This policy has been produced in line with the Welsh Government's 'Supporting Learners with Healthcare Needs' statutory guidance:
https://gov.wales/sites/default/files/publications/2018-12/supporting-learners-with-healthcare-needs.pdf

HEALTHCARE NEEDS POLICY

Believe, Achieve and Shine Bright!

Healthcare Needs Policy for *Troedyrhiw Community Primary*

School's full address and post code: Archer Street, Troedyrhiw, Merthyr Tydfil Cf48 4JQ
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1. Key principles

- Learners with healthcare needs should be properly supported so that they have full access to education, including trips and physical education.
- Governing bodies must ensure that arrangements are in place to support learners with healthcare needs.
- Governing bodies should ensure that education setting staff consult the relevant professionals, learners and parents to ensure the needs of the learner with healthcare needs are properly understood and effectively supported.
- 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 learners 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 learners through the appropriate and lawful sharing of the individual learner's healthcare needs.
- Whenever appropriate, learners should be encouraged and supported to take responsibility for the management of their own healthcare needs.

2. School's legal requirements

Section 175 of the Education Act 2002 places a duty on local authorities and governing bodies to make arrangements to ensure their functions are exercised with a view to safeguarding and promoting the welfare of children in school or another place of learning. This includes supporting children with healthcare needs.

In meeting the duties under section 175 of the Education Act 2002, local authorities and governing bodies **must** have regard to guidance issued by the Welsh Ministers under this section.

Section 21(5) of the Education Act 2002 places a duty on governing bodies to promote the well-being of learners at the school so far as related to the matters mentioned in section 25(2) of the Children Act 2004, which includes physical and mental health and emotional well-being, education, training and recreation, and social well-being.

The non-statutory advice contained within this document is issued in exercise of the Welsh Ministers' duty to promote the education of the people of Wales[1] and their power in relation to the promotion or improvement of the economic, social and environmental well-being of Wales[2].

'Annex 1: Outline of legal framework' on page 28 contains further information on the document's legal framework and principles of the United Nations Convention on the Rights of the Child (UNCRC).

Rights of learners

All learners with healthcare needs are entitled to a full education. In addition to the duties set out above (Education Act 2002), consideration must also be given to whether the learner is defined as disabled under the Equality Act 2010[3]. 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 convention[4].

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).

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[1] Section 10 of the Education Act 1996 www.legislation.gov.uk/ukpga/1996/56/section/10.
The Secretary of State's function under section 10 in relation to Wales has been transferred to the Welsh Ministers. See the National Assembly for Wales (Transfer of Functions) Order 1999 (S.I. 1999/672) and Government of Wales Act 2006, Schedule 11.

[2] Section 60 of the Government of Wales Act 2006 www.legislation.gov.uk/ukpga/2006/32/section/60

[3] www.legislation.gov.uk/ukpga/2010/15/contents

[4] www.childrensrights.wales

- 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 section15 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.

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.

3. Roles and responsibilities

The following represents a minimum standard of expected practice:

a. Local authorities

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

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

- must make arrangements to promote cooperation between various bodies or persons, with a view to improving, among other things, the well-being of children in relation to their physical and mental health, their education, training and recreation[5]. When making these arrangements, local authorities should ensure appropriate agreements are in place for data sharing. This could be through working within the Wales Accord on Sharing Personal Information (WASPI) Information Sharing Protocols or Data Disclosure Agreements. Local authorities and health boards have WASPI coordinators who can support service providers to develop appropriate agreements

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

- should work with education settings to ensure learners with healthcare needs receive a suitable education. Where a learner of compulsory school age would not receive a suitable education for any period because of their health, the local authority has a duty to make arrangements to provide suitable education[7]. If a learner is over that compulsory school age but under 18, the local authority may make such arrangements

- should provide support, advice and guidance, including how to meet the training needs of education setting staff, so that governing bodies can ensure the support specified within the individual healthcare plan (IHP) (see ‘Section 3: Individual healthcare plans (IHPs)’ on page 23) can be delivered effectively.

b. Governing bodies

[5] Section 25 of the Children Act 2004 www.legislation.gov.uk/ukpga/2004/31/section/25

[6] gov.wales/topics/educationandskills/schoolshome/wellbeing/schoolcounselling/statutory-guidance-independent-counselling-services/?lang=en

[7] Section 19 of the Education Act 1996 at www.legislation.gov.uk/ukpga/1996/56/section/19

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

- ensuring robust systems are in place for dealing with healthcare emergencies and critical incidents, for both on- and off-site activities, including access to emergency medication such as inhalers or adrenaline pens

- ensuring staff with responsibility for supporting learners with healthcare needs are appropriately trained (see ‘2.8 Training’ on page 17).

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

- having an infection prevention policy that fully reflects the procedures laid out in current guidance[8].

c. Headteachers / teacher in charge

[8] www.wales.nhs.uk/sitesplus/888/home

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

- 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[9]

- 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

[9] learning.gov.wales/docs/learningwales/publications/150909-reviews-toolkit-en.pdf

- providing annual reports to the governing body on the effectiveness of the arrangements in place to meet the healthcare needs of learners

- ensuring all learners with healthcare needs are not excluded from activities they world normally be entitled to take part in without a clear evidence-based reason

- notifying the local authority when a learner is likely to be away from the education setting for a significant period, e.g. three weeks (whether in one go or over the course of the academic year) due to their healthcare needs. Ultimately, what qualifies a period of absence as 'significant' in this context depends upon the circumstances and whether the setting can provide suitable education for the learner. Shorter periods of absence may be significant depending upon the circumstances

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

d. Teachers and support 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.

e. Parents/Carers/Learners

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.

f. Local Authority

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

- Must make reasonable adjustments to ensure disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory. For example, learners should not be disadvantaged when leaving primary school and beginning secondary school. In practical terms, this means adjustments must be planned and implemented in advance to prevent any disadvantage. Discussions around responsibility for provision should not impact on the delivery of service, as delays could be detrimental to the education and wellbeing of the learner
- Must make arrangements to promote cooperation between various bodies or persons, with a view to improving, among other things, the wellbeing of children in relation to their physical and mental health, their education, training and recreation. When making these arrangements, local authorities should ensure appropriate agreements are in place for data sharing. This could be through working within the Wales Accord on Sharing Personal Information (WASPI) Information Sharing Protocols or Data Disclosure Agreements
- Must make reasonable provision of counselling services for young people aged 11 – 18 and learners in Year 6 of primary school. Within schools, this provision should complement the different approaches already in place to support the health, emotional and social needs of learners
- Should work with education settings to ensure learners with healthcare needs received a suitable education. Where a learner of compulsory school age would not receive a suitable education for any period because of their health, the local authority has a duty to make arrangements to provide suitable education. If a learner is over that compulsory school age but under 18, the local authority may make such arrangements

- Should provide support, advice and guidance, including how to meet the training needs of education setting staff, so that governing bodies can ensure the support specified within the individual healthcare plan (IHP) can be delivered effectively.

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

Healthcare and practical support can be found from a number of organisations. Education settings have access to a health advice service. The scope and type of support the service can offer may include:

- Offering advice on the development of IHPs
- Assisting in the identification of the training required for the educations 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. In addition, third sector voluntary bodies can provide advice and practical support. Proactively engaging with specialist services can provide practical help when writing and implementing IHPs. They can also provide training and awareness raising resources, including video links.

4. Creating an accessible environment

Local authorities and governing bodies should ensure their education settings are inclusive and accessible making reasonable adjustments for learners with healthcare needs. This includes the following:

4.1 Physical access to education setting buildings

A duty is placed on local authorities to produce a written accessibility strategy for all schools they are responsible under the Equality Act 2010. Any such strategy is expected to address:
'improving the physical environment of schools for the purpose of increasing the extent to which disabled learners are able to take advantage of education and benefits, facilities or services provided or offered by schools' (schedule 10, Equality Act 2010)
Similarly, individual schools must carry out accessibility planning and are under a duty to prepare an accessibility plan following the same principles are the strategies prepared by the local authority.

4.2 Reasonable adjustments – auxiliary aids or services

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

4.3 Day trips and residential visits

4.3.1 Governing bodies should ensure the education setting actively supports all learners with healthcare needs to participate in trips and visits. Governing bodies must be aware of their legal requirements to make reasonable adjustments to trips and residential visits ensuring full participation from all learners.

4.3.2 Staff should be aware of how a learner's healthcare needs may impact on participation, and seek to accommodate any reasonable adjustments, which would increase the level of participation by the learner. Staff should consider how to accommodation the sharing of personal information with third parties if necessary for off-site activities (in compliance with the Data Protection Act 1998 and in respecting the learner's rights to privacy). This may include information about the healthcare needs of learners, what to do in an emergency and any additional support, medication or equipment needed.

4.3.3 Additional safety measures to those already in place in the setting may be necessary to support learners with health care needs during visits or activities outside of the normal school timetable. Arrangements for taking medication and ensuring sufficient supplies for residential visits may be required.

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

Parents may be asked to supply:

- Details of medical conditions
- Emergency contact numbers
- The learner's GP's name, address and phone number
- Information on whether the learners has spent a night away from home before and their ability to cope effectively
- Written details of any medication required (including instructions on dosage/times)
- Parental permission if the young people needs to administer their own medication or agreement for a volunteer staff member to administer
- Information on any allergies/phobias
- Information on any special dietary requirements
- Information on any toileting difficulties, special equipment or aids to daily living
- Special transport needs for learners and young people who require help with mobility

- ‘Fit to travel’ certificate written by the GP/consultant if the child has a significant medical need (without this the insurance maybe invalid)

4.4. Social Interactions

4.4.1. Governing bodies should ensure the involvement of learners with healthcare needs is adequately considered in structured and unstructured social activities, such as during breaks, breakfast club, productions, after hours clubs and residential visits

4.4.2. The education setting 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.

4.5 Exercise and physical activity

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

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

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

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

4.6 Food Management

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

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

4.6.3. Food provided for trips must reflect the dietary and treatment needs of the learners taking part. Food provided for snacks in classroom settings should also take the

dietary and treatment needs of these learners into account. While healthy school and 'no sweets' policies are recognised as important, learners with healthcare needs may need to be exempted from these policies. Learners needing to eat or drink as part of their condition should not be excluded from the classroom or put in isolation.

4.7 Risk assessments

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

4.7.2. In addition, there are duties under the Equality Act 2010 to prepare and implement accessibility strategies and plans. These strategies and plans deal with matters related to increasing participation of disabled learners.

5. Sharing Information

Governing bodies 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 confidentially.

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

5.1.1. Staff should have access to the relevant information, particularly if there is a possibility of an emergency situation arising. These are filed securely in the clerk's office.

5.2. Parents and learners

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

- Make healthcare policies easily accessible, online and in hard copy
- Provide the learner/parents with a copy of their information sharing policy. This should state the type of bodies and individuals with whom the learner's medical information may be shared
- Ask parents to sign a consent form, which clearly details the bodies, individuals and methods through information will be shared. Sharing medical information can be a sensitive issue and the learner should be involved in any decisions. Education settings should keep a list of what information has been shared with whom and why, for the learner/parent to view on request
- Consider including a web link to the healthcare needs policies in relevant communications sent to parents, and within the learner's IHP

- Include school councils, ‘healthy schools’ and other learner groups in the development of the 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 and signs of issues for a learner, know what to do in an emergency, and who to ask for help. The education setting should discuss with the learner and parents first and decide if information can be shared.

6. Procedures and record keeping for the management of learners’ healthcare needs

6.1. The school keeps the following:

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- ✔ Contact details for emergency services
- ✔ Parental agreement for educational setting to administer medicine
- ✔ Agreed protocol for administering medicine
- ✔ Record of medicine stored for and administered to an individual learner
- ✔ Record of medicines administered to all learners by date
- ✔ Request for learner to administer own medicine
- ✔ Staff training record – administration of medicines (if required)
- ✔ Medication incident form

6.2 New records should be completed when there are changes to medication or dosage. The learning setting should ensure that the old forms are clearly marked as being no longer relevant and stored in line with their information retention policy. These forms and templates can be found in Annex 1. Electronic versions can be found on the Welsh Government website.

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

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

Learners may require medication in school for many reasons and this should only be administered with prior agreement and consent given by the parent/legal guardian**.**

Medicines should only be given if prescribed by the GP. No child under 16 should be given medicines containing Aspirin.

A learner requiring medication will require an Individual Healthcare Plan (IHP). This is usually completed in conjunction with the school nurse and parents / carer.

7.1 Arrangements to give medication in setting

- A parental request form should be completed each time there is a request for medication to be administered (Form 3A and 3B in Appendix 1) by setting staff, or for a learner to self-administer their own medication. This arrangement must be agreed, documented and dated by the Head teacher. A copy must be kept on file.
- In the case where medication maybe a long term arrangement, a letter must accompany the request from the learner's GP or consultant explaining this.
- Amendments to the medication should only be accepted in writing from a health professional and this should again be kept on file. **Verbal messages should not be accepted.**

7.2 Receiving medication in Setting

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

- Learner's name
- Name and strength of medication
- Dosage, frequency and time the medication should be given
- Expiry date
- Advice about storage

7.3 Storage of medication

- Medication should be stored in a locked cupboard away from other children and young people. The key should be kept in an accessible place known to the designated members of staff. Some medications require refrigeration. If storage in a refrigerator is required this should be in a sealed container that is clearly labelled. All medicines must be clearly labelled. Further advice can be obtained from the **COSHH guidelines, Control of Substances Hazardous to Health, 2002** [10].
- In the case of older learners it may be appropriate for them to carry emergency medication with them – settings should make such decisions based on individual circumstances in liaison with the family and setting health team. The IHP should reflect this agreed decision
- In most cases learners should be allowed to carry asthma inhalers with them to ensure easy access. Again this should be reflected in the learners' IHP.
- Local pharmacists can give advice about storing medicines.

7.4 Administering medication

- Any staff willing to administer medication must receive appropriate training and guidance, and be aware of any possible side effects of the medication. This can be found in the information leaflet.
- Parents must not send the medication to setting in pre-drawn doses/syringes (unless this is how it is dispensed by the pharmacist) or in drinks. It must come in the original packaging with a pharmacy label intact. There must be a syringe provided to help in the measurement of the correct dose.

[10] Control of Substances Hazardous to Health (COSHH) Regulations (2002) amended as required www.hse.gov.uk

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

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

- The learner may self-administer some medications e.g. asthma inhalers. It should be clear in the forms relating to medications in setting whether the learner requires supervision or not. It is good practice to record when a learners has medication even if self-administering.
- Appropriate measures should be put in place or alternative arrangements if named staff are unavailable or absent.
- There should be a completed form (Form 5 & 6 in Appendix 1) to show the learner's name and DOB, the date, time and medication name and dose and two staff should sign this. Accurate recording is of the utmost importance.
- Staff should not give any medication if a medical judgement is required to determine the need unless an emergency but this should be in accordance with the agreed IHP.

7.5 Hygiene and Infection Control

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

7.6 Disposal of medications

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

7.7 Emergency Medications

- Emergency medications (i.e. epi pen, buccal midazolam) must have an IHP detailing how to administer it and what to do in the event of an emergency
- The location of emergency medications should be easily known and accessible to all staff but not accessible to other children and young people

- Emergency medications must not be used for another learner displaying the same symptoms. If there are concerns an ambulance must be called. Medication can only be given to the learner it is intended for
- Staff should receive training in how to administer any emergency medications. If a learner forgets their emergency medications the parent must either bring it in immediately or the learner must go home
- Parents and GP must always be informed if emergency medications have been given and records should be retained at the setting.

8.Emergency Procedures

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

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

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

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

9. Training

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

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

9.3 IHPs may reflect complex needs requiring staff to have specific information and training. This training may also be in the use of aids such as hearing aids (staff should be shown how to change batteries) and various adaptive technologies. If these have been instigated by health professionals, they can be asked to provide suitable for education settings as well as learners and families.

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

9.5 If a learner has a complex needs, input may be needed from healthcare services and the local authority who will be able to advise and signpost to further training and support.

9.6 All staff, irrespective of whether they have volunteered to assist or support learners with healthcare needs, may come into contact with learners who have healthcare needs. It is therefore advisable that all staff have a basic understanding of common conditions to ensure recognition of symptoms and understand where to seek appropriate assistance. For further information with regard to common condition see Cardiff Local Authority Healthcare Toolkit.

9.7 Policies should include a procedure on how to raise awareness of common conditions, a healthcare needs policy and staff roles in carrying out arrangements. New and temporary staff should especially be made aware of what preventative and emergency measures are in pace so staff can recognise the need for intervention and react quickly.

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

10. Qualifications and assessments

10.1 Efficient and effective liaison is imperative when learners with healthcare needs are approaching assessments, including those undertaking examinations in hospital or at home. The coursework element may help learners to keep up with their peers. The home and hospital teachers may be able to arrange for concentration on this element to minimise the loss of learning while they are unable to attend. Liaison between the education setting and the hospital teacher or home tutor is most important, especially where the learner is moving from education setting or home to the hospital on a regular basis.

10.2 Awarding bodies may make special arrangements for learners with permanent or long term disabilities and learning difficulties, or temporary disabilities and illnesses, who are taking public examinations. Applications for special arrangements should be submitted by schools to the awarding bodies as early as possible. Full guidance on the range of special arrangements available and the procedures for making applications is given in the Joint Council for Qualifications' circulars Adjustments for candidates with disabilities and learning disabilities (2016).

10. School transport

11.1 There is a statutory duties on the local authority, head teacher and governing body in relation to learners travelling to the place where they receive their education or training. For example, depending upon the circumstances, the local authority may need to arrange home to school transport for a learner, or provide appropriately trained escorts for such journeys to facilitate the attendance of a learner.

12. Reviewing policies, arrangements and procedures

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

13. Insurance arrangements

13.1 Governing bodies of maintained education setting 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. Addition cover may need to be arranged for some activities or healthcare procedures for learners with particular needs.

14. Complaints procedure

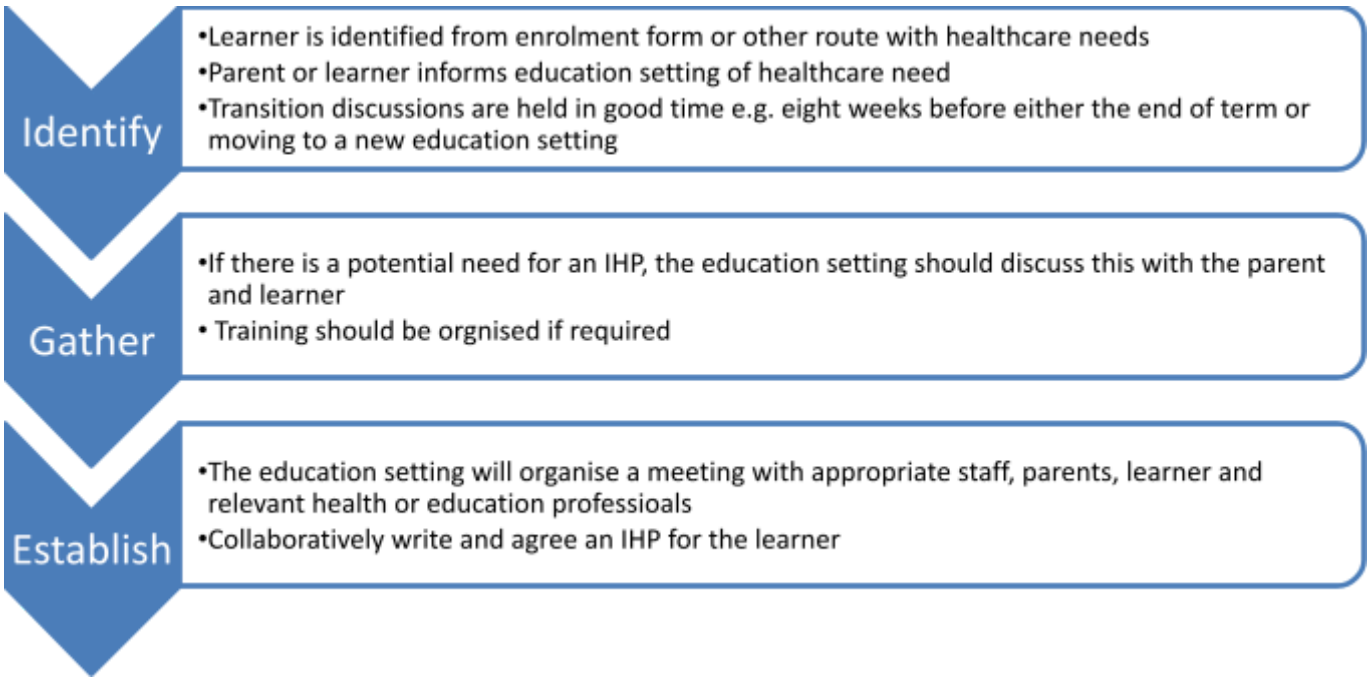
See complaints procedure policy

15. Individual Healthcare Plans (IHP)

15.1 Governing bodies should ensure that the education setting's policy covers the role of IHPs, and who is responsible for their development in supporting learners at an education setting with medical conditions.

15.2 An IHP (See Form 2, in Appendix 1) can assist settings identify the necessary safety measures to support the learner with a healthcare need and ensure that they and others are not put at risk. They will often be essential, such as cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of cases, especially where the medical condition is long term and complex. However, not all children and young people will require one.

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



15.2 Roles and Responsibilities in the creation and management of IHPs

15.2.1 IHPs do not need to be complex but they should explain how the learner's needs can be met. AN IHP should be easily accessible to all who need to refer to it, while maintained the required levels of privacy. Each plan should capture key information and actions required to support the learner effectively.

15.2.2 A health professional must take a lead role in writing a Health Care Plan; this could be the school nurse, specialist nurse, special needs health visitor or consultant. Their knowledge of the condition, medication, emergency procedures and the learner is paramount. This should be completed involving the:

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

An Individual Healthcare Plan (IHP) may include:

- ✔ The medical condition: its triggers, signs, symptoms and treatments and how it is managed on a day to day basis, in particular during setting hours
- ✔ The learner's needs: including medication (dose, side effects and storage) and other treatments; time; facilities; equipment; testing; access to food and drink where this is used to manage their condition; dietary requirements; and environmental issues e.g. crowded corridors, travel time between lessons
- ✔ Specific support for the learner's educational, social and emotional needs
- ✔ The level of support needed (some learners will be able to take responsibility for their own healthcare needs) including in an emergency
- ✔ Who will provide this support, their training needs and expectations of their role
- ✔ Who in the setting needs to be aware of the learner's healthcare needs and the support they require
- ✔ Protocol for exchanging information between education and health (if necessary)
- ✔ Written permission from parents and the Head Teacher for the administration of medicines by staff or self-administration by the learner during setting hours
- ✔ Separate arrangements or procedures required for setting trips or other setting activities outside of the normal setting timetable that will ensure the learner can participate e.g. risk assessments
- ✔ Where confidentiality issues are raised by the parent/child/young person, the designated individuals to be entrusted with information about the child's condition
- ✔ Home to school transport – this is the responsibility of the local authority
- ✔ Emergency Procedures including whom to contact, and contingency arrangements. Some learners may have an emergency health care plan prepared by their lead clinician that could be used to inform the development of their individual health care plan
- ✔ An impact statement jointly produced by healthcare professional and a teacher) on how the learner's healthcare condition and/or treatment affects their learning and what actions are required to mitigate these effects
- ✔ Review date

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

15.2.4The plan should also be made available to **all staff** coming into contact with the learner

15.2.5 If the learner's condition is degenerative or life threatening, the plan should reflect these additional needs and should provide sufficient information to setting staff. The plan should include details of the condition, what to do and who to contact in an emergency.

More frequent reviews will be required for those with conditions that are technologically dependent or potentially life limiting.

15.2.6 In most cases, especially concerning short term illnesses such as those requiring a course of antibiotics, a detailed IHP will not be necessary. In such circumstances it may be sufficient to record the name of medication, dosage, time administered and any possible side effects. These procedures should be conformed in writing with the learner (where appropriate), the parents and the education setting.

15.3 Coordinating information with healthcare professional m the learner and parents

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

15.4 Confidentiality

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

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

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

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

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

16. Unacceptable Practice

It is not acceptable practice:

- Prevent learners from attending education or reduce hours due to their healthcare needs, unless this would be likely to cause harm to the learner or others.
- Prevent learners from easily accessing their inhalers, medication and administering of their medication when and where necessary
- Assume every learner with the same condition requires the same treatment
- Ignore the views of the learner of their parents, or ignore healthcare evidence or opinion

- Send learners with healthcare needs home frequently for reasons associated with their medical condition or prevent them from staying for normal setting activities, including lunch, unless this is specified in their IHP or risk assessment
- Send a learner that becomes ill or needs assistance to the office or medical room unaccompanied or with someone who is unaware of the learners' needs or unable to properly monitor them
- Penalise a learner for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- Prevent learners from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend the education setting, trip or other off site activity to administer medication or provide healthcare support to the learner, including for toileting issues
- Prevent, or create unnecessary barriers for learners from participating in any aspect of education setting life, including setting trips e.g. by requiring parents to accompany the child
- Ask a learner to leave the classroom or activity if they need to administer non personal medication or consume food in line with their health needs
- Expect or cause a parent to give up work or other commitments because the education setting is failing to support a learner's healthcare needs
- Request adjustments or additional time for a learner at a late stage. They should be applied for in good time. Consideration should also be give to adjustments or additional time needed in mock examinations or other tests

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

Annex 1: Outline of legal framework

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

This is not an exhaustive list of the law relevant to this subject. Nor is it an authoritative statement or description of the law, which only courts can give. The descriptions below are summaries of the main relevant provisions. For any particular duty, there will be further statutory provisions and there may be case law (and possibly such developments after the issue of this guidance), affecting the meaning of the provisions (e.g. defining terms), or how a function is to be exercised (e.g. matters to which the person exercising the function must have regard). It should not be relied upon as a substitute for seeking legal advice or reading the actual provisions. Legislation can be found at www.legislation.gov.uk though it is not all in revised and up to date form.

General

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

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

Statutory duties on governing bodies of maintained schools

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

Statutory duties on local authorities

- Local authorities have general functions in relation to providing education for their area (in particular sections 13 to 14, 15A, 15B of the Education Act, 1996) .
- A local authority must make arrangements for the provision of suitable education (at school or otherwise), for children of compulsory school age who may now otherwise receive it for any period due to illness, exclusion from school or otherwise (Section 19(1) of the Education Act, 1996). For young persons (i.e. those who are over compulsory school age

but under the age of 18), local authorities have a power (rather than a duty), to make such arrangements in those circumstances (Section (4) of the Education Act, 1996). In determining what arrangements to make under Section 19(1) or 19(4), in the case of any child or young person, the local authority must have regard to any guidance given by the Welsh ministers.

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

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

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

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

The Equality Act, 2010

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

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

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

a) Increasing the extent to which disabled pupils can participate in the schools' curriculums;

b) Improving the physical environment of the schools for the purpose of increasing the extent to which disable pupils are able to take advantage of education and benefits, facilities or services provided or offered by the schools;

c) Improving the delivery to disabled pupils of information which is readily accessible to pupils who are not disabled (paragraph 1 of Schedule 10 to the Equality Act, 2010).
The responsible body of a school must prepare and implement an accessibility plan. Such a plan involves the same content as an accessibility strategy except that it relates to the particular school (Paragraph 3 of Schedule 10 to the Equality Act, 2010).
In relation to a maintained school and maintained nursery, the responsible body is the local authority or the governing body. In relation to a pupil referral unit, it is the local authority.
Local authorities and the governing body of local authority maintained educational establishments (e.g. maintained schools) are subject to the public sector equality duty. This requires them, in the exercise of their functions, to have due regard to particular matters related to equality (Section 149). They are also under specific duties for the purpose of enabling better performance of the public sector equality duty (Equality Act, 2010, (Statutory Duties) (Wales) Regulations, 2011 S.I. 2011/1064).
Other relevant provisions
The Learner Travel (Wales) Measure, 2008 places duties on local authorities and governing bodies in relation to home-school transport.
The Data Protection Act, 1998 regulates the processing of personal data, which includes the holding and disclosure of it.
The Misuse of Drugs Act, 1971 and regulations made, deal with restrictions (for example, concerned with supply and possession), on drugs which are controlled. Learners may be prescribed controlled drugs.

Appendix 2
Useful relevant legislation for England and Wales
The legislation listed below can be referred to clarify the main provisions relevant to children and young people with healthcare needs.
- Children and Families Act, 2014 (Section 100) - places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.
- Section 21 of the Education Act, 2002 – provides that governing bodies of maintained schools must, in discharging their functions in relation to the conduct of the school, promote the wellbeing of pupils at the school.
- Section 175 of the Education Act, 2002 – provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.
- Section 3 of the Children Act, 1989 – provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.
- Section 17 of the Children Act, 1989 – gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.
- Section 10 of the Children Act, 2004 – provides that the local authority must make arrangements to promote cooperation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board, with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and

neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.

- Equality Act, 2010 – the key elements are as follows:
  - They must not discriminate against, harass or victimise disabled children and young people
  - They must make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage
- Education Act, 1996, Chapter 1 (Special Educational Needs)
- Care Standard Act, 2000
- Health and Safety at Work Act, 1974, Section 2 - and the associated regulations, provides that it is the duty of the employer (local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.
- Misuse of Drugs Act, 1971 – and associated regulations the supply, administration; possession and storage of certain drugs are controlled. Schools may have a child who has been prescribed a controlled drug.
- Medicines Act, 1968 – specifies the way that medicines are prescribed, supplied and administered within UK and places restrictions on dealings with medicinal products, including their administration.

Other relevant legislation

- Every Child Matters, 2003
- UN Convention on the Rights of the Child, 1989
- Management of Health and Safety at Work Regulations, 1999
- Control of Substances Hazardous to Health Regulations, 2002
- The Regulatory Reform (fire safety) Order, 2005
- Chronically Sick and Disabled Persons Act, 1970

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) **Yes/No**

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 [*agreed member of staff*]

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

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			
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Name of member of staff			
Staff initials			

Form 5: Record of medicines administered to all learners – by date

Name of setting

Date	Learner's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

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 administer and/or carry their medicine.

Signed parent/carer ..... Date

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

Learner's signature..... Date

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 ☐
Learner with staff supervision ☐
Nurse/school staff member ☐

Type of error:

Dose administered 30 minutes after scheduled time ☐

Omission ☐ Wrong dose ☐ Additional dose ☐

Wrong learner ☐

Dose given without permissions on file ☐ Dietary ☐

Dose administered by unauthorised person ☐

Description of incident:

Action taken:

☐ Parent notified: name, date and time_____

☐ School nurse notified: name, date and time_____

☐ Physician notified: name, date and time_____

☐ Poison control notified ☐ Learner taken home ☐ Learner sent to hospital

☐ Other:

Note:
