



Ysgol Gymuned
F E R N D A L E
Community School

**Supporting Learners with
Healthcare Needs Policy
Draft July 2017**

Contents

Key principles	1
Roles and Responsibilities	2
Access to School Buildings	9
Day Trips and Residential Visits	9
Social Interaction	10
Exercise and Physical Activities	10
Food Management	10
Risk Assessment	10
Sharing Information	11
Parents and Learners as Active Partners	11
Procedures and Record Keeping of Healthcare Needs	12
Storage Access and Disposal	13
Emergency Procedures	15
Qualifications and Assessment	15
Education other than at School (EOTAS)	16
School Transport	16
Reviewing Policy	17
Insurance	17
Complaints Procedure	17
Individual Healthcare Plan	18
Roles and Responsibility in Creating Individual Healthcare Plans (IHP,s)	19
Appendix 1	22
Appendix 2	25

Policy: Healthcare Needs Policy for *Ferndale Community School*

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Key Principles

Local authorities and governing bodies must have regard to this statutory guidance when carrying out their duties in promoting the welfare of children who are learners within the education setting, including meeting their healthcare needs. Principles of this policy also applies to activities taking place off-site as part of normal educational activities. Ferndale Community School is committed to ensuring that pupil healthcare needs are properly supported and met in respect of:-
Pupils having full access to education, including trips and physical education.
Governing bodies ensuring that arrangements are in place to support learners with healthcare needs.

Governing bodies ensuring that education setting staff consults the relevant professionals, learners and parents to ensure the needs of the learner with healthcare needs are properly understood and effectively supported.

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 . Governing bodies must comply with the duties of this Act, including those within an education context. For example, reasonable adjustments for disabled learners must be made and disabled learners must not be discriminated against when making admission arrangements. In drafting this statutory guidance and advice, the Welsh Ministers have had regard to the UNCRC – the contents reflect the rights contained in the convention⁵ .

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

Within the educational context, various duties are placed on both schools and local authorities that are relevant to the safeguarding and welfare of learners. The main provisions are outlined in the

sections below. This outline is not an exhaustive list of the relevant legislation, and nor is each section an authoritative statement or description of the laws themselves

Legal obligations include those:-

- Statutory duties on governing bodies of maintained schools
- Statutory duties on local authorities
- The Equality Act 2010
- Social Services and Well-being (Wales) Act 2014
- Common law
- United Nations Convention on the Rights of the Child (UNCRC)

(See Appendix 1 for expansion)

Roles and Responsibilities

To provide clarity regarding roles and responsibilities, an non exhaustive list is hosted below.

Governing body/Management Committee:

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

- Complying with applicable statutory duties, including those under the Equality Act 2010 (e.g. the duty to make reasonable adjustments in respect of learners with healthcare needs if they are disabled, as outlined above)
- Having a statutory duty to promote the well-being of learners. Schools should give consideration to how they can meet these needs, including providing learners access to information and material aimed at promoting spiritual and moral well-being and physical and mental health (Article 17 of the UNCRC)
- Considering how they can support learners to develop the skills, knowledge and emotional resilience required to uphold their rights, and the rights of others
- Ensuring the roles and responsibilities of all those involved in the arrangements to support the healthcare needs of learners are clear and understood by all those involved, including any appropriate delegation of responsibilities or tasks to a headteacher, member of staff or professional as appropriate
- Working collaboratively with parents and other professionals to develop healthcare arrangements to meet the best interests of the learner
- Developing and implementing effective arrangements to support learners with healthcare needs. This should include a policy on healthcare needs and where appropriate, IHPs for particular learners

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

Headteacher/Teacher in Charge

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

- Working with the governing body to ensure compliance with applicable statutory duties when supporting learners with healthcare needs, including duties under the Equality Act 2010
- Ensuring 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 headteacher should directly supervise this arrangement as part of the regular reporting and supervision arrangements
- Ensuring the support put in place focuses on and meets the individual learner's needs, also known as person-centred planning
- Extending awareness of healthcare needs across the education setting in line with the learner's right to privacy. This may include support, catering and supply staff, governors, parents and other learners
- Appointing a named member of staff who is responsible for learners with healthcare needs, liaising with parents, learners, the home tuition service, the local authority, the key worker and others involved in the learner's care
- 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
- Having the overall responsibility for the development of IHPs
- Ensuring that learners have an appropriate and dignified environment to carry out their healthcare needs, e.g. private toilet areas for catheterisation
- Checking with the local authority whether particular activities for supporting learners with healthcare needs are appropriately covered by insurance and making staff aware of any limits to the activities that are covered
- Ensuring all learners with healthcare needs are appropriately linked with the education setting's health advice service
- Ensuring when a learner participates in a work experience placement or similar, that appropriate healthcare support has been agreed and put in place
- Providing annual reports to the governing body on the effectiveness of the arrangements in place to meet the healthcare needs of learners

Teachers, support staff, Designated Staff and other members of staff (e.g. catering staff or reception staff):

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

- Fully understand the education setting's healthcare needs policies and arrangements
- Are aware of which learners have more serious or chronic healthcare needs, and, where appropriate, are familiar with these learners' IHPs. This includes knowing how to communicate with parents and what the triggers for contacting them are, such as when the learner is unwell, refuses to take medication or refuses certain activities because of their healthcare needs
- Are aware of the signs, symptoms and triggers of common life-threatening medical conditions and know what to do in an emergency. This includes knowing who the first aiders are and seeking their assistance if a medical emergency takes place
- Fully understand the education setting's emergency procedures and be prepared to act in an emergency • ask and listen to the views of learners and their parents, which should be taken into consideration when putting support in place
- Ensure learners (or their friends) know who to tell if they feel ill, need support or changes to support
- Listen to concerns of learners if they feel ill at any point and consider the need for medical assistance (especially in the case of reported breathing difficulties)
- Make sure learners with healthcare needs are not excluded from activities they wish to take part in without a clear evidence-based reason, including any external trips/visits. This includes ensuring learners have access to their medication and that an appropriately trained member of staff is present to assist where required
- Are aware of bullying issues and emotional well-being regarding learners with healthcare needs, and are prepared to intervene in line with the education setting's policy
- Are aware that healthcare needs can impact on a learner's ability to learn and provide extra help when needed
- Support learners who have been absent and assist them with catching up on missed work – this may involve working with parents and specialist services
- Keep parents informed of how the healthcare need is affecting the learner in the education setting. This may include reporting any deterioration, concerns or changes to learner or staff routines.

Parents/carers

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

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

Learner

- Learners have a duty and role to play in respect of their healthcare needs. Learners must have confidence and be supported to:-
- Inform parent/carers or staff member/s if feeling unwell;
- Inform relevant staff member/s of any medication or healthcare needs, or changes;
- Participate in drafting and agreeing individual healthcare plan (IHP), where appropriate;
- Taking care when carrying medicines to and from school, and not sharing with others;
- Take part in discussions around sharing/confidentiality of personal information.

Local Authority

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

The school will ensure distribution and availability of this policy through; internal computer system and hosting on the school website; printed hardcopy on request. Staff will be made aware of the policy and encouraged to familiarise themselves with the content. A copy of the document will be made available to the LA representative with responsibility for healthcare needs of learners. The policy will be reviewed in line with requirements within the expected timeframes.

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

On needs basis, the wellbeing team will seek to engage with NHS Wales school health nursing service, third sector organisations and other specialist services Healthcare and practical support to serve the needs of each learner. Our school has access to a shared school nurse who can offer specific support and guidance. This may include:-

- Offering advice on the development of IHPs
- Assisting in the identification of the training required for the education setting to successfully implement IHPs
- Supporting staff to implement a learner's IHP through advice and liaison with other healthcare, social care and third sector professionals. Health advice and support can also be provided by specialist health professionals such as GPs, paediatricians, speech and language therapists, occupational therapists, physiotherapists, dieticians and diabetes specialist nurses.
- Signposting third sector voluntary bodies to provide advice and practical support. Proactively engaging with specialist services to provide practical help when writing and implementing IHPs. They

ENVIRONMENT

Physical access to school buildings;

Local authorities and governing bodies should ensure their education settings are inclusive and accessible in the fullest sense to learners with healthcare needs. This includes physical access to education setting buildings. At Ferndale Community School the corridors are wide to ensure free flow of learners and staff in both directions (following the school “Walk on the Left” protocol), even at busy times ie lesson changeover; lunchtime and home time.

The lower school has three floors which can be accessed by two separate staircases. To compliment, or use as an alternative for second and third floor access, an enclosed electrical lift is situated towards the front of the building. Key holders have received training in its use with regard to Health & Safety and efficient operation. The upper school area has a similar lift servicing the two floor construction.

Between the Upper and Lower school building a set of steps has been installed when the building was under construction. These pose a possible problem for disabled learners. An electrical stair lift has been installed to accommodate this possible issue.

The majority of doors at the building are oversized or double doors to allow access for wheelchairs or supported learners.

The building and facilities manager will liaise with the LA in view of any emerging requirements regarding facilities and access auxiliary aids or services (with the appropriate number of trained staff) must be provided in line with the duty placed upon learning establishments by “The Equality Act 2010.”

Day trips and residential visits

Our Governing body should ensure the school actively supports all learners with healthcare needs to participate in trips and visits. The Governing body must be aware of their legal requirements (see ‘Annex 1: Outline of legal framework’ at <http://learning.gov.wales/docs/learningwales/publications/170330-healthcare-needs-en.pdf>) to make reasonable adjustments to trips and residential visits ensuring full participation for all learners. 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 right 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.

Social interactions e.g. clubs and social activities

The FCS 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. The school should make all staff 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.

Exercise and physical activity

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. 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. 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. 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.

Food management

Where food is provided by or through the school, consideration must be given to dietary needs of learners, e.g. those who have diabetes, coeliac disease, allergies and intolerances. Where a need occurs, education settings 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 made available. As some conditions require high calorific intake, there should always be access to glucose-rich food and drinks.

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.

Risk Assessments

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 alternative activities rather than separate provision. In addition, there

are duties under the Equality Act 2010 to prepare and implement accessibility strategies and plans.

Sharing information

The Governing body should ensure healthcare needs arrangements, both wider education settings' 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 confidentiality. Teachers, supply teachers and support staff (this may include catering staff and relevant contractors) should have access to the relevant information, particularly if there is a possibility of an emergency situation arising.

At FCS all healthcare information will be centrally held by Mrs Causero for the non-complex needs pupils. Emergency procedures and Individual Healthcare Plans will be stored in an accessible file for access by key staff in the event of an emergency. Mrs Causero will also store medication, provide that it is clearly **labelled** with name of pupil, dosage and date of issue. Mrs Causero will inform, with parental consent, relevant teachers of any potential issues of considerations. This will be kept to a minimum.

Parents and learners as active partners

Parents will be made fully aware of the care their child receives at FCS and learners will be made aware of their own rights and responsibilities. To achieve this, the school will:-

- Place of copy of Health Care Needs Policy on the school website and internal school intranet.
- Provide the learner/parents with a copy of their information sharing policy on request. *(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 which their learner's medical information will be shared. FCS will keep a list of what information has been shared with whom and why, for the learner/parent to view on request
- 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. The school will discuss with the learner and parents first and decide if information can be shared

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

FCS has procedures, the roles/responsibilities of all parties involved in the:

- Identification
- Management
- Administration of healthcare needs.

Where appropriate the school will, through the Wellbeing Team-

1. Establish Contact details for emergency services
2. If required, gain parental agreement for educational setting to administer medicine
3. Arrange for the Headteacher to administer medicine
4. Keep a record of medicine stored for and administered to an individual learner
5. Maintain records of medicines administered to all learners by date
6. Ask for learner to administer own medicine
7. Maintain a Staff training record – administration of medicines
8. Maintain a "Medication incident" report. (New records should be completed when there are changes to medication or dosage. The school will ensure that the old forms are clearly marked as being no longer active.

Storage, access and the administration of medication and devices

When a learner needs to take medication in school parents should be asked to provide appropriate supplies of medication which should be in their original container labelled with the name of the learner, medicine name, dosage and frequency, and expiry date. The school will only accept prescribed medicines and devices which:

- 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)

Where non-prescribed medicine is held by the education setting, e.g. liquid paracetamol, it should:

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

Refrigeration

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

Emergency medication

Emergency medication will be 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) should be readily available to learners and not locked away. This is an item which the staff taking trips has to be aware of. If medicine is accompanying pupils on trips, teachers have to ensure medication is kept as securely as possible.

To minimise the risk of unauthorised access while also allowing quick access, if required, might be necessary in an emergency. Access to the medical fridge will be granted to the wellbeing staff, the Headteacher and Achievement Leaders. Where staff administer emergency medication to a learner, this should be recorded.

A learner who has been prescribed a controlled drug may legally have it in their possession, if they are competent to do so, but, must not pass it to another learner or other unauthorised person.

Non-emergency medication

All non-emergency medication will be stored in the locked fridge within Mrs Causero's office. Mrs Causero will securely store and administer the medicines and controlled drugs in accordance with needs of the learner.

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

Administration of medicines

If 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 should only be administered by suitably trained staff. The movement and location of these trained staff should always be in conjuncture 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. This should be agreed and reflected in the IHP and risk assessment. (*Intimate care can be defined as any care which involves washing or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some learners are unable to do because of their young age, physical difficulties or other special needs.*)
- If a learner refuses their medication, the school will record this informing parents as soon as possible. If a learner misuses any medication, their parents will be informed as soon as possible.
- Staff involved in the administration of medication should make themselves 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)¹⁹
- All staff supporting off-site visits will be made aware of learners who have healthcare needs. They should 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.

Emergency procedures

In an emergency situation all staff should act in accordance with the Fire Safety Policy 2015 and Health and Safety Policy 2015.

Staff appointed to escort such pupils who require healthcare needs will be responsible for responding and reporting any immediate situation. Staff have a duty of care for learners as well as themselves within an emergency situation.

Staff should be made aware that Mrs Causero, or members of the Wellbeing Team will have access to medication and records of learners with healthcare needs indicating the procedure to follow in respect of an emergency, identifying symptoms and procedures. Contact should be established with parents or carers as soon as practically possible.

Training

The Governing body will ensure staff who volunteer or who are contracted to support those with healthcare needs are provided with appropriate training. The Governing body will also ensure their policies clearly set out how a sufficient number of these staff will be identified and supported. It is 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. IHPs may reflect complex needs requiring staff to have specific information and training. This training may also be in the use of aids such as hearing aids (staff could be shown how to change batteries) and various adaptive technologies.

The training provided will be sufficient to ensure staff are competent, have confidence in their ability to support learners and fulfil IHP requirements. The training as far as is practically possible will involve input from the learner and parents. 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.

Mrs Causero, will have the duty to update staff in respect of medical conditions which may or could require the assistance of staff. This will include non-teaching staff.

Qualifications and assessments

All learners with healthcare needs will be supported through assessments, including those taking examinations in hospital or at home. Mrs Leah Parry will liaise with support staff and the examinations officer and external bodies (if required) to establish access arrangements in line with need. Support during assessment and examination will be planned and provided by Mrs Parry and her team. This will include:-

- Examination Board liaison
- Management of agreed "Access" arrangement
- Sourcing of specific software or resources require in line with need.

- Informing invigilation staff of healthcare needs and required procedures and practices

As far as practically possible this will be the same for internal testing so as not to disadvantage the learner.

Mrs Parry will maintain a record of arrangements for each pupil, and record any anomalies which may be required to be reported to examination boards.

Education other than at school (EOTAS)

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

In this instance Mrs Parry will liaise with EOTAS agencies to establish need and plan a strategy to ensure a learners education is, as far as is practically possible, identified and met. Mrs Parry will:-

- Contact agencies involved
- Meet with agency representative and clarify Healthcare requirements
- Plan a strategy for education to continue
- Inform learner and parents of agreed arrangements
- Monitor and record the agreed provision
- Review provision in light of external or emerging issues or conditions.
- Complete necessary documentation

Mrs Parry will be the first point of contact in such cases, communicating the details of arrangements and outcomes to the wellbeing team.

School Transport

The Local Authority, Headteachers and the Governing Body have a statutory duty in relation to learners travelling to the place where they receive their education or training. For example, depending upon the circumstances, local authorities 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.

This is carried out on a case by case basis with special arrangement being agreed or communicated with the school. This duty will be established and shared with Mr Parry and Mrs Causero and the Wellbeing Team. Arrangements will be stored with Mrs Parry who will inform of any changes.

Information and guidance on this is set out in the Learner Travel: Statutory Provision and Operational Guidance (2014) document

Reviewing policies, arrangements and procedures

The Governing body will ensure all policies, arrangements and procedures are reviewed regularly at the 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 professionals and other relevant bodies.

Insurance arrangements

The Governing body of maintained education settings should ensure an appropriate level of insurance is in place to cover the setting'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, e.g. off-site activities for learners with particular needs. This will be assessed on a case by case basis with all trips and visits being pre-logged on the RCT Evolve system.

Complaints procedure

If the learner or parent is not satisfied with the education setting's health care arrangements they are entitled to make a complaint. The Governing Body has publicised the complaints procedure which is hosted on the school website (<https://www.ferndalecs.com>)

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

Individual healthcare plans (IHPs) - Introduction – What is an IHP?

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

Identify learners with healthcare needs

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

Gather information

- If there is potential need for an IHP, the education setting should discuss this with the parent and learner.

Establish if an IHP should be made

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

If an IHP should be made

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

At Ferndale Community School Mrs Causero and Mrs Parry will administer the IHP process.

In most cases, especially concerning short-term illnesses such as those requiring a course of antibiotics, a detailed IHP may not be necessary.

In such circumstances it may be sufficient to record the name of medication, dosage, time administered and any possible side effects. If this is the case it should be confirmed in writing between the learner (where appropriate), the parents and the education setting.

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

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

Roles and Responsibilities in the Creation and Management of IHPs

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

- The learner
- The parents
- Input or information from previous education setting
 - Appropriate healthcare professionals
 - Social care professionals
- The headteacher and/or delegated responsible individual for healthcare needs across the setting
- Teachers and support staff, including catering staff
- Any individuals with relevant roles such as a first aid coordinator, a well-being officer, and special educational needs coordinator (SENCo).

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

- Details of the healthcare need and a description of symptoms
- Specific requirements such as dietary requirements, pre-activity precautions (e.g. before physical education classes)
- Medication requirements, e.g. dosage, side effects, storage requirements, arrangements for administration
- An impact statement (jointly produced by a healthcare professional and a teacher) on how the learner's healthcare condition and/or treatment affects their learning and what actions are required to mitigate these effects

- Actions required
- Emergency protocols and contact details
- The role the education setting can play, e.g. a list of things to be aware of
- Review dates and review triggers
- Roles of particular staff, e.g. a contact point for parents, staff responsible for administering/supervising medication, and arrangements for cover in their absence
- Consent/privacy/sensitive information-sharing issues
- Staff training needs, such as with regard to healthcare administration, aids and adaptive technologies
- Record keeping – how it will be done, and what information is communicated to others
- Home-to-school transport – this is the responsibility of the local authority, who may find it helpful to be aware of the learner's IHP and what it contains, especially in respect of emergency situations.

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

Coordinating information with healthcare professionals, the learner and parents

The Wellbeing team will communicate the details as and when required with healthcare professionals in a safe, secure and appropriate format. The main conduit for this will be Mrs Causero and Mrs Parry in line with the IHP documentation. In the case of a learner refusing to take their medicine or carry out a necessary procedure, staff will not force them to do so, but follow the agreed procedures for such a case in the IHP. Parents will be informed as soon as possible so that an alternative arrangement can be considered and health advice will be sought where appropriate

Record Keeping

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

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 that 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. At present, this is not the in operation at Ferndale Community School, but is a future development to take advantage of the benefits offered,

Unacceptable Practice

The bullet points below indicate specific instances of unacceptable practice. This list is by no means exhaustive, but comprehensive. It is not acceptable practice to:-

- Prevent learners from attending an education setting 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

Please see the 'Unacceptable Practice' section in 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>

Appendix 1

Within the educational context, various duties are placed on both schools and local authorities that are relevant to the safeguarding and welfare of learners. The main provisions are outlined in the sections below. This outline is not an exhaustive list of the relevant legislation, and nor is each section an authoritative statement or description of the laws themselves. 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 well-being of learners at the school. (Section 21(5) of the Education Act 2002). This duty relates to all learners, including those with healthcare needs.
- 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 (i.e. those under 18) who are learners at the school (see section 175(2) of the Education Act 2002).
 - Governing bodies are also subject to duties under the Equality Act 2010 – see below. Statutory duties on local authorities
- Local authorities have general functions in relation to providing education for their area (see 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 not otherwise receive it for any period due to illness, exclusion from school or otherwise (see 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 (see section 19(4) of the Education Act 1996). In determining what arrangements to make under section 19(1) or (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 (i.e. those under 18 – see section 175(1) of the Education Act 2002).
 - Local authorities in Wales have a duty under section 15 of the Social Services and Well-being (Wales) Act 2014 to provide services in their area with the purpose of preventing or delaying the development of people's needs for care and support and a range of related purposes.
 - Local authorities must make arrangements to promote cooperation between various persons and bodies. This includes a health board and NHS trust within the local authority area. The arrangements are to be made with a view to: – improving the well-being of children within the area – improving the quality of care and support for children provided in the area – protecting children who are experiencing or at risk of abuse, neglect and other harm (see section 25 of the Children Act 2004).
- The Education (School Premises) Regulations 1999 S.I. 1999/2 set out requirements (LA responsibility) regarding facilities at maintained schools. These include requirements regarding accommodation for medical examination, treatment of learners and the care of sick or injured learners (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 also disabled. The responsible body of a school must not discriminate, harass or victimise disabled learners 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 learners can participate in the schools' curriculums
- improving the physical environment of the schools for the purpose of increasing the extent to which disabled learners are able to take advantage of education and benefits, facilities or services provided or offered by the schools
- improving the delivery to disabled learners of information which is readily accessible to learners who are not disabled. (See 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 PRU, 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 (see the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 S.I.2011/1064). Social Services and Well-being (Wales) Act 2014
- The Social Services and Well-being (Wales) Act 2014 ('the 2014 Act') is a single act that brings together local authorities' duties and functions in relation to improving the well-being of people who need care and support, and carers who need support. The Act provides the statutory framework to deliver the Welsh Government's commitment to integrated social services departments with a strong family orientation.

From a Welsh policy and delivery perspective, the 2014 Act seeks to ensure that care and support provided to young people is delivered in accordance with the principles outlined in the UNCRC.

- Local authorities in Wales have a duty under section 15 of the 2014 Act to provide preventative services in their area. The purpose of these services would be to prevent or delay people developing a need for care and support.
- The 2014 Act was developed using the 'people model' which focuses on providing sustainable social services to people (being children, adults and carers) in line with their unique needs. This means that children are not treated in isolation but instead as part of families and communities. This has allowed the 2014 Act to provide a cohesive and more integrated care system.
- Well-being and the outcomes people wish to achieve are at the centre of the legislation; the definition of well-being in the Act, and the well-being statement, both recognise that securing rights and entitlements is key to ensuring that children can speak for themselves or have someone who can do it for them so that they are involved in the decisions that affect their life. Common law

As part of the common law, those responsible for the care and supervision of children, including teachers and other school staff in charge of children, owe a duty of care to act as any reasonably prudent parent would when taking care of their own children. A person who is responsible for the care and supervision of children should do what is reasonable for the purpose of safeguarding or promoting the child's welfare. However, this is subject, for example, to a court order prohibiting certain steps being taken in relation to that child without the court's consent (section 3(5) of the Children Act 1989). United Nations Convention on the Rights of the Child (UNCRC) The Welsh Government is committed to the UNCRC as the underpinning basis for its policies concerning children and young people. The approach outlined in this document is based upon and consistent with UNCRC provisions, which include that:

- children have a right to an education (Article 28)
- adults should think about the best interests of children and young people when making choices that affect them (Article 3)
- children who have any kind of disability should have the care and support required so that they can lead full and decent lives (Article 23)
- every child has the right to say what they think in all matters affecting them, and to have their views taken seriously (Article 12).

Other relevant provisions The Data Protection Act 1998 regulates the processing of personal data, which includes the holding and disclosure of it. The Learner Travel (Wales) Measure 2008 places duties on local authorities and governing bodies in relation to home-school transport. 31 The Misuse of Drugs Act 1971 and regulations deals with restrictions (e.g. concerning supply and possession) on drugs which are controlled. Learners may be prescribed controlled drugs.

Appendix 2

Templates for initial use.

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

Form 1: Contacting emergency services

Request for an Ambulance

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

1. State your telephone number.
2. Give your location as follows [insert your address].
3. State that the postcode is [insert your address].
4. Give the exact location in the education setting [insert a brief description].
5. Give your name.
6. Give the name of the learner and a brief description of symptoms.
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to [name location].
8. Don't hang up until the information has been repeated back.

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

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

Form 2: Parental agreement for education setting to administer medicine
[Insert name of education setting] needs your permission to give your child medicine. Please complete and sign this form to allow this.

Name of education setting

Name of child

Date of birth

Group/class/form

Healthcare need

Medicine

Name/type of medicine (as described on the container)

Date dispensed

Expiry date

Agreed review date to be initiated by [name of member of staff]

Dosage and method

Timing

Special precautions

Are there any side effects that the setting needs to know about?

Self-administration (delete as appropriate)

Procedures to take in an emergency

Contact details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to Mrs Causero or Mrs Parry

I understand that I must notify the setting of any changes in writing.

Date

/ /

 Signature(s)

Form 3: Headteacher/head of setting agreement to administer medicine

Name of setting

Ferndale community School

It is agreed that [name of learner] will receive
[quantity or quantity range and name of medicine]

every day at [time medicine to be administered, e.g. lunchtime/afternoon
break]

[Name of learner] will be given/supervised while
they take their medication by [name of member of staff]

This arrangement will continue until [either end date of course of medicine or until
instructed by parents/carers]

Date

Signed

[The headteacher/head of setting/named member of staff]

Form 4: Record of medicine stored for and administered to an individual learner

Name of setting

Name of learner

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature

Signature of parent/carer

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

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

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

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

Form 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 setting

Learner's name

Group/class/form

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

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

Form 7: Staff training record – administration of medicines

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

Name of setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

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

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

Trainer's signature Date

I confirm that I have received the training detailed above.

Staff signature Date

Suggested review date

Form 8: Medication/healthcare incident report

Learner's name _____

Home address _____ Telephone no. _____

Date of incident _____ Time of incident _____

Correct medication and dosage:

- | | | |
|---|--------------------------------|--------------------------|
| Medication normally administered by: | Learner | <input type="checkbox"/> |
| | Learner with staff supervision | <input type="checkbox"/> |
| | Nurse/school staff member | <input type="checkbox"/> |

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

D

Description of incident:

Action taken:

- Parent notified: name, date and time _____
- School nurse notified: name, date and time _____
- Physician notified: name, date and time _____

- Poison control notified
- Learner taken home
- Learner sent to hospital
- Other: _____

Note: