Managing Healthcare Needs Policy

* For the purposes of this policy, the term 'school' refers to maintained nursery, primary, secondary and special schools, and pupil referral units (PRUs).

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Address and post code	Thomas Avenue Dyserth LL18 6AN
Phone number	01745 570467
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Web link to policy	Ysgol Hlraddug

Name of policy	Healthcare Needs Policy
Policy version number	3
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Date Policy becomes effective	November 25th 2024
Review Date	November 2025
Signed (headteacher)	
Signed (chair of governing body)	
Information about this policy is available to parents/carers	Statutory guidance states that the policy should be accessible to parents/carers, e.g. policy on school website; info in school prospectus; letter at the start of each term to each parent/carer.

To be completed by Denbighshire Education and Children's Services:

Policy developed by	DCC ECS
Date adopted by Education and Children Services JMT	10/06/2017 03/12/2019
Original policy date issued to Denbighshire schools	13/06/2017
Version number and date	Version 7, September 2024
Version developed by	DCC ECS
Review date	September 2021
Well-being assessment completed and date	

Policy review – changes made in October 2019

	Contents page removed.
1.2.2	Added: 'Children and Families Gateway'.
1.3.2	Added two points: • 'Guidance on the use of emergency adrenaline injectors in schools in Wales.' • 'Intimate care and toileting policy for Denbighshire schools.'
1.4.1	Added: 'the policy was reviewed in 2019'.
6.1.1	Changed: 'Data Protection Act 1998' to 'GDPR/Data Protection Act 2018'.
6.1.4	Changed: 'Data Protection Act 1998' to 'GDPR/Data Protection Act 2018' and updated the web link. And, changed: 'For example: we use a noticeboard in the staff room to display information on pupils high-risk health needs, first aiders and certificates, emergency procedures, etc. *Please note that not all staff use the staff room, that the size of your school could make this form of information-sharing impractical, and that at all times the pupils right to privacy must be taken into account'*. *To:* For example: displaying the information in an appropriate but unobtrusive manner, e.g. use a noticeboard in the staff room to display information on pupils' high-risk health needs, first aiders and certificates, emergency procedures, etc. *Please note that not all staff use the staff room, that the size of your school could make this form of information-sharing impractical, and that at all times the pupils right to privacy must be taken into account.* For example do the public access to staff room and see the noticeboard?
7.1.1	Changed: 'Data Protection Act 1998' to 'GDPR/Data Protection Act 2018'.
7.1.2	Changed: 'Data Protection Act 1998' to 'GDPR/Data Protection Act 2018'.
9.5.2	Added a new point: 'consideration will be given to the transportation of medication on a case by case basis'.
11.1.6	Added this to the end of the sentence: 'for example staff might receive training on the most common medical conditions'.
12.1.2	Added an extra point, which now becomes 12.1.2:

	'The managing healthcare needs policy and all appendices should apply to the school trip in the same way as it would in school, this also includes section 13.17 about non-prescribed medication'.
12.1.3	Changed the original 12.1.3 (which is now 12.1.4): 'All staff supporting a trip/residential visit will be made aware of pupil's healthcare needs, with consideration for the Data Protection Act 1998 and respecting a pupil's right to privacy. They will receive the required information to ensure staff are able to provide an equal experience for the pupil. This information may include health and safety issues, what to do in an emergency and any other additional support, including medication and required equipment'. To: 'All staff supporting a trip/residential visit, including any staff employed by an Independent Provider delivering the activity during the trip/residential visit, will be made of the pupil's healthcare needs, with consideration for the GDPR/Data Protection Act 2018 and respecting a pupil's right to privacy. They will receive the required information to ensure staff are able to provide an equal experience for the pupil. This information may include health and safety issues, what to do in an emergency and any other additional support, including medication and required equipment'.
13.6.9	Changed: 'intimate care policy' to include a hyperlink to the Denbighshire policy.
13.6.13	Added a new point: 'First dose – it is recommended that the first dose of any new medication (except emergency medication) is not administered by the school in case of any adverse effects'.
13.15	Added: 'and anaphylaxis'
13.15.1	Merged the original 13.15.1 and 13.15.2 to become: 'Consent for pupils to use the emergency inhaler will be obtained separately in line with the Welsh Government guidance'.
13.15.2	Replaced: 'Consent for pupils to use the emergency inhaler will be obtained separately in line with the Welsh Government guidance'. With: 'Guidance on the use of emergency adrenaline auto-injectors in schools in Wales (https://learning.gov.wales/docs/learningwales/publications/171025-guidance-on-the-use-of-emergency-aais-en.pdf) states that schools are permitted to buy, hold and use emergency adrenalie auto-injectors in school. Separate policy will be written'.
13.17	Changed: 'Non-prescribed medication (e.g. over the counter, homeopathic)' To: 'Non-prescribed medication (e.g. over the counter such as pain killers, hayfever, homeopathic)'

13.17.1	Changed: 13.17.1 Some schools may choose to hold some non-prescribed medication (e.g. paracetamol). 13.17.2 By exception there might be occasions when this medication is required unexpectedly during the school day. In this eventuality as long as written consent is received this can be given e.g. consent via email and appendix 2 must be completed and returned to school as soon as possible. 13.17.3 The process for non-prescribed medication is the same as all other medication; but will be dealt with on an individual case by case. 13.17.4 Pupils are not permitted to carry non-prescribed medication in school unless prior consent has been obtained (appendix 2). To: 13.17.1 Schools can choose to administer non-prescribed medication so long as the process for administering it is the same as prescribed medication i.e. completion of appendix 2. Any non-prescribed medication, should be provided by the parent/carer to the school in an untampered container/packet. 13.17.2 Pupils are not permitted to carry non-prescribed medication in school unless prior consent has been obtained (appendix 2). 13.17.3 Schools should NOT hold their own supply of non-prescribed medication to administer to pupils.
Appendix 2	Added this to the start: All parents have been provided with a copy of the school's privacy notice which outlines how information is processed. The school relies on consent to process data in relation to the Managing Healthcare Needs Policy, however, in certain circumstances we rely on public task grounds to share information with relevant safeguarding agencies. Changed the fourth bullet point in the parent consent section: • 'I understand that it is my responsibility to replenish the medication supply in the school and collect expired or unused medication'. To: • 'I understand that it is my responsibility to provide/replenish the medication supply in the school by handing the medication to a member of school staff and to collect expired or unused medication'.
Appendix 3	Added this to the start: 'All parents have been provided with a copy of the school's privacy notice which outlines how information is processed. The school relies on consent to process data in relation to the Managing Healthcare Needs Policy, however, in certain circumstances we rely on public task grounds to share information with relevant safeguarding agencies'.
Appendix 10	Added appendix 10:

	Record of medication bought into / sent from school.

Staff Declaration

All staff will have access to this policy, which can be found on the shared staff drive.

All staff to sign below to confirm that they have read, understood and will comply with this policy.

Name	Signature	Date

1. Introduction

1.1 Overview

1.1.1 This is a model policy developed by Denbighshire Education and Children's Services in accordance with the Welsh Government **Statutory Guidance**: Supporting Learners with Healthcare Needs. Guidance. Welsh Government 215/2017 (http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?skip=1&lang=en).

1.1.2 This policy must be read with the overarching statutory guidance, which must be followed. (http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?skip=1&lang=en).

1.1.3 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 pupils at the education setting, including meeting their healthcare needs. The guidance also applies to activities taking place off-site as part of normal educational activities.

1.1.4 Throughout this document references are made to healthcare plans. There are two types:

a). School based Individual Healthcare Plan (IHP):

This plan is instigated by the school when it is identified that a pupil has a healthcare need (see figure 1). This is a plan for the care of the individual pupil whilst in school and may include input from a health professional and a medical healthcare plan.

b). Medical Healthcare Plan:

This is a healthcare plan provided by a health professional.

1.2 Key policy statements

1.2.1 Pupils with healthcare needs should be properly supported so that they have full access to education, including trips and physical education.

1.2.2 If there are any concerns in the implementation of the policy relating to safeguarding, the school should follow their safeguarding procedures, and if need be take advice from the Education Safeguarding Officer or the Children and Family Services Gateway.

1.2.3 Governing bodies must ensure that arrangements are in place to support pupils with healthcare needs.

1.2.4 Governing bodies should ensure that education setting staff consult the relevant professionals, pupils and parents/carers to ensure the needs of the pupil with healthcare needs are properly understood and effectively supported.

1.2.5 Any staff member within the education setting may be asked to provide support to pupils with healthcare needs, including assisting or supervising the

administration of medicines. This role is entirely voluntary. Staff members must receive sufficient and suitable training and achieve the necessary level of competence before they take on the responsibility. No staff member can be required to administer or supervise medication unless it forms part of their contract, terms and conditions or a mutually agreed job plan (see page 6-11, national guidance).

Where a medical healthcare plan, individual healthcare plan (IHP) and/or medication for a pupil is not readily available on a given day and places a pupil at risk, the head teacher will assess the risk and has the right to refuse to admit the child into the school until said healthcare plan or medication is provided in accordance with this school policy.*

***However, this should not affect the pupils' attendance. The School, Local Authority and Health Board must liaise with each other as soon as possible.**

1.3 Legislation and guidance

1.3.1 The legislation that this policy has been issued under is documented in Supporting Learners with Healthcare Needs. Guidance. Welsh Government 215/2017 (http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en); pages 3, 4, 5, 27, 28, 29, 30 and 31; which must be followed.

1.3.2 In addition the following guidance and policies have been referred to:

- Guidance on the use of emergency salbutamol inhalers in schools in Wales. Guidance. Welsh Government circular no: 015/2014 (http://learning.gov.wales/resources/browse-all/use-of-emergency-salbutamol-inhalers-in-schools-in-wales/?skip=1&lang=en)
- Guidance on the use of emergency adrenaline auto-injectors in schools in Wales (https://learning.gov.wales/docs/learningwales/publications/171025-guidance-on-the-use-of-emergency-aais-en.pdf)
- Model Safeguarding and Child Protection Policy for use within Denbighshire Schools (https://www.denbighshire.gov.uk/en/resident/health-and-social-care/safeguarding.aspx)
- Intimate care and Toileting Policy for Denbighshire Schools (https://www.denbighshire.gov.uk/en/employee/information-for-school-employees/intimate-care-and-toileting/intimate-care-and-toileting.aspx)

1.4 Formulation of this policy

1.4.1 Consultation was undertaken between Denbighshire County Council, school representatives (headteachers, SENCo's, governors), unions, school nurses and other partners in Betsi Cadwalader University Health Board. Views and opinions from this consultation exercise were collated, analysed and considered in formulating this policy. The policy was reviewed in 2019.

2. Roles and responsibilities

2.1.1 In accordance with the Welsh Government statutory guidance the local authority and the governing body have considered the following points in developing this policy and its procedures:

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

2.1.2 Pages 6 – 11 of the statutory guidance refer to the minimum standards of *expected practice* for the following. These must be followed in accordance with the Welsh Government statutory guidance.

- Local authorities;
- Governing bodies;
- Headteachers;
- Teachers and support staff;
- Pupils and parents/carers;
- NHS Wales school health nursing services, third sector organisations and other specialist services.

2.1.3 Based on these principles, the persons with the overall responsibility for managing healthcare needs is:

Lead member of staff for managing healthcare needs	Tristan Hughes Headteacher
Protocol in the absence of this person	David Harris Deputy Headteacher

2.1.4 All staff and governors will be aware of the unacceptable practice guidance as outlined in the National Guidance (highlighted in appendix 8), and must avoid these practices.

3. Insurance

3.1 This school, by adopting this county model policy/national guidance is therefore covered by the local authority's insurance arrangements in respect of managing pupils' healthcare needs.

4. Steps to take when a pupil presents with a healthcare need – Individual Healthcare Plans (IHP)

4.1 Individual Healthcare Plans

4.1.1 Where healthcare needs are complex, fluctuating, long term or where there is a high risk that an emergency intervention will be needed, an individual healthcare plan will be required (IHP). An IHP may be needed even if a medical condition is normally well controlled.

4.1.2 However, not all pupils with healthcare needs require an IHP and we have a process in place (see figure 1) to decide what interventions are most appropriate.

4.1.3 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 only complete the form in appendix 2.

4.2 Development of the IHP

4.2.1 An IHP sets out what support is required by a pupil. It does not need to be long or complicated. When a pupil has continual or episodic healthcare needs, an IHP may be required.

4.2.2 If the pupils healthcare needs are complex and they are changing settings, then we will start preparation early to help ensure an IHP is in place at the start of the new term.

4.2.3 If any medication is required as part of an IHP, the medication consent form in appendix 2 must also be completed.

4.2.4 Figure 1 outlines the process for identifying whether an IHP is needed.

4.2.5 In some cases e.g. short term antibiotics; at the end of stage 2 'gather information' stage it might be clear that an IHP is not needed. In this case it will not be necessary to progress to stage 3 and 4.

Stage 1: Identify pupils with healthcare needs:

- Pupil is identified from enrolment form or other route (or annual pupil data collection form)*.
- Parent/carer or pupil informs school of a healthcare need or change in healthcare need.
- Healthcare professional.
- Transition discussions are held in good time, e.g. 8 weeks before either the end of term or moving to a new educational setting.

Stage 2: Gather information:

- If there is a potential need for an IHP; the school should discuss this with the parent/carer and the pupil themselves. This must be done where appropriate in conjunction with the relevant healthcare professional. This will support the decision making process about whether an IHP is needed.

Stage 3: Establish if an IHP should be made:

- The headteacher or delegated person should organise a meeting with appropriate staff, parents/carers, the pupil, and appropriate clinicians to determine if the healthcare needs of the pupil require an IHP, or whether this would be inappropriate or disproportionate. If there is a contentious issue with a parent/carer, then the headteacher will take the decision on how to take this forward; which can be challenged through the complaints procedure.

Stage 4: If an IHP is needed:

- The headteacher or delegated person, under the guidance of the appropriate healthcare professionals, parents/carers and the pupil should develop the IHP in partnership. This includes instigating, coordinating, facilitating meetings, documentation and overall communication in the school.
- The headteacher or delegated person to facilitate necessary risk assessments and interventions are done to ensure the child's safety.
- The headteacher or the delegated person will identify appropriate staff to support the pupil including identifying any training needs and the source of training.
- The headteacher or the delegated person will make arrangements for training by relevant and appropriately qualified specialists.
- The headteacher or delegated person will circulate the IHP and any subsequent updates to: parent/carer, headteacher, class teacher/SENCo (as appropriate), and the relevant healthcare professional. NB consent from parent/carer and pupil must be obtained to do this.
- The headteacher or delegated person will set appropriate review date and define any other triggers for review, section 5.

Adapted from: Supporting Learners with Healthcare Needs. Guidance. Welsh Government 215/2017;

Figure 1 – the process for identifying whether an IHP is needed.

How we collect information about our pupils' healthcare needs

Our school admission form includes questions about a pupil's health needs. It also includes a declaration that the parent/carer will inform the school of any changes to their child's existing or new healthcare needs.

Our annual data collection form about pupils includes questions about healthcare needs, as well as a declaration that the parent/carer will inform school if there are any changes during the school year.

Following the annual pupil data collection we will makes checks to ensure IHPs are in place or existing ones reviewed and/or medication consents are in place.

4.3 Responsibilities for IHPs

4.3.1 In our school, the **head teacher / delegated person** has the overall responsibility for the *development* of the IHP (for the purposes of this policy the term *development* means 'instigating, coordinating and facilitating in conjunction with the relevant health specialists).

4.4 Development and content

4.4.1 The development of a detailed IHP for a pupil might involve the following:

- the pupil
- the parents/carers
- input or information from previous education setting
- appropriate healthcare professionals
- social care professionals
- the head teacher and/or delegated responsible person 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 SENCo.

4.4.2 Those devising the IHP will agree who will take the lead, but the responsibility for ensuring it is finalised and implemented rests with the education setting.

4.4.3 The IHP will be developed with the best interests of the pupil in mind and we and the specialist services (if required), will assess the risks to the pupil's education, health and social well-being.

4.4.4 The aim of the IHP is to capture the steps which need to be taken to help a pupil manage their condition and overcome any potential barriers to participating fully in education.

4.4.5 A template IHP can be found in appendix 3.

4.4.6 If the relevant health professional has provided an IHP and this covers all aspects contained in the example IHP in appendix 3, then a separate IHP is not required. The IHP can refer to other documents and do not need to be repeated.

4.4.7 However, if it is determined that an IHP is required and one has not yet been developed, we will complete the IHP in appendix 3 together with the pupil, parent/carer and relevant health professional. It may not be necessary to complete all sections of this template. Many third sector organisations have produced condition-specific template IHPs that could be used e.g. Asthma UK https://www.asthma.org.uk/advice/child/manage/action-plan/ or Diabetes UK https://www.diabetes.org.uk/Guide-to-diabetes/Your-child-and-diabetes/Schools/IHP-a-childs-individual-healthcare-plan/

4.4.8 Where a pupil has a special educational need (SEN) the IHP will be linked or attached to any Statement of SEN/ individual education plan, or learning

and skills plan (post 16). A personal evacuation plan and risk assessment may also be attached.

4.5 Coordinating information with healthcare professionals, the pupil and parents/carers

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

4.6 The pupil's role in managing their own healthcare needs

4.6.1 Pupils who are competent* to do so will be encouraged to take responsibility for managing their own healthcare needs, which includes medicines and procedures. This should be reflected within the pupil's IHP.

**Gillick – where possible, the learner should be supported to build understanding and confidence to increasingly self-manage healthcare needs, depending on their ability to do so. This is sometimes referred to as 'Gillick competence'.*

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

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

4.7 Access to the IHP

4.7.1 The IHP should be easily accessible to all who need to refer to it, while maintaining the required levels of privacy.

4.7.2 IHPs are stored in the school office

5. Review of a pupil's healthcare needs

5.1 Individual healthcare plan (IHP)

5.1.1 The governing body will ensure that all IHPs are reviewed at least annually or more frequently should the IHP state otherwise or should there be new evidence that the needs of the pupil have changed.

5.1.2 In this review we will involve all key stakeholders where appropriate including – the pupil, parent/carer, education and health professionals and other relevant bodies. Example table provided in appendix 6.

5.2 No IHP

5.2.1 For pupils with a healthcare need without an IHP we will undertake a review annually.

6. Sharing and recording information

6.1.1 The governing body has ensured that we have clear communication arrangements in place in relation to the healthcare needs of pupils. This must done in line with the GDPR/Data Protection Act 2018 and the WASPI Information Sharing Policy (www.waspi.org).

6.1.2 Our managing healthcare needs policy and the information sharing policy is made available to parents/carers via website, regular letters to parents/carers.

6.1.3 To protect pupil confidentiality, we will discuss with the pupil and parent/carer how we can share information about their healthcare needs. Parents/carers will be asked to sign a consent form which clearly details the bodies, individuals and methods through which the pupil's medical information will be shared (appendix 2 and 3). Because sharing medical information can be a sensitive issue, will we involve the pupil in any decisions as appropriate.

6.1.4 We will share any information to ensure that teachers, supply teachers, any support staff and temporary staff are aware of the healthcare needs of pupils, including IHPs, particularly if there is a possibility of an emergency situation arising. This will include any changes to healthcare needs, IHPs and medication. The sharing and storing of information must comply with the GDPR/Data Protection Act 2018 (http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted) and not breach the privacy rights of or duty of confidence owed to the individuals. This will be done by:

We share information with staff about the healthcare needs of pupils on the schools' secure intranet or shared drive.

We use staff meetings to help ensure staff are aware of the healthcare needs of pupils they have or may have contact with.

6.1.5 We will ensure that our pupils (or their friends) know who to tell if they feel ill, need support or changes to support them.

6.1.6 We will listen to concerns of pupils' (or their friends) if they feel ill at **any** point and consider the need for medical assistance (especially in the case of reported breathing difficulties).

6.1.7 If a pupil has said they feel ill, all appropriate staff should be made aware; e.g. a pupil had an asthma attack in morning, all other staff the pupil would see later that day need to be aware to look out for any signs of deterioration/further illness. This could include non-teaching staff such as lunchtime staff or reception staff, where appropriate.

6.1.8 When pupils are placed with other services for all/some of the time (e.g. pupil referral unit, sixth form education or resource provision) we will ensure that the appropriate healthcare needs information is shared in line with our information sharing policy and with the consent of the parent/carer and pupil.

6.1.9 We will keep a list of what information has been shared with whom and why, for the pupil or parent/carer to view on request. This can be accessed by looking at the pupil's IHP created by the school and/or the medication consent form (appendix 2 and 3).

7. Record keeping

7.1.1 Records are maintained via school computer systems.

7.1.2 New paperwork will be completed whenever there are changes to an IHP, medication or dosage. We will ensure that the old forms are clearly marked as being no longer relevant and stored in line with the Denbighshire information retention policy.

7.1.3 The administration of all medication will be formally recorded using appendix 5. This includes: emergency medication, non-prescribed medication (e.g. paracetamol) and controlled drugs.

8. Communication with parents/carers

8.1.1 Parents will be informed immediately by telephone should their child require medication above that which is pre arranged or part of a plan. Record are kept in school/home communication documents (diaries).

9. Creating an accessible learning environment

9.1 Accessibility

9.1.1 The local authority and the governing body will ensure our school is inclusive and accessible in the fullest sense to pupils with healthcare needs. This includes the following (please refer to pages 11 – 13); this must be followed:

- Physical access to education setting buildings (this is the primary responsibility of the local authority);
- Reasonable adjustments – auxiliary/equipment/services (this is the primary responsibility of the governing body and school);
- The governing body/schools with the support of the local authority will ensure that such equipment is regularly serviced;
- Day trips and residential visit (this is the primary responsibility of the governing body and school);
- Social interactions (this is the primary responsibility of the governing body and school);
- Exercise and physical activity (this is the primary responsibility of the school);

- Food management (this is the primary responsibility of the school); and
- Risk assessments (this is the primary responsibility of the school).

9.2 Qualifications, examinations and national curriculum assessments
(p18 WG guidance)- this must be followed in accordance with the Welsh Government statutory guidance.

9.2.1 This is detailed on page 18 of the WG guidance.

9.2.2 It is unacceptable practice to request adjustments or additional time at a late stage. They will have to be applied for in good time. Consideration must also be given to mock examinations or other tests.

9.3 Education other than that at school (EOTAS)
(p19 - 20 WG guidance) – this must be followed in accordance with the Welsh Government statutory guidance.

9.3.1 This section describes the support available to pupils of compulsory school age who due to their healthcare needs, may not for any period attend a mainstream education setting.

9.3.2 In the case of a short absence from school (less than 15 days), we will provide work to be completed at home, if the pupils condition permits, and will support the pupil to catch up on their return.

9.3.3 In the eventuality that a pupil is absent for more than 15 days (consecutive or cumulative) we will work with the local authority to ensure the needs of the pupil are met.

9.4 Integration
(p20 - 21 WG guidance) – this must be followed in accordance with the Welsh Government statutory guidance.

9.4.1 We have a key role to play in the successful integration after diagnosis or reintegration of pupils with healthcare needs. We will be proactive and work with health professionals and the local authority as appropriate, as well as other pupils in supporting the transition. We will train staff in a timely manner to assist the pupils return. The support will be considered by key parties including the pupil and parent/carer, and will be reflected in the pupil's IHP.

9.4.2 When a pupil is discharged from hospital appropriate information should be provided to parent/carers which should be shared with us. We will work with the parent/carer and the hospital to manage the pupils return.

9.4.3 We will work with the local authority to follow up with the pupil after reintegration.

9.5 School transport

9.5.1 For school transport relating to pupils with healthcare needs we will follow the local authority school transport policy.

9.5.2 Consideration will be given to the transportation of medication on a case by case basis.

10. Emergency procedures

10.1.1 We have a policy in place for dealing with emergency situations. All staff know who is responsible for this policy, who our first aiders are and how to deal with common healthcare needs.

10.1.2 In situations requiring emergency assistance we will call 999.

10.1.3 The location of pupils' healthcare records and emergency contact details will be known to staff.

10.1.4 Other pupils in our school will be told what to do in an emergency, i.e. inform a member of staff immediately.

10.1.5 If a pupil needs to be taken to hospital, a staff member will stay with them until a parent/carer arrives. This includes accompanying them in the ambulance to the hospital. The member of staff will take the appropriate paperwork with them.

11. Staff allocation and training

11.1.1 The governing body will ensure that staff that volunteer or that are contracted to manage healthcare needs of pupils have access to the appropriate training and guidance.

11.1.2 This training will be sufficient to ensure that staff are competent, have confidence in their ability to support pupils and fulfil IHP requirements. Staff who will be known to the child and work alongside them will be identified and trained accordingly in order to deal with situations in a timely and efficient manner.

11.1.3 The training will be rigorous to ensure that sufficient staff are competent to support a pupil's healthcare needs e.g. should the usual member of staff be absent.

11.1.4 Training may involve an input from the pupil and their parent/carers, but they will never be used as the sole provider of training.

11.1.5 If a pupil has a complex healthcare need, we will seek input and advice from the school nurse / specialist nurse / other healthcare professionals and the local authority in relation to training and support for staff. NOTE: schools are encouraged to organise specialist nurse training by cluster where possible.

11.1.6 <u>All staff</u> will be made aware of our Managing Healthcare Needs Policy, common conditions (to ensure recognition of symptoms and understand where to seek appropriate assistance) and staff roles in carrying out

healthcare arrangements. Staff receive annual training on the most common medical conditions.

11.1.7 New and temporary staff will be made aware of the preventative and emergency measures that are in place so that they can recognise the need for intervention and act quickly. These details are covered during initial induction sessions.

11.1.8 The movement of trained staff will always be in conjuncture with the pupils they support.

11.1.9 Secondary staff are identified and trained accordingly to minimise disruption in the event of the named staff being unavailable.

11.1.10 Staff will be asked to sign this policy to say that they have read, understood and will comply with it.

11.1.11 Training records will be maintained, appendix 4.

12. Day trips, residential visits and work placements

12.1.1 In line with statutory duties, the governing body actively supports all pupils with healthcare needs to participate in trips and visits.

12.1.2 The managing healthcare needs policy and all appendices should apply to the school trip in the same way as it would in school, this also includes section 13.17 about non-prescribed medication.

12.1.3 We will contact parents/carers in advance by meeting/letter as appropriate which will advise them about planning their child's healthcare needs / medication for the trip/visit.

12.1.4 All staff supporting a trip/residential visit, including any staff employed by an Independent Provider delivering the activity during the trip/residential visit, will be made of the pupil's healthcare needs, with consideration for the GDPR/Data Protection Act 2018 and respecting a pupil's right to privacy. They will receive the required information to ensure staff are able to provide an equal experience for the pupil. This information may include health and safety issues, what to do in an emergency and any other additional support, including medication and required equipment.

12.1.5 During a trip/visit, any medication which may be needed by a pupil will be carried by the member of staff with the relevant training, or by the pupil if they are competent to self-administer.

12.1.6 Pupils who may require their medication will be in a group which includes the trained member of staff carrying the medication where possible.

12.1.7 If a child turns up to go on a trip without their medication or not enough medication in line with this policy then we will contact parents/carers to ask them to bring the medication to school. If this is not possible, we will have to

consider whether it is safe for the child to attend the trip/visit e.g. is the medication for emergencies, life controlling. The head/delegated person will decide if it is safe for the pupil to attend.

12.1.8 When a pupil participates in a work experience placement or similar, appropriate healthcare support will be been agreed and put in place.

13. Medication

Note: where medication is prescribed to be taken in frequencies which allow the daily course of medicine to be administered at home, parents/carers should seek to do so e.g. before and after school and in the evening. There will be instances where this is not appropriate.

Note: pupils under 16 should never be given aspirin or its derivatives unless prescribed to them.

13.1 Supply of medication/devices

13.1.1 We will not keep surplus volumes of medication in school, as stated in the consent form. The exception being where it is in the best interests of the child.

13.1.2 We will never accept any medicines that have been taken out of the original container/packet. Medication should be in the original container/packet, labelled with the name of the pupil, medication name, dosage and frequency, and expiry date. Staff will never transfer medication from its original container, unless the container breaks, the parent/carer will be informed and appropriate action will be taken.

13.1.3 We only accept medication in the following condition as per national guidance:

Medication must:

a. be in date.
b. have contents correctly and clearly labelled
c. be labelled with pupil's name.
d. be accompanied with written instructions for administration, dosage, frequency and storage.
e. be in its original container/packaging as dispensed by the pharmacist (with the exception of insulin which is generally available via an insulin pen or pump. Asthma inhalers and spacers must have the label attached to the inhaler).

13.2 Accepting/returning medication (including transporting it to school)

13.2.1 It is the parents/carers responsibility to get their child's medication to school.

13.2.2 We will discuss with parents/carers how the medication with be transported to school and this will be reflected in the consent form (appendix 2).

13.2.3 Medication will only be returned to parent/carer personally.

13.2.4 Secondary schools: Older children may be able to carry/administer their own medication, however parents/carers consent must be obtained first.

13.3 Storage

13.3.1 The headteacher/delegated person has the ultimate responsibility for ensuring that medicines are stored safely in the school.

13.3.2 The headteacher/delegated person will ensure that health risks arising from medicines are controlled in line with the Care of Substances Hazardous to Health Regulations 2002 (COSHH).

13.3.3 The headteacher/delegated person will ensure secure and appropriate storage of medication.

Table 1 – storage of medication (including controlled drugs)

Note: we will never store medication under any circumstances in a first aid box.

Medication type	Location
Non-emergency medication	• All non-emergency medication will be kept in a secure place with appropriate temperature or light controls. • If it is a **controlled drug**, additional security measures and controls are advisable.
	Location(s) = School office
Refrigerated	• 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.
	Location(s) = School office
Emergency medication	• Emergency medication must be readily available to pupils who require it at all times during the day or at off-site activities. • All staff will be made aware of the location of emergency medication. • Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors (pens) should be readily available to pupils and not locked away. This is particularly important to consider when outside of the education setting's premises, e.g. on trips. • If the emergency medication is a **controlled drug** it should be kept as securely as possible so as to minimise the risk of unauthorised access while also allowing quick access if this might be necessary in an emergency. For example, keys should not be held personally by a member of staff. • A pupil who has been prescribed a controlled drug may legally have it in their possession, if they are competent to do so, and they must not pass it to another pupil or other unauthorised person. Monitoring may be necessary. • Where staff administer emergency medication to a pupil, this will be recorded.
	Location(s) = Locked cabinet in butterfly room ((KS2) and outside Reception classroom (Infants)

Asthma inhalers will be stored in a clean dust free container.

13.4 Access

13.4.1 It is important for pupils to told and know where their medication is stored and how to access it.

13.4.2 We will inform all staff where pupils' medication is stored and how they can access it in accordance with the Data Protection Act 1998 (point 6 and 7).

13.5 Disposal

13.5.1 When no longer required, we will return medication to the parents/carers to arrange for their safe disposal, e.g. at the end of every term/annually or when the medicines are out of date.

13.5.2 In the event that the parents/carers are unavailable, then we will seek advice from our school nurse on the disposal of unused medication left in school. If they are unavailable, the medication will be handed into a local pharmacy.

13.5.3 We will always use sharps boxes for the disposal of needles and other sharps and dispose of appropriately.

13.6 Administration

13.6.1 Where a pupil is under 16, assistance or administration of prescribed or non-prescribed medicines requires written parent/carer consent, unless Gillick competence is recorded.

13.6.2 Parents/carers must make a formal request with their written consent for the school for staff to administer ANY medication to their child, including when it forms part of an IHP (appendix 2).

13.6.3 One consent form must be completed for each medication.

13.6.4 It is necessary for the headteacher / delegated person to formally agree to the request to administer medication and the completed and signed paperwork must in place before it can be administered (appendix 2). In the headteachers absence the deputy headteacher will take on this responsibility. In the interim, parents/carers will be permitted to administer the medication themselves.

13.6.5 In line with WG guidance only the suitably trained staff will administer medication in accordance with the pupils current IHP and/or the completed administration of medication consent form.

13.6.6 If the trained or approved members of staff who are usually responsible for administering medication to a pupil are not available, the pupil's IHP will set out how alternative arrangements to provide support will take place.

Lead person to approve medication administration requests:	Headteacher Tristan Hughes
In headteacher/delegated persons absence named person to approve medication administration requests:	Deputy Headteacher David Harris

13.6.7 In line with good practice we will endeavour to have two members of staff present when administering medication, and two signatures will be recorded. NOTE this is not a legal requirement.

13.6.8 When medication administration procedures require an adult of the same gender as the pupil and a second signature we will endeavour to address this, and it will be noted in the IHP and/or medication consent form.

13.6.9 If the treatment is invasive or intimate we will follow our intimate care policy unless alternative arrangements are agreed, and this will be recorded in or attached to the pupils IHP.

13.6.10 When administering the medication to a pupil, the staff will re-check the following each time:

a. Check consent form first.
b. Medication must be in its original container/packet* with the label attached;
c. If prescribed, it must have been dispensed by a pharmacist;
d. Must have the expiry date and be in date;
e. Must have the name of the child;
f. Must have the name of the medicine;
g. Must have the dosage size and frequency;
h. The medication has been stored according to the storage instructions;
i. How much medication is left
j. Check the maximum dosage
k. Check the amount and time of any prior dosage administered.

If there is a problem, contact headteacher/delegated person and then parent/carer.

**Some medicines, such as insulin, may not be within the original packaging but in a pen or a pump.*

13.6.11 The member of staff administering medication will monitor that the drug has been taken.

13.6.12 The administration of all medication will be recorded using the form in appendix 5.

13.6.13 First dose – it is recommended that the first dose of any new medication (except emergency medication) is not administered by the school in case of any adverse effects.

13.7 Self-medication

13.7.1 Unless there is an agreed plan for the pupil to self-medicate (16 years and above or Gillick competent), all medication will be administered by a

member of staff. The formal request for a pupil to self-medicate (included in appendix 2) from the parents / carers must be made before such practice is allowed. In other cases, it will be supervised in accordance with the IHP.

13.7.2 In line with good practice, pupils will be asked to only carry enough medication for that day.

13.7.3 Without exception, pupils must not share their medication for any reason with another pupil. This will be made clear to all pupils. This will be treated as misuse in line with our substance misuse policy.

13.8 Change of dose / medication

13.8.1 When we receive instruction for medication dosage change, we will not change on parents/carers instruction alone – we will require evidence from the health professional.

13.8.2 If a change in dose is requested by a pupil, parent/carer or a health professional; the change must confirmed in writing by the health professional and a new medication consent form must be completed by the parent/carer before we will administer a change in dose to a pupil.

13.8.3 If the relevant paperwork is not provided on a given day and places a pupil at risk, the headteacher/delegated person will risk assess and has the right to refuse to admit the pupil into the school until the said paperwork is provided in accordance with this policy.

13.9 Adverse effects

13.9.1 If a pupil experiences adverse effects following the administration of medication we will administer first aid or contact the emergency services as required and will contact the parents/carers immediately. The adverse effect will be recorded on the medication recording sheet in appendix 5.

13.10 Medication errors

13.10.1 If we forget to administer medication, administer medication late, provide an incorrect dose of medication, provide an additional dose, administer medication without consent, administer medication by an untrained member of staff or administer medication to the incorrect child, then we will report to the headteacher/delegated person and seek advice from a healthcare professional or treat the pupil in line with our medical emergency procedures if required. We will contact parents/carers immediately and will complete the incident form, appendix 7.

13.11 Medication refusal or misuse

13.11.1 If a pupil refuses to take their medication, then they will not be forced to take it, unless in an emergency situation.

13.11.2 If a pupil refuses medication in an emergency situation (for example: adrenaline injection in the case of anaphylaxis), then professional medical help will be requested and the parents/carers informed immediately.

13.11.3 Without exception, pupils must not share their medication for any reason with another pupil. This will be made clear to all pupils. This will be treated as misuse in line with our substance misuse policy.

13.11.4 If a pupil refuses or misuses any medication, their parent/carer will be informed as soon as possible and we will also ask parents/carers to seek health care advice as appropriate. If parents/carers cannot be contacted immediately, staff may need to seek immediate health care advice or contact the emergency services if needed.

13.11.5 When informing parents/carers it is considered best practice to also have this in writing. We will also record the refusal/misuse in appendix 5.

13.12 Covert medication

13.12.1 Covert administration of medication will be done under strict guidelines and supervised with an appropriate timeline outlined. A consent form (appendix 9) must be completed, with consent from a health professional which clearly outlines the reasons and why it is in the best interest of the pupil.

13.13 Medication that has run out or expired

13.13.1 If a pupil's medication runs out or expires, it is the responsibility of the parent/carer to monitor and to replenish it. This is clearly stated in the medication consent form (appendix 2).

13.13.2 However, our safeguarding responsibilities and duties under the Social Services and Well-Being Act mean that it is good practice for us to regularly check the expiry dates of any medication stored in school. Medication dates and quantities will be checked every term and the appropriate action taken.

13.15 Asthma and Anaphylaxis

13.15.1 Guidance on the use of emergency adrenaline auto-injectors in schools in Wales (https://learning.gov.wales/docs/learningwales/publications/171025-guidance-on-the-use-of-emergency-aais-en.pdf) states that schools are permitted to buy, hold and use emergency adrenalie auto-injectors in school. Separate policy will be witten.

13.16 Controlled drugs

13.16.1 Drugs such as Ritalin are controlled by the misuse of drugs act. Therefore it is imperative that they are managed between the school and the parents/carers, including transportation to school.

13.16.2 Ideally controlled drugs will only be brought in to school on a daily basis by parents/carers, but certainly no more than a week's supply as indicated in the consent form (appendix 2), with the exception where it is in the best interests of the child. We will always record the amount of medication handed over to us or back to the parent/carer (appendix 5).

13.17 Non-prescribed medication (e.g. over the counter such as pain killers, hayfever, homeopathic)

13.17.4 Schools can choose to administer non-prescribed medication so long as the process for administering it is the same as prescribed medication i.e. completion of appendix 2. Any non-prescribed medication, should be provided by the parent/carer to the school in an untampered container/packet.

13.17.5 Pupils are not permitted to carry non-prescribed medication in school unless prior consent has been obtained (appendix 2).

13.17.6 ***Schools should NOT hold their own supply of non-prescribed medication to administer to pupils.***

14. Complaints procedure

14.1 If a pupil or parent/carer is not satisfied with our health care arrangements they are entitled to make a complaint. Our complaints procedure is outlined on the school website.

14.2 Complaints can be escalated from teacher to headteacher, then to the governing body, and then to the local authority.

14.3 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.

15. Reviewing the policy

15.1 We will review the policy every 2 years or sooner should the need arise.

APPENDIX 1

Ysgol Hiraddug

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 [***01745 570467].***

2. Give your location as follows:
[Ysgol Hiraddug, Thomas Avenue, Dyserth,].

3. State that the postcode is [***LL18 6AN].***

4. Give the exact location in the education setting ***[e.g, school hall, next to main entrance. School yard at rear of building].***

5. Give your name.

6. Give the name of the pupil and a brief description of symptoms.

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the incident.

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.

You might want to attach a photo of the pupil

APPENDIX 2
Ysgol XXX

All parents have been provided with a copy of the school's privacy notice which outlines how information is processed. The school relies on consent to process data in relation to the Managing Healthcare Needs Policy, however, in certain circumstances we rely on public task grounds to share information with relevant safeguarding agencies.

PARENT/CARER CONSENT FOR SCHOOL TO ADMINISTER MEDICATION TO A PUPIL

- Our school will not give your child medication unless you complete and sign this form.
- If more than one medication is to be given, a separate form should be completed for each one.
- A new form must be completed when dosage changes are made.
- 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. However, we understand there will be instances where this is not appropriate.
- Parents/carers will be informed as stated in the school policy when a child refuses their medication or when emergency medication is administered.
- Parents/carers can request sight of records.
- Without exception pupils must not share their medication for any reason with another pupil.

Name of child	
Date of birth	
Class / form	
Healthcare need	
Routine or emergency medication	
Medicine	
Note: medication must be in the original container if dispensed by the pharmacy.	
Name, type and strength of medicine *(as described on the container)*	
Date dispensed	
Expiry date	
Dose and frequency of medication	
Method of administration	
Timing of medication	
Duration of treatment	
Special precautions	
Special requirements for administering medication e.g. two staff present, same gender as pupil.	
Storage requirements	
Who will deliver the medication to school and how frequently?	
Who will receive the medication?	

Does treatment of the medical condition affect behaviour or concentration?		
Are there any side effects that the school needs to know about?		
Is there any medication that is being administered outside of school day that we need to know about? Are there any side effects that we should be aware of?		
Any other instructions		
Pupil to self-administer medication under supervision from a stored location	Yes / No (please circle) *If yes, pupil must also sign declaration**	
Pupil to carry and self-administer medication	Yes / No (please circle) *If yes, pupil must also sign declaration**	
Procedures to take in an emergency		
If your child is prescribed an inhaler have you given consent for your child to use a school emergency inhaler on a separate consent form?	Yes / No (please circle)	
Agreed review date	*To be completed with the school*	
Name of member of staff responsible for the review	*To be completed with the school*	
INDIVIDUAL HEALTHCARE PLANS (IHP)		
Healthcare Plan from health professional attached if appropriate	Yes / No (please circle)	
IHP created by school attached if appropriate (appendix 3)	Yes / No (please circle)	
Guidelines provided by health attached if appropriate e.g. patient information sheet	Yes / No (please circle)	
Review date of the above		
Contact details	**Contact 1**	**Contact 2**
Name		
Daytime telephone number		
Relationship to the child		
Address		
Post Code		
In the best interests of the pupil the school might need to share information with school staff and other professionals about your child's healthcare needs e.g. nursing staff. Do you consent to this information being shared?	Yes / No (please circle)	
• I have read and agree to the school giving medication in accordance with the school policy. I understand my parental/carer obligations under the Welsh Government guidelines (http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?skip=1&lang=en).		

- The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to administer the medicine in accordance with the information given above and the school policy.
- I will inform school of any new information from health professionals in regard to my child, e.g. if there are any changes in dosage or frequency or if it is stopped. I will ensure that this is in writing from the health professional.
- I understand that it is my responsibility to provide/replenish the medication supply in the school by handing the medication to a member of school staff and to collect expired or unused medication.
- Where correct medication is not readily available on a given day and places the child at risk, the head teacher has the right to refuse to admit my child into the school until said medication is provided.
- It is my responsibility to provide in-date medication which is correctly labelled.
- I consent for the information in the form to be shared with health professionals/emergency care.
- If my child has received any emergency medication prior to school, I will inform the head teacher/delegated member of the school staff before school starts.

Parent/carer signature:	
Date:	

I would like my child to administer and/or carry their medication

Parent/carer signature:	
Date:	

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

Pupil signature:	
Date:	

****

HEADTEACHER/DELEGATED PERSONS AGREEMENT TO ADMINISTER MEDICATION

It is agreed that (*insert child's name*)..... will receive (*insert name and quantity of medication*) .....

at (*insert time medicine is to be administered*) .....

(Name of pupil).....will be given their medication / supervised while they take their medication by (*insert name of member of staff)*.....

This arrangement will continue until (*e.g. either end date if course of medication or until instructed by parents/carers)*.....

Name (headteacher/delegated person): .....

Signed:.....Date: .....

£ Individual Healthcare Plan in place; OR

☐ Individual Healthcare Plan not required

Appendix 3

You might want to attach a photo of the pupil to the IHP

Ysgol Hiraddug
Model Individual Healthcare Plan (IHP)
(Adapted from www.medicalconditionsatschool.org.uk)

Links to IHP templates for specific medical conditions: http://medicalconditionsatschool.org.uk/

Please note: this is a very comprehensive IHP. Not all sections will be applicable. The school only needs to use the sections that are relevant and helpful to the care of the pupil.

If health professionals have already provided their own health care plan, the school might not need to create an IHP as long as the one from the health professional covers all the information that the school needs.

All parents have been provided with a copy of the school's privacy notice which outlines how information is processed. The school relies on consent to process data in relation to the Managing Healthcare Needs Policy, however, in certain circumstances we rely on public task grounds to share information with relevant safeguarding agencies.

Section 4 of the policy will be followed when developing this IHP.

1. PUPIL INFORMATION

1.1 Pupil details

Pupil's name:	
Date of birth:	
Year group:	
Nursery/School/College:	
Address:	
Town:	
Postcode:	
Medical condition(s): *Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours.*	
Allergies:	
Date:	
Document to be updated/reviewed:	
Review triggers:	

1.2 Family contact information

Name:			
Relationship:			

Home phone number:			
Mobile phone number:			
Work phone number:			
Email:			

1.3 Essential information concerning this pupils' health needs

	Name	Contact details
Specialist nurse (if applicable):		
Key worker:		
Consultant paediatrician (if applicable):		
GP:		
Headteacher:		
Link person in education:		
Class teacher:		
Health visitor/ school nurse:		
SENCo:		
Other relevant teaching staff:		
Other relevant non-teaching staff:		
Person with overall responsibility for implementing plan:		
Person responsible for administering/supervising medication:		
Arrangements for cover in these two peoples absence:		
Any provider of alternate provision:		

This pupil has the following medical condition(s) requiring the following treatment.	
Medication administration	Please complete parent/carer agreement for school to administer medication form (appendix 2) and attach to this IHP. Form 1 = Form 2 =

1.4 Sharing information and record keeping

In the best interests of the pupil the school might need to share information with school staff and other professionals about your child's healthcare needs e.g. nursing staff.	Yes / No (please circle)

Do you consent to this information being shared?	
What records will be kept about the pupil's healthcare needs, and how it will be communicated with others?	

2. ROUTINE MONITORING (IF APPLICABLE)

Some medical conditions will require monitoring to help manage the pupil's condition.

What monitoring is required?	
When does it need to be done?	
Does it need any equipment?	
How is it done?	
Is there a target? If so what is the target?	

3. EMERGENCY SITUATIONS

An emergency situation occurs whenever a pupil needs urgent treatment to deal with their condition.

What is considered an emergency situation?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (e.g. tests or rest) that are required?	

4. IMPACT OF MEDICAL CONDITION AND MEDICATION ON PUPIL'S LEARNING

(Impact statement to be jointly produced by health professional and a teacher)

How does the pupil's medical condition or treatment affect learning? *i.e. memory, processing speed, coordination etc.*	
Actions to mitigate these effects	
Does the pupil require any further assessment of their learning?	

5. IMPACT ON PUPIL'S LEARNING and CARE AT MEAL TIMES

	Time	**Note**
Arrive at school		
Morning break		

Lunch		
Afternoon break		
School finish		
After school club (if applicable)		
Other		

☐ Please refer to home-school communication diary
☐ Please refer to school planner

6. CARE AT MEAL TIMES

What care is needed?	
When should this care be provided?	
How's it given?	
If it's medication, how much is needed?	
Any other special care required?	

7. PHYSICAL ACTIVITY

Are there any physical restrictions caused by the medical condition(s)?	
Is any extra care needed for physical activity?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

8. TRIPS AND ACTIVITIES AWAY FROM SCHOOL

What care needs to take place?	
When does it need to take place?	
If needed, is there somewhere for care to take place?	
Who will look after medication and equipment?	
Who outside of the school needs to be informed?	
Who will take overall responsibility for the pupil on the trip?	

9. SCHOOL ENVIRONMENT

Can the school environment affect the pupil's medical condition?	

How does the school environment affect the pupil's medical condition?	
What changes can the school make to deal with these issues?	
Location of school medical room	

10. EDUCATIONAL, SOCIAL & EMOTIONAL NEEDS

Pupils with medical conditions may have to attend clinic appointments to review their condition. These appointments may require a full day's absence and should not count towards a pupil's attendance record.

Is the pupil likely to need time off because of their condition?	
What is the process for catching up on missed work caused by absences?	
Does this pupil require extra time for keeping up with work?	
Does this pupil require any additional support in lessons? If so what?	
Is there a situation where the pupil will need to leave the classroom?	
Does this pupil require rest periods?	
Does this pupil require any emotional support?	
Does this pupil have a 'buddy' e.g. help carrying bags to and from lessons?	

11. STAFF TRAINING

Governing bodies are responsible for making sure staff have received appropriate training to look after a pupil with regard to healthcare administration, aids and adaptive technologies. School staff should be released to attend any necessary training sessions it is agreed they need.

What training is required?	
Who needs to be trained?	
Has the training been completed?	
Headteacher/delegated person signature	

13. TRANSPORT TO SCHOOL

What arrangements have been put in place?	
Who will meet the pupil in school?	

14. PERSONAL CARE

For pupils requiring intimate care as part of their IHP, please refer to the schools intimate care policy.

What arrangements have been put in place in relation to any personal care needs across the school day?	

15. PLEASE USE THIS SECTION FOR ANY ADDITIONAL INFORMATION FOR THE PUPIL.

We suggest the following are stored together:

☐ IHP from health

☐ Medication consent form (if applicable)

☐ Statement of SEN / individual education plan / learning and skills plan

☐ One page profile

☐ Risk assessment

☐ Personal evacuation plan

16. SIGNATURES

	Name	**Signature**	**Date**
Headteacher/delegated person			
Young person			
Parents/ carer			
Health professional			
School representative			
School nurse			

APPENDIX 4

Ysgol Hiraddug

STAFF TRAINING RECORD – ADMINISTRATION OF MEDICATION / TREATMENT

Please ensure that the Education Workforce Council registration is updated accordingly (if appropriate).

Name (s)	
Type of training received	
Date training received	
Date training completed	
Training provided by	
Profession and title	

I confirm that the above staff member(s) have received the training detailed above and is competent to carry out any necessary treatment / administration of medication.

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: .....

Good practice suggests that this form should be contained in a bound and numbered book to avoid a threat of tampering.

APPENDIX 5 - Ysgol XXX- RECORD OF MEDICATION ADMINISTERED TO A PUPIL

Good practice suggests that only one form is used per child in case a parent/carer wishes to see it.

Name:_____ Class: _____

Amount of controlled drugs received:_____ Signature:_____ Date:_____

Amount of controlled drugs handed back to parent/carer:_____ Signature:_____ Date:_____

CHECKS: a) Check consent form first; b) Medication must be in its original container with the label attached; c) If prescribed, it must have been dispensed by a pharmacist; d) Must have the expiry date and be in date; e) Must have the name of the child; f) Must have the name of the drug; g) Must have the dosage size and frequency; h) The medication has been stored according to the storage instructions; i) How much medication is left; j) Check the maximum dosage; k) Check the amount and time of any prior dosage administered. If there is a problem, contact headteacher/delegated person and then parent/carer.

Date	Time	Name of medication	All checks above undertaken	Dose Given	Controlled drugs only: amount remaining	Any reactions	Medication refused/not administered	Reason	Parent/carer informed & how	Staff 1 signature	Staff 2 signature

ATTACH IHP / CONSENT FORM TO THIS FORM

APPENDIX 6

Ysgol Hiraddug

PUPILS WITH INDIVIDUAL HEALTHCARE PLANS (IHP)

REVIEW DATES

Pupil	Class	IHP Date	Review Date	Date review completed and signature

Appendix 7:

Ysgol Hiraddug

Medication/healthcare incident report

Pupil's name:			
Home address:			
Telephone number:			
Date of incident:		Time of incident	

Correct medication and dosage:	
Medication normally administered by:	
	Pupil
	Pupil with staff supervision
	Nurse / school staff member

Type of error:	
	Dose administered later than scheduled time
	Omission
	Wrong dose
	Additional dose
	Wrong pupil
	Dose given without permission on file
	Dietary
	Dose administered by unauthorised person
	Other

Description of incident:

Action taken:		
	Parent /carer notified: date and time -	
	School nurse notified: date and time -	
	Physician notified: date and time -	
	Poison control notified: date and time -	
	Pupil taken home	
	Pupil taken to hospital	
	Other: details:	

Notes/further comments:

Name:		Role:	
Signature:		Date:	

Appendix 8:

Unacceptable Practice

Supporting Learners with Healthcare Needs. Guidance. Welsh Government 215/2017. Page 27

THIS MUST BE FOLLOWED

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/carers, 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/carers, 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/carer 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/carer to accompany the learner.

** For the purpose of clarification, non-personal relates to non-intimate medication.*
*** In line with school health and safety policies.*

Appendix 9:

Ysgol Hiraddug

Authorisation for school to administer covert medication

Please take this form to your GP to complete and return to school

Appendix 2 must also be completed and attached to this form

Full Name	Address
Date of Birth	

Medication (as labelled on container)	
This medication is necessary to treat:	
Method(s) of administration tried in the past	
These methods were rejected because	
Covert method of administration to be used:	
I have assessed the young person and confirm he/she lacks the capacity to consent and continues to need the above treatment. I have undertaken a best interest analysis and confirm it is in the best interest of the child to have medication administered in the method described above.	
GP / Doctor Name	Surgery stamp
Signed	
Date	

Signed parent/carer		Date	
Signed headteacher/delegated person		Date	

This arrangement will continue until either the end of the course of medication or until instructed by parents/carers. A separate form must be completed for each medication.

Appendix 10:

Ysgol Hiraddug

Record of Medication brought into / sent from school

Pupil name		Date of birth	

Other: please note here what other might be, for example: the name of the afterschool club, childminder, day nursery etc.

Other	

Date	Medication	Quantity	To school from		Checked by	From school to		Quantity	Handed over by	Checked by (Other)
			Home	Other		Home	Other			