agencies (detailed below) involved with my child's care.

SENCO / Head of School:	
Social services:	
Other:	

Signature of parent / Guardian	
Date:	

Name of professional completing the form:	
Designation:	
Date:	
Review Date:	

(This form to be completed and filed in health professional's records)

Notification form for child Health department regarding health care plan.

Name of child:	
D.O.B.	
Address:	
School:	
Date Healthcare plan completed/reviewed:	
Health Visitor / school nurse:	
Next review date:	

Appendix L Administer medication on school trip

Dear Parent/Guardian

PERMISSION TO ADMINISTER MEDICATION ON SCHOOL TRIP

It is necessary for a member of staff in your child's class team to administer their medication whilst on school trips.

If you are happy to give your consent to this could you please sign and return the permission slip below, together with your child's medication in **original packaging with dispensing label intact.** Please note, without consent and correctly labelled medication, **staff will not be able to administer medication.**

PERMISSION TO ADMINISTER MEDICATION ON SCHOOL TRIP

Name of child: ---------- Class: ----------

I give my permission for medication to be administered on a school trip, and enclose my child's medication it its original packaging and dispensing label:

Signed ---------- (Parent/Guardian)

Date: ----------

Name of medicine: ----------

Dosage to be administered: ----------

As per label instructions

Time medication should be administered: ----------

Any other instructions: ----------

Form 10 – Braces and Orthotics Plan template

Pupils name:	Demonstration date: List of those present	Signature of staff present and task delegated too:
Name of brace/orthosis		Signature of persons leading demonstration:
Photographic guidance / Additional comments		

Agreed review date:	Review to be undertaken by:	Changes if appropriate:	Related information:

Form 11 – 2 person sign template for orthotics application

Record of two person check for fitting of braces and orthotics

This form must be completed when fitting or supporting braces and orthotics

Pupil Name:_____

Date	Time	Name Person 1: Person 2:	(confirmation of check) Signature 1: Signature 2:	Comments if applicable