



# Cardiff West Community High School Healthcare Needs Policy

Established January 2018  
To be reviewed January 2020



An artist's impression of our new Cardiff West Community High School in Trelai Park, opening Spring 2019

**Ambition**

**Resilience**

**Trust**

## **Healthcare Needs Policy for Cardiff West Community High School**

The staff and governors of Cardiff West Community High School are wholly committed to pursuing a policy of inclusive education that welcomes and supports learners with healthcare needs. This policy is designed to ensure that all learners are able to access their education in a supportive environment, which is sensitive to any healthcare needs. It supports the management of medication and healthcare needs in school and supports individual with specific healthcare needs.

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

It identifies the different roles and responsibilities of school, parents and learners. Effective communication and cooperation between home and school will support this.

The policy has been written in consultation with a wide range of local key stakeholders within school and complies the Welsh Government Guidance 'Supporting Learners with Healthcare Needs' published 30<sup>th</sup> March 2017. We also acknowledge and reference the Cardiff Local Authority toolkit entitled 'Meeting the Healthcare Needs of Children and Young People in Cardiff – A Toolkit for Early Years Setting and Schools' (April 2017) for further information, in particular, the management of specific medical conditions.

Each child, including learners with healthcare needs, is an individual developing in their own individual way; therefore, it is our aim to encourage the children to see for themselves their own talents, to foster self-confidence and to develop a sense of person adequacy, so that each child can cope with the environment, at a level appropriate to that child.

Hopefully each child will be well balanced, happy and able to develop sensible attitudes to learning, so that they are able to find enjoyment in all aspects of schoolwork, and gain satisfaction from their own achievements. Healthcare issues affect each learner individually and support from the education setting may have an impact on their quality of life and future chances. Therefore, governing bodies and Headteachers should ensure arrangements focus on meeting the needs specific to the learner and consider how this impacts on their education, attainment and wellbeing. Arrangements should give learners and parents' confidence that provision is suitable and effective.

### **1. 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 learners 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 wellbeing of learning 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 wellbeing, education, training and recreation, and social well being
- The non-statutory advice contained within the document is issued in exercise of the Welsh Ministers' duty to promote the education of the people of Wales and their power in relation to the promotion or improvement of the economic, social and environmental wellbeing in Wales
- Being mindful of the Social Services and Wellbeing (Wales) Act 2014 - Education settings should be fully aware of this approach and ensure assistance to learners is provided using a holistic approach.

## **2. Roles and responsibilities**

Cardiff West Community High School ('the School') will develop and implement arrangements in line with legal requirements.

The Governing Body will oversee the development and implementation of arrangements, which will 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)
- the statutory duty to promote the wellbeing of learners. The School will give consideration to how we can meet these needs, including providing learners with access to information and material aimed at promoting spiritual and moral wellbeing and physical and mental health (Article 17 of the UNCRC)
- Considering how we 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 including 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
- 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

### **Headteacher**

The Headteacher will ensure arrangements to meet the healthcare needs of their learners are sufficiently developed and effectively implemented, to include:

- Working with the Governing Body to ensure compliance with applicable statutory duties when supporting learners with healthcare needs, including duties under the Equality Act 2010
- Ensuring the arrangements in place to meet a learner's healthcare needs are fully understood by all parties involved and acted upon and such actions are maintained. In larger education settings, it may be more practical to delegate the day-to-day management of a learner's healthcare needs to another member of staff. The Headteacher should directly supervise this arrangement as part of the regular reporting and supervision arrangements
- Ensuring the support put in place focuses on and meets the individual learner's needs, also known as person centred planning
- Extending awareness of healthcare needs across the education setting in line with the learner's right to privacy. This may include support, catering and supply staff, governors, parents and other learners
- Appointing a named member of staff who is responsible for learners with healthcare needs, liaising with parents, learners, the home tuition service, the local authority, the key worker and others involved in the learner's care
- Ensuring a sufficient number of trained staff are available to implement the arrangements set out in all IHPs, including contingency plans for emergency situations and staff absence
- Having the overall responsibility for the development of IHPs
- Ensuring that learners have an appropriate and dignified environment to carry out their healthcare needs e.g. private toilet areas for catheterisation
- Checking with the local authority whether particular activities for supporting learners with healthcare needs are appropriately covered by insurance and making staff aware of any limits to the activities that are covered

- Ensuring all learners with healthcare needs are appropriately linked with the education setting's health advice service
- Ensuring when a learner participates in a work experience placement or similar, that appropriate healthcare support has been agreed and put in place
- Providing annual reports to the Governing Body on the effectiveness of the arrangements in place to meet the healthcare needs of learners
- Ensuring all learners with healthcare needs are not excluded from activities they would 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, 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 Wellbeing (Wales) Act 2014. Education settings should be fully aware of this approach and ensure assistance to learners is provided using a holistic approach.

### **All Staff**

Any staff member within the education setting may be asked to provide support to learners with healthcare needs, including assisting or supervising the administering of medicines. This role is voluntary. Staff members must receive sufficient and suitable training and achieve the necessary level of competence before they take on the responsibility.

In addition to the training provided to staff that have volunteered or are contracted to support learners with healthcare needs, the School will ensure that staff:

- Fully understand the education setting's Healthcare Needs policy 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 if bullying issues and emotional wellbeing 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 needs are affecting the learner in the education setting. This may include reporting any deterioration, concerns or changes to learner or staff routines.

### **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.

### **The School will endeavour to ensure that parents and learners will:**

- 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 and administration instructions
- Ensure the 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

### **3. The learning 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:

#### **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 as the strategies prepared by the local authority.

#### **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. Day trips and residential visits**

The Governing Body will ensure that 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.

Staff will be made 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 will consider how to accommodate the sharing of personal information with third parties if necessary for off-site activities (in compliance with the Data Protection Act 1998 and in respecting the learner's rights to privacy). This could include information about the healthcare needs of learners, what to do in an emergency and any additional support, medication or equipment needed.

Additional safety measures to those already in place in the setting may be necessary to support learners with healthcare 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.

All staff supervising visits should be aware of a learner's healthcare needs and any medical emergency procedures. Summary sheets will be held by staff, containing details of each young person's needs and any other relevant information provided by parents. If appropriate, a volunteer staff member should be trained in administering medication and should take responsibility in a medical emergency.

Parents will 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 learner 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 person 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 may be invalid), where required

## **5. Social Interactions**

The Governing Body will 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 school clubs and residential visits

The School will 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.

## **6. Exercise and physical activity**

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

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

Separate 'special provisions' for particular activities will 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 will be sought.

## **7. Food Management**

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

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

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

Food provided for trips will reflect the dietary and treatment needs of the learners taking part. Food provided for snacks in classroom settings will 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 will not be excluded from the classroom or put in isolation.

### **8. Risk assessments**

Staff will be clear when a risk assessment is required and will be aware of the risk assessment systems in place. Staff will start from the premise of inclusion and will build in a process of seeking adjustments or alternative activities rather than separate provision.

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

### **9. Sharing Information**

The Governing Body will ensure that healthcare needs arrangements, in both wider School policies and IHPs, are supported by clear communication with staff, parents and other key stakeholders, to ensure full implementation. All information will be kept up to date. All information sharing techniques such as staff noticeboards and school intranets will be agreed by the learner and parent in advance of being used, to protect confidentiality.

### **10. Communicating with Staff**

Staff will have access to relevant information, particularly if there is a possibility of an emergency situation arising. This may include:

- Where suitable, and following appropriate consent, a noticeboard in the staff room used to display information on high risk health needs, first aiders and certificates; however, at all times the learner's right to privacy will be taken into account
- The School may use a secure intranet area and/or staff meetings to help to ensure staff are aware of the healthcare needs of learners they have or may have contact with

### **11. Communicating with Parents and learners**

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

- Make healthcare policies easily accessible
- Provide learners and parents with a copy of their information sharing policy. This will state the type of bodies and individuals with whom the learner's medical information may be shared
- Ask parents to sign a consent form, which clearly details the bodies, individuals and methods through which information will be shared. Sharing medical information can be a sensitive issue and learners will be involved in any decisions. The School will keep a list of what information has been shared with whom and why, for learners and parents 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 School's healthcare needs arrangements, where appropriate
- Consider how friendship groups and peers may be able to assist learners, e.g., they could be taught the triggers and signs of issues for a learner, know what to do in an emergency, and who to ask for help. The education setting should discuss with the learner and parents first and decide if information can be shared.

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

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

- Contact details for emergency services
- Parental agreement for educational setting to administer medicine

- Head of education setting agreement to administer medicine
- Record of medicine stored for and administered to an individual learner
- Record of medicines administered to all learners by date
- Request for learner to administer own medicine
- Staff training record – administration of medicines
- Medication incident form

New records will be completed when there are changes to medication or dosage. The School will ensure that the old forms are clearly marked as being no longer 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.

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.

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

Learners may require medication at setting 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).

#### **Arrangements to give medication in school**

- 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 staff, or for a learner to self-administer their own medication. This arrangement will be agreed, documented and dated by the Headteacher. A copy will 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.**

#### **Receiving medication in school**

No medication will be accepted into the School unless it is clearly labelled as follows:

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

#### **Storage of medication**

Medication will be stored in a locked cupboard away from other children and young people. The key will 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 will be in a sealed container that is clearly labelled. All medicines will be clearly labelled.

In the case of older learners it may be appropriate for them to carry emergency medication with them – the School will make decisions around this based on individual circumstances in liaison with the family and the School health team. The IHP should reflect this agreed decision.

Learners can carry asthma inhalers to ensure easy access. Again this should be reflected in the learners' IHP. Local pharmacists can give advice about storing medicines.



## **Administering medication**

Any staff willing to administer medication will 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 school in pre-drawn doses/syringes (unless this is how it is dispensed by the pharmacist) or in drinks. It must come in the original packaging with a pharmacy label intact. There must be a syringe provided to help in the measurement of the correct dose.

Medicines will only be given according to the prescription given by the GP. Parents should ensure a copy of this is available for school. The School will require written notification from the GP should doses or medications change. Medicines will not be given if they are out of date. Parents will need to replace medicines immediately and it is the parent's responsibility to dispose of any unwanted medicines.

Two members of staff will always 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**

Learners may self-administer some medications e.g. asthma inhalers. Forms relating to medications in school must indicate whether the learner requires supervision or not. Staff will record when a learner has medication even if self-administering.

Appropriate measures should be put in place or alternative arrangements if named staff are unavailable or absent. There will 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.

## **Hygiene and Infection Control**

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

## **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

## **Emergency Medications**

Emergency medications (i.e. epi pen, buccal midazolam) will have an IHP detailing how to administer it and what to do in the event of an emergency.

The location of emergency medications will be known and accessible to all staff but not accessible to other children and young people.

Emergency medications will not be used for another learner displaying the same symptoms. If there are concerns an ambulance must be called. Medication will only be given to the learner it is intended for

Staff will 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 will always be informed if emergency medications have been given and records should be retained at the setting.

#### **14. Emergency Procedures**

The Governing Body will ensure that a policy is in place for handling emergency situations. Staff will 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.

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

Other learners in the school will 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 will stay with the learner until a parent arrives. This includes accompanying them in an ambulance to hospital. The member of staff will have details of any known healthcare needs and medication.

**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.**

#### **15. Training**

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

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.

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 will be shown how to change batteries) and various adaptive technologies.

Training provided will ensure that 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.

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

All staff, irrespective of whether they have volunteered to assist or support learners with healthcare needs, may come into contact with learners who have healthcare needs. All staff will therefore 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 conditions the school will reference the Cardiff Local Authority Healthcare Toolkit.

Policies will 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 will be made aware of what preventative and emergency measures are in place so staff can recognise the need for intervention and react quickly.

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

## **16. Qualifications and assessments**

Efficient and effective liaison is imperative when learners with healthcare needs are approaching assessments, including those undertaking examinations in hospital or at home. Liaison between school and the hospital teacher or home tutor is most important, especially where the learner is moving from school or home to the hospital on a regular basis.

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).

## **17. Education other than at school (EOTAS)**

A learner who is unable to attend school because of their healthcare needs will have their educational needs identified and will receive educational support quickly so they can continue with suitable education. The nature of the provision should be responsive; reflecting the needs of what may be a changing health status.

Where absences are anticipated or known in advance, close liaison between the school and local authority should enable the EOTAS service to be provided from the start of the absence.

Cooperation between education, health and administration staff in hospital is essential. The School's aim will be to achieve the greatest possible benefit for the learner's education and health, which should include the creation of an atmosphere conducive to effective learning. Parents can also be a valuable link.

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

## **18. School transport**

There is a statutory duty on the local authority, Headteacher and Governing Body in relation to learners travelling to the place where they receive their education or training.

## **19. Reviewing policies, arrangements and procedures –**

The Governing Body will ensure that all policies, arrangements and procedures are reviewed regularly in school. IHP reviews will involve all key stakeholders including, where appropriate, the learner, parents, education and health professional and other relevant bodies.

## **20. Insurance arrangements –**

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

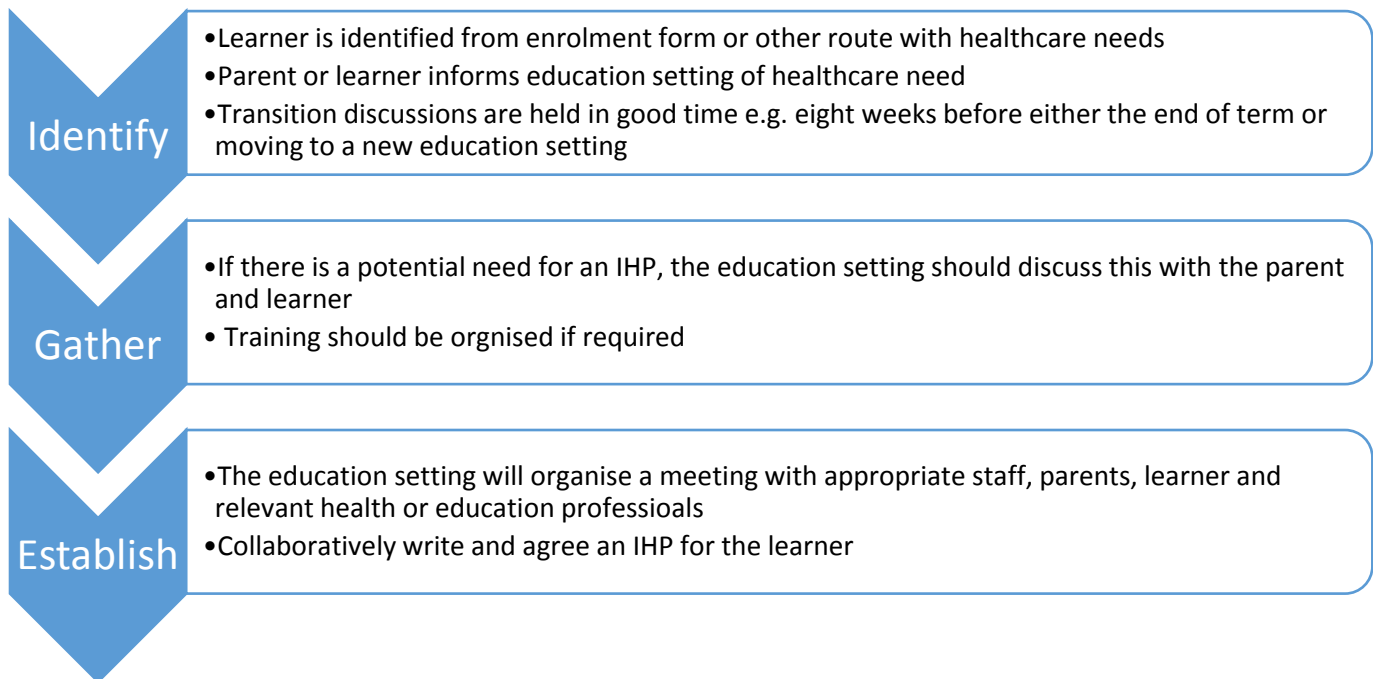
## **21. Complaints procedure**

See separate Cardiff West CHS Complaints Procedure Policy

## **22. Individual Healthcare Plans (IHP)**

The Governing Body will ensure that the School policy covers the role of IHPs and who is responsible for their development in supporting learners at an education setting with medical conditions.

An IHP (See Form 2, in Appendix 1) will help the School to 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.



### **Roles and Responsibilities in the creation and management of IHPs**

IHPs 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.

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)
- A Parent/carer
- Input or information from previous education setting
- Appropriate healthcare professionals
- Social care professions
- Headteacher and/or delegated responsible individual for healthcare needs across the School
- 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 Headteacher 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

If the plan needs revising the School and relevant health professional will meet with the parents and a new plan will be written and signed by all parties. The plan will also be made available to **all staff** coming into contact with the learner

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

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.

### **23. Coordinating information with healthcare professional, the learner and parents**

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

### **Confidentiality**

Relevant staff (including temporary staff) will be 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 will comply with the Data Protection Act 1998 and will not breach the privacy rights of or duty of confidence owed to the individuals.

### **24. 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 health advice should be sought where appropriate.

### **Unacceptable Practice in school**

**It is not acceptable practice and therefore the School will not:**

- Prevent learners from attending education or reduce provision due to 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 or 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 given to adjustments or additional time needed in mock examinations or other tests

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

### **Outline of legal framework**

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

This is not an exhaustive list of the law relevant to this subject. Nor is it an authoritative statement or description of the law, which only courts can give. The descriptions below are summaries of the main relevant provisions. For any particular duty, there will be further statutory provisions and there may be case law (and possibly such developments after the issue of this guidance), affecting the meaning of the provisions (e.g. defining terms), or how a function is to be exercised (e.g. matters to which the person exercising the function must have regard). It should

not be relied upon as a substitute for seeking legal advice or reading the actual provisions. Legislation can be found at [www.legislation.gov.uk](http://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**)<sup>1</sup>.

### 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**)<sup>2</sup>.

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<sup>3</sup> (**Section 175(4) of the Education Act, 2002**). Governing bodies are also subject to duties under the **Equality Act, 2010**<sup>4</sup> – 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*)<sup>5</sup>.

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;

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<sup>1</sup> **Children Act, 1989** - <http://www.legislation.gov.uk/ukpga/1989/41/contents/enacted>

<sup>2</sup> **Education Act, 2002** - <http://www.legislation.gov.uk/ukpga/2002/32/contents>

<sup>3</sup> This power is now vested in the Welsh Ministers, rather than the National Assembly for Wales, by virtue of paragraph 30 of Schedule 11 to the **Government of Wales Act, 2006** - <http://www.legislation.gov.uk/ukpga/2006/32/contents>

<sup>4</sup> **Equality Act, 2010** - <http://www.legislation.gov.uk/ukpga/2010/15/contents>

<sup>5</sup> **Education Act, 1996** - <http://www.legislation.gov.uk/ukpga/1996/56/contents>

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)<sup>6</sup>.

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*)<sup>7</sup>.

**The Education (School Premises) Regulations, 1999, S.I. 1999/2**<sup>8</sup> 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**<sup>9</sup>. 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 disabled pupils and in some cases, other particular persons. The responsible body is also subject to a duty to make reasonable adjustments (*Section 85 of the Equality Act, 2010*).

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

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

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

Improving the delivery to disabled pupils of information which is readily accessible to pupils who are not disabled (*paragraph 1 of Schedule 10 to the Equality Act, 2010*).

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

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

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

### **Other relevant provisions**

The **Learner Travel (Wales) Measure, 2008**<sup>10</sup> places duties on local authorities and governing bodies in relation to home-school transport.

The **Data Protection Act, 1998**<sup>11</sup> regulates the processing of personal data, which includes the holding and disclosure of it.

The **Misuse of Drugs Act, 1971**<sup>12</sup> 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 3:2**

#### **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)**<sup>13</sup> - 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.

<sup>6</sup> **Social Services and Well-Being (Wales) Act, 2014** - <http://www.legislation.gov.uk/anaw/2014/4/contents/enacted>

<sup>7</sup> **Children Act, 2004** - <http://www.legislation.gov.uk/ukpga/2004/31/contents>

<sup>8</sup> **Education (School Premises) Regulations, 1999, S.I. 1999/2** - <http://www.legislation.gov.uk/uksi/1999/2/contents/made>

<sup>9</sup> **Equality Act, 2010** - <http://www.legislation.gov.uk/ukpga/2010/15/contents>

<sup>10</sup> **Learner Travel (Wales) Measure, 2008** - <http://www.legislation.gov.uk/mwa/2008/2/contents>

<sup>11</sup> **Data Protection Act, 1998** - <http://www.legislation.gov.uk/ukpga/1998/29/contents>

<sup>12</sup> **Misuse of Drugs Act, 1971** - <http://www.legislation.gov.uk/ukpga/1971/38/contents>

<sup>13</sup> <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>



**Section 21 of the Education Act, 2002**<sup>14</sup> – 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**<sup>15</sup> – 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**<sup>16</sup> – 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**<sup>17</sup> – 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)**<sup>18</sup>

**Care Standard Act, 2000**<sup>19</sup>

**Health and Safety at Work Act, 1974, Section 2**<sup>20</sup> - 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**<sup>21</sup> – 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**<sup>22</sup> – 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**<sup>23</sup>

**UN Convention on the Rights of the Child, 1989**<sup>24</sup>

**Management of Health and Safety at Work Regulations, 1999**<sup>25</sup>

**Control of Substances Hazardous to Health Regulations, 2002**<sup>26</sup>

**The Regulatory Reform (fire safety) Order, 2005**<sup>27</sup>

**Chronically Sick and Disabled Persons Act, 1970**<sup>28</sup>

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<sup>14</sup> <http://www.legislation.gov.uk/ukpga/2002/32/contents>

<sup>15</sup> <http://www.legislation.gov.uk/ukpga/1989/41/contents>

<sup>16</sup> <http://www.legislation.gov.uk/ukpga/2004/31/contents>

<sup>17</sup> <http://www.legislation.gov.uk/ukpga/2010/15/contents>

<sup>18</sup> <http://www.legislation.gov.uk/ukpga/1996/56/part/IV>

<sup>19</sup> <http://www.legislation.gov.uk/ukpga/2000/14/contents>

<sup>20</sup> <http://www.legislation.gov.uk/ukpga/1974/37/section/2>

<sup>21</sup> <http://www.legislation.gov.uk/ukpga/1971/38/contents>

<sup>22</sup> <http://www.legislation.gov.uk/ukpga/1968/67>

<sup>23</sup> <https://www.education.gov.uk/consultations/downloadableDocs/EveryChildMatters.pdf>

<sup>24</sup> [http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC\\_PRESS200910web.pdf](http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC_PRESS200910web.pdf)

<sup>25</sup> <http://www.legislation.gov.uk/uksi/1999/3242/regulation/1/made>

<sup>26</sup> <http://www.legislation.gov.uk/uksi/2002/2677/contents/made>

<sup>27</sup> <http://www.legislation.gov.uk/uksi/2005/1541/contents/made>

<sup>28</sup> <http://www.legislation.gov.uk/ukpga/1970/44/contents/enacted>