

CARDIFF HIGH SCHOOL



Healthcare Needs Policy

Policy 1.8

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HEALTHCARE NEEDS POLICY

1. Key Principles

- a) Cardiff 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 individuals with specific healthcare needs.
- b) At Cardiff 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 in an emergency.
- c) The policy identifies the roles and responsibilities of school, parents and learners. Effective communication and cooperation between home and school will enable this to be achieved.
- d) Our policy complies with the Welsh Government Guidance 'Supporting Learners with Healthcare Needs' which was published on 30th March 2017. We also acknowledge and can refer to Cardiff Local Authority 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.
- e) Each young person, including learners with healthcare needs, is an individual, developing in their own individual way; therefore, it is our aim to encourage the learners to see for themselves, their own talents, to foster self-confidence, and to develop a sense of person, so that each learner can cope with the environment, at a level appropriate to them. Hopefully each learner 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.
- f) Healthcare issues affect each learner individually and support from the school may have an impact on their quality of life and future chances. Therefore, we will 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/carers confidence that provision is suitable and effective.

2. School's legal requirements

- a) 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. This includes supporting learners with healthcare needs.
- b) 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.
- c) 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.
- d) The Welsh Government Guidance 'Supporting Learners with Healthcare Needs' (Guidance Document No 215/2017) contains both statutory and non-statutory guidance. 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.
- e) The Social Services and Wellbeing (Wales) Act 2014 states that schools should be fully aware of this approach and ensure assistance to learners is provided using a holistic approach.

3. Roles and responsibilities

3.1 School/Governing Body

- a) Comply 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).
- b) Have a statutory duty to promote the wellbeing of learners. There will be consideration of how they can meet these needs, including providing learners access to information and material aimed at promoting spiritual and moral wellbeing and physical and mental health (Article 17 of the UNCRC)
- c) Consider how they can support learners to develop the skills, knowledge and emotional resilience required to uphold their rights, and the rights of others.
- d) Ensure 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.

- e) Work collaboratively with parents and other professionals to develop healthcare arrangements to meet the best interests of the learner.
- f) Develop and implement effective arrangements to support learners with healthcare needs and where appropriate, Independent Healthcare Plans (IHPs) for particular learners.
- g) Ensure arrangements are in place for the development, monitoring and review of the healthcare needs arrangements.
- h) Ensure the arrangements are in line with other relevant policies and procedures, such as health and safety, first aid, risk assessments, data protection legislation, safeguarding measures and emergency procedures.
- i) Ensure robust systems are in place for dealing with health care emergencies and critical incidents, for both on and off site activities, including access to emergency medication such as inhalers or adrenaline pens.
- j) Ensure staff with responsibility for supporting learners with healthcare needs are appropriately trained, e.g. on anaphylaxis and administration of EpiPens.
- k) Ensure appropriate insurance cover is in place, any conditions are complied with and staff are clear on what this means for them when supporting learners.
- l) Have an infection prevention policy that fully reflects the procedures laid out in current guidance.

3.2 The Senior Leadership Team and ALNCo

- a) Ensure arrangements to meet a learner's healthcare needs are sufficiently developed and effectively implemented.
- b) Work with the governing body to ensure compliance with applicable statutory duties when supporting students with healthcare needs, including duties under the Equality Act 2010.
- c) Ensure 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 schools, it may be more practical to delegate the day to day management of a student's healthcare needs to another member of staff.
- d) Ensure the support put in place focuses on and meets the individual learner's needs, also known as person centred planning.
- e) Extend awareness of healthcare needs across the school in line with the learner's right to privacy. This may include support staff, catering staff, agency workers, governors, parents/carers and other learners.

- f) Appoint a named member of staff who is responsible for learners with healthcare needs, liaising with parents/carers, learners, the home tuition service, the local authority, the key worker and others involved in the learner's care.
- g) Ensure 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.
- h) Have the overall responsibility for the development of IHPs.
- i) Ensure that learners have an appropriate and dignified environment to carry out their healthcare needs e.g. private toilet areas for catheterisation.
- j) Check whether particular activities for supporting learners with healthcare needs are appropriately covered by insurance and make staff aware of any limits to the activities that are covered.
- k) Ensure all learners with healthcare needs are appropriately linked with the school's health advice service.
- l) Ensure when a learner participates in a work experience placement or similar, that appropriate healthcare support has been agreed and put in place.
- m) Provide annual reports to the governing body on the effectiveness of the arrangements in place to meet the healthcare needs of learners.
- n) Ensure 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.
- o) Notify the local authority when a learner is likely to be away from the school 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.
- p) Be mindful of the Social Services and Wellbeing (Wales) Act 2014. Schools should be fully aware of this approach and ensure assistance to learners is provided using a holistic approach.

3.3 Teachers and Support Staff (including catering and administrative staff, where appropriate)

- a) Any staff member within the school may be asked to provide support to learners with healthcare needs, including assisting or supervising the administering of medicines. This role is voluntary. Staff members must receive

sufficient and suitable training and achieve the necessary level of competence before they take on the responsibility.

- b) In addition to the training provided to staff that have volunteered or are contracted to support learners with healthcare needs, the school should ensure staff:
- Fully understand the school'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 school's emergency procedures and be prepared to act in an emergency;
 - Ask and listen to the views of learners and their parents/carers, 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 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 the emotional wellbeing of learners with healthcare needs, and are prepared to intervene in line with the school's policies;
 - 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; and
 - Keep parents/carers informed of how the healthcare needs are affecting the learner in school. This may include reporting any deterioration, concerns or changes to learner or staff routines.

3.4 Parents/Carers and Learners

- a) It is vital that learners and parents/carers 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.

b) 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/carer 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 school, 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 school of any changes such as type of medication, dosage and administration instructions;
- Ensure a nominated adult is contactable at all times and all necessary forms are completed and signed; and
- Inform the school if their child has/had an infectious disease or condition while in attendance.

3.5 Local Authority

- a) Ensure education provision is available to learners
- b) 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.
- c) 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.
- d) 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.

- e) Work with schools 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. If a learner is over that compulsory school age but under 18, the local authority may make such arrangements.
- f) Provide support, advice and guidance, including how to meet the training needs of school staff, so that governing bodies can ensure the support specified within the IHP can be delivered effectively.

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

- a) 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 education setting to successfully implement IHPs;
 - Supporting staff to implement a learner's IHP through advice and liaison with other healthcare, social care and third sector professionals.
- b) 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 schools are inclusive and accessible making reasonable adjustments for learners with healthcare needs. This includes the following:

4.1 Physical access to school buildings

- a) 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).

- b) 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.

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

- a) Governing bodies should ensure the school actively supports all learners with healthcare needs to participate in trips and visits. Governing bodies must be aware of their legal requirements to make reasonable adjustments to trips and residential visits ensuring full participation from all learners.
- b) Staff should be aware of how a learner's healthcare needs may impact on participation, and seek to accommodate any reasonable adjustments, which would increase the level of participation by the learner. Staff should consider how to accommodate the sharing of personal information with third parties if necessary for off-site activities (in compliance with data protection legislation 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.
- c) Additional safety measures to those already in place in the school may be necessary to support learners with health care needs during visits or activities outside of the normal school timetable. Arrangements for taking medication and ensuring sufficient supplies for residential visits may be required.
- d) All staff supervising visits should be aware of a learner's healthcare needs and any medical emergency procedures. Summary sheets held by all staff, containing details of each young person's needs and any other relevant information provided by parents/carers, 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.
- e) Parents/carers 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 have 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 need 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; or
- '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

- a) Governing bodies should ensure the involvement of learners with healthcare needs is adequately considered in structured and unstructured social activities, such as during breaks, productions, after hours clubs and residential visits.
- b) The school should make all staff aware of the social barriers learners with healthcare needs may experience and how this can lead to social exclusion. A proactive approach is needed to remove any barriers.

4.5 Exercise and physical activity

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

- a) Where food is provided by or through the school, consideration must be given to dietary needs of learners, e.g. those who have diabetes, coeliac disease, allergies and intolerances.
- b) Where a need occurs the school should, in advance, provide menus to parents/carers 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.
- c) 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

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

The school will ensure healthcare needs arrangements, wider school policies and IHPs, are supported by clear communication with staff, parents/carers 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/carer in advance of being used, to protect confidentially.

5.1 Teachers, support staff (this may include catering staff and relevant contractors) and agency workers

- a) Staff should have access to the relevant information, particularly if there is a possibility of an emergency situation arising. How this is done, could include:
 - o Where suitable, and following appropriate consent, a noticeboard in the staff room used to display information on high risk health needs, first aiders and certificates, emergency procedures etc. It should be noted that not all staff use their staff room, that the size of the school could make this

form of information sharing impractical, and that at all times the learner's right to privacy must be taken into account; or

- The Additional Learning Needs 'Confidential Booklet' and ALN Target List contain information on high risk needs and are provided to all members of staff.
- The school's secure intranet area and staff meetings are utilised to help ensure staff are aware of the healthcare needs of learners they have or may have contact with.

5.2 Parents/carers and learners

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

- Make healthcare policies easily accessible, online and in hard copy;
- Provide the learner and parents/carers 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/carers 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 the learner should be involved in any decisions. The school should keep a list of what information has been shared with whom and why, for the learner and parent/carer 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; and
- Consider how friendship groups and peers may be able to assist learners, e.g., they could be taught the triggers and signs of issues for a learner, know what to do in an emergency, and who to ask for help. The school should discuss with the learner and parents/carers first and decide if information can be shared.

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

- a) The following documentation should be collected and maintained, where appropriate;

- Contact details for emergency services;
 - Parental/carer agreement for educational setting to administer medicine;
 - Senior Leadership 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.
- b) New records should be completed when there are changes to medication or dosage. The school will ensure that the old forms are clearly marked as being no longer relevant and stored in line with their information retention policy. Electronic versions can be found on the Welsh Government website. Parents/carers have a duty to notify the school, in advance, about this. Electronic versions can be found on the Welsh Government website.
- c) 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.
- d) The best examples of record keeping include systems where the learners' healthcare needs records have been computerised to allow quick and easy access by the appropriate staff. Data systems can also allow for easy access to the required information for staff who may be placed into classrooms where they are not familiar with the healthcare needs of the learners. The operation of such systems must comply with data protection legislation.

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

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

7.1 Arrangements to give medication in school

- a) Medication should only be brought to school where it would be detrimental to a learner's health if it were not administered during the school day. A parental/carer request form should be completed each time there is a request for medication to be administered by school staff, or for a learner to self-administer their own medication. This arrangement must be agreed, documented and dated by the learner's Achievement Leader or ALNCo. A copy must be kept on file.
- b) 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.
- c) 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 school

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

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

7.3 Storage of medication

- a) 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.**
- b) In the case of older learners it may be appropriate for them to carry emergency medication with them – schools should make such decisions based on individual circumstances in liaison with the family and health team. The IHP should reflect this agreed decision.
- c) 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.
- d) Local pharmacists can give advice about storing medicines.

7.4 Administering medication

- a) Any staff willing to administer medication must receive appropriate guidance, and be aware of any possible side effects of the medication. This can be found in the information leaflet.
- b) Parents/carers must not send the medication to the 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.
- c) Medicines must only be given according to the prescription given by the GP. Parents/carers should ensure a copy of this is available for the school. Schools require written notification from the GP should doses change or medications change.
- d) Medicines should not be given if they are out of date. Parents/carers will need to replace the medicines immediately and it is the parent's/carer's responsibility to dispose of any unwanted medicines.
- e) 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); and
 - **Right Time**
- f) The learner may self-administer some medications e.g. asthma inhalers. It should be clear in the forms relating to medications in school whether the learner requires supervision or not.
- g) Appropriate measures should be put in place or alternative arrangements if named staff are unavailable or absent.
- h) There should be a completed record to show the learner's name and date of birth, the date, time and medication name and dose and two staff should sign this. Accurate recording is of the utmost importance.
- i) 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

- a) Medications should always be returned to the parent/carer to be disposed of. If this is not possible any unused medications should be returned to a local pharmacy.
- b) Medications should not be disposed of in sinks or toilets.
- c) 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 school nurse.

7.7 Emergency medications

- a) 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.
- b) The location of emergency medications should be easily known and accessible to all staff but not accessible to other children and young people.
- c) 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.
- d) 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.
- e) Parents/carers and GP must always be informed if emergency medications have been given and records should be retained at the school.

8. Emergency Procedures

- a) The school has procedures in place for handling emergency situations. Staff know who is responsible, the 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 will be known to staff.
- b) Where a learner has an IHP, this should clearly define what constitutes an emergency and explain what to do. This information is also detailed in the ALN Confidential Booklet. Staff should be made aware of emergency symptoms and procedures.

- c) 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.
- d) 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.

9. **Training**

- a) Governing bodies must ensure staff who volunteer or who are contracted to support those with healthcare needs are provided with appropriate training.
- b) 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.
- c) 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 training for education settings as well as learners and families.
- d) 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/carers, who often play a major role in providing information on how needs, can be met. However, parents/carers should not be solely relied upon to provide training about the healthcare needs of their child.
- e) If a learner has a complex needs, input may be needed from healthcare services and the local authority who will be able to advice and signpost further training and support.
- f) 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.

- g) 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 place so staff can recognise the need for intervention and react quickly.
- h) 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

- a) 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 school 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.
- b) 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).

11. Education other than at school (EOTAS)

- a) A learner who is unable to attend their school because of their healthcare needs should have their educational needs identified, and receive educational support quickly so they continue to be provided with suitable education. The nature of the provision should be responsive; reflecting the needs of what may be a changing health status.
- b) 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.
- c) Cooperation between education, health and administration staff in hospital is essential. The aim should be to achieve the greatest possible benefit for the learner's education and health, which should include the creation of an

atmosphere conducive to effective learning. Parents/carers can also be a valuable link.

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

12. 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. For example, depending upon the circumstances, the local authority may need to arrange home to school transport for a learner, or provide appropriately trained staff for such journeys, to facilitate the attendance of a learner.

13. Reviewing policies, arrangements and procedures

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

14. Insurance arrangements

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

15. Complaints procedure

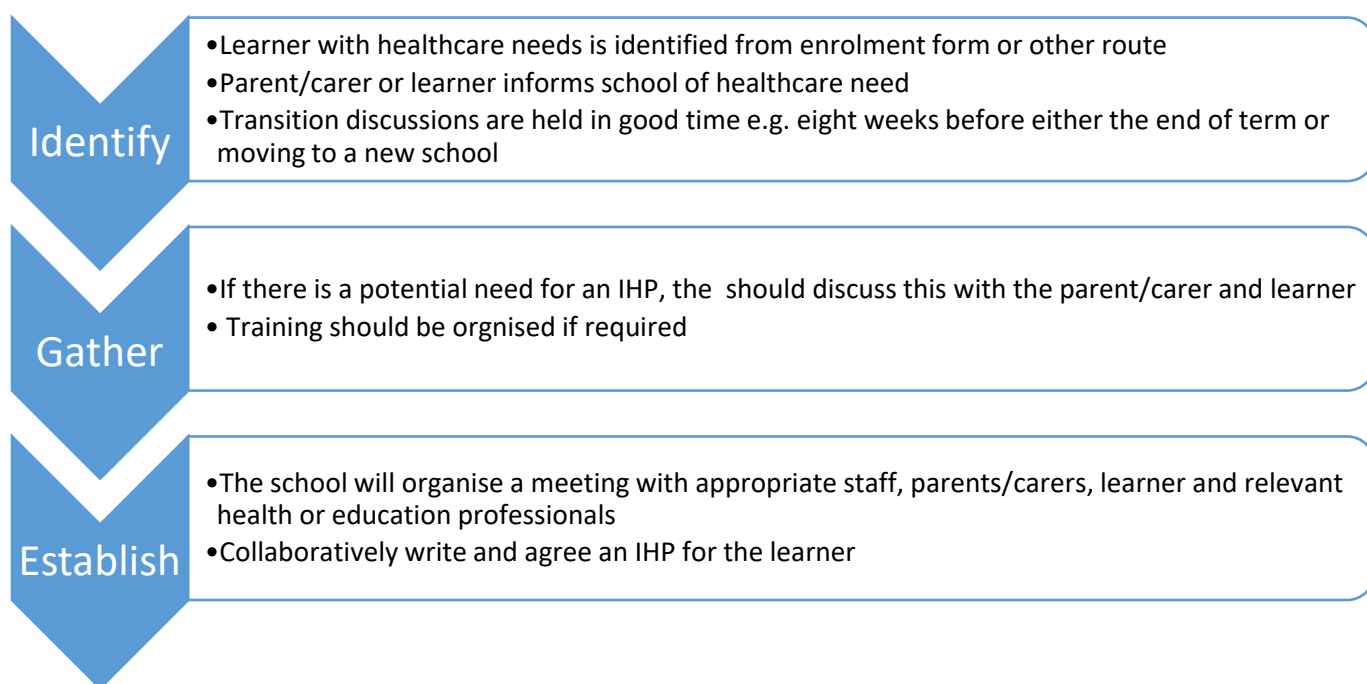
Complaints regarding the application of this policy will be dealt with through the school's complaints procedure. This procedure is available on the school website, or a copy can be requested from the Clerk to the Governing Body, Mrs D Macho, Cardiff High School, Llandennis Road, Cardiff, CF23 6WG, or by email to d.macho@cardiffhigh.cardiff.sch.uk.

16. Individual Healthcare Plans (IHP)/Care Plans

- a) Governing bodies should ensure that the school's healthcare policy covers the role of IHPs, and who is responsible for their development in supporting learners at an education setting with medical conditions.
- b) An IHP can assist schools 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.

- c) An IHP can clarify for schools, parents/carers 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.



16.1 Roles and responsibilities in the creation and management of IHPs

- a) IHPs do not need to be complex but they should explain how the learner's needs can be met. An IHP should be easily accessible to all who need to refer to it, while maintaining the required levels of privacy. Each plan should capture key information and actions required to support the learner effectively.
- b) A health professional must take a lead role in writing an IHP; 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 learner (where possible);
 - Parent/carer;
 - Input or information from previous school;
 - Appropriate healthcare professionals;
 - Social care professionals;
 - 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 wellbeing officer and ALNCOs;
- School staff who have agreed to administer medication or be trained in emergency procedures

16.2 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 school 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 school needs to be aware of the learner's healthcare needs and the support they require;
 - Protocol for exchanging information between education and health (if necessary);
 - Written permission from parents/carers and the Headteacher for the administration of medicines by staff or self-administration by the learner during school hours;
 - Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the learner can participate e.g. risk assessments;
 - Where confidentiality issues are raised by the parent/carer or learner 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; and
 - Review date
- a) If the plan needs revising, the school and health professional should meet with the parents/carers and a new plan written and signed by all parties.

- b) The plan should also be made available to all staff coming into contact with the learner.
- c) If the learner's condition is degenerative or life threatening, the plan should reflect these additional needs and should provide sufficient information to school staff. The plan should include details of the condition, what to do and who to contact in an emergency. More frequent reviews will be required for those with conditions that are technologically dependent or potentially life limiting.
- d) 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 confirmed in writing with the learner (where appropriate), the parents/carers and the school.

16.3 Coordinating information with healthcare professional, the learner and parents

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

16.4 Confidentiality

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

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

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

17. **Unacceptable Practice**

It is not acceptable practice to

- Prevent learners from attending education or reduce hours due to their healthcare needs, unless this is causing harm to the learner or others;
- Prevent learners from easily accessing their inhalers, medication and administering their medication when and where necessary;
- Assume every learner with the same condition requires the same treatment;
- Ignore the views of the learner or their parents/carers, or ignore healthcare evidence or opinion;
- Send learners with healthcare needs home frequently for reasons associated with their medical condition or prevent them from staying for normal school 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/carers, or otherwise make them feel obliged, to attend the school, 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 school life, including school trips e.g. by requiring parents/carers 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/carer to give up work or other commitments because the school is failing to support a learner's healthcare needs;
- Request adjustments or additional time for a learner at a late stage. They should be applied for in good time. Consideration should also be given to adjustments or additional time needed in mock examinations or other tests

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

