

# ABERCYNON COMMUNITY PRIMARY SCHOOL



## HEALTH NEEDS POLICY

*Always Creating Potential*

Ynysmeirig Road, Abercynon, Rhondda Cynon Taf CF45 4SU

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**Policy:** Healthcare Needs Policy for Abercynon *Community Primary School*

**Date of issue:** Sept 2022

**Review date:** Sept 2026

**School's full address and post code:** Abercynon Community Primary School, Ynysmeirig Rd, Abercynon, Mountain Ash CF454SU 01443 743060

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**Website address for this policy:** www.abercynonprimary.org

**Name of person responsible for maintaining this policy:** Mr D. Jewitt

### 1. Key principles

At Abercynon Community Primary we ensure arrangements and procedures are in place to support learners with healthcare needs.

- Our staff fully understand the work and principles of inclusivity.
- Staff adapt lessons and activities to ensure that those with healthcare needs can fully participate.
- Staff fully understand their role in relation to supporting learners with healthcare needs.
- Staff take part in regular training i.e. First Aid or training in relation to a particular healthcare need.
- Staff have had training in order to meet the healthcare needs of our pupils and they are confident to deal with a healthcare emergency.
- Staff have access to the health needs of pupils through our SIMS system.
- Learners are encouraged and supported to take responsibility for the management of their own care needs i.e. knowing when to take asthma pump.

### 2. School's legal requirements

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

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

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

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

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

### **Rights of learners**

All learners with healthcare needs are entitled to a full education. In addition to the duties set out above (Education Act 2002), consideration must also be given to whether the learner is defined as disabled under the Equality Act 2010<sup>3</sup>. Governing bodies must comply with the duties of this Act, including those within an education context. For example, reasonable adjustments for disabled learners must be made and disabled learners must not be discriminated against when making admission arrangements. In drafting this statutory guidance and advice, the Welsh Ministers have had regard to the UNCRC – the contents reflect the rights contained in the convention<sup>4</sup>.

### **3.Roles and responsibilities -**

#### **3a). School**

**Our Governing body oversee the development and implementation of arrangements, which include:**

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

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<sup>1</sup> Section 10 of the Education Act 1996 [www.legislation.gov.uk/ukpga/1996/56/section/10](http://www.legislation.gov.uk/ukpga/1996/56/section/10).

The Secretary of State's function under section 10 in relation to Wales has been transferred to the Welsh Ministers. See the National Assembly for Wales (Transfer of Functions) Order 1999 (S.I. 1999/672) and Government of Wales Act 2006, Schedule 11.

<sup>2</sup> Section 60 of the Government of Wales Act 2006 [www.legislation.gov.uk/ukpga/2006/32/section/60](http://www.legislation.gov.uk/ukpga/2006/32/section/60)

<sup>3</sup> [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)

<sup>4</sup> [www.childrensrights.wales](http://www.childrensrights.wales)

- ensuring arrangements are in place for the development, monitoring and review of the healthcare needs arrangements
- ensuring the arrangements are in line with other relevant policies and procedures, such as health and safety, first aid, risk assessments, the Data Protection Act 1998, safeguarding measures and emergency procedures
- ensuring robust systems are in place for dealing with healthcare emergencies and critical incidents, for both on- and off-site activities, including access to emergency medication such as inhalers or adrenaline pens
- ensuring staff with responsibility for supporting learners with healthcare needs are appropriately trained (see '2.8 Training' on page 17).
- ensuring appropriate insurance cover is in place, any conditions are complied with and staff are clear on what this means for them when supporting learners
- having an infection prevention policy that fully reflects the procedures laid out in current guidance<sup>5</sup>.
- complying with applicable statutory duties, including those under the Equality Act 2010 (e.g. the duty to make reasonable adjustments in respect of learners with healthcare needs if they are disabled, as outlined above)
- having a statutory duty to promote the well-being of learners. Schools should give consideration to how they can meet these needs, including providing learners access to information and material aimed at promoting spiritual and moral well-being and physical and mental health (Article 17 of the UNCRC)
- considering how they can support learners to develop the skills, knowledge and emotional resilience required to uphold their rights, and the rights of others
- ensuring the roles and responsibilities of all those involved in the arrangements to support the healthcare needs of learners are clear and understood by all those involved, including any appropriate delegation of responsibilities or tasks to a head teacher, member of staff or professional as appropriate
- working collaboratively with parents and other professionals to develop healthcare arrangements to meet the best interests of the learner
- developing and implementing effective arrangements to support learners with healthcare needs. This should include a policy on healthcare needs and where appropriate, IHPs for particular learners
- ensuring arrangements are in place for the development, monitoring and review of the healthcare needs arrangements
- ensuring the arrangements are in line with other relevant policies and procedures, such as health and safety, first aid, risk assessments, the Data Protection Act 1998, safeguarding measures and emergency procedures
- ensuring robust systems are in place for dealing with healthcare emergencies and critical incidents, for both on- and off-site activities, including access to emergency medication such as inhalers or adrenaline pens
- ensuring staff with responsibility for supporting learners with healthcare needs are appropriately trained (see '2.8 Training' on page 17).
- ensuring appropriate insurance cover is in place, any conditions are complied with and staff are clear on what this means for them when supporting learners
- having an infection prevention policy that fully reflects the procedures laid out in current guidance<sup>6</sup>.

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<sup>5</sup> [www.wales.nhs.uk/sitesplus/888/home](http://www.wales.nhs.uk/sitesplus/888/home)

<sup>6</sup> [www.wales.nhs.uk/sitesplus/888/home](http://www.wales.nhs.uk/sitesplus/888/home)

**The head teacher ensures arrangements to meet the healthcare needs of their learners are sufficiently developed and effectively implemented. This includes:**

- working with the governing body to ensure compliance with applicable statutory duties when supporting learners with healthcare needs, including duties under the Equality Act 2010
- ensuring the arrangements in place to meet a learner's healthcare needs are fully understood by all parties involved and acted upon, and such actions maintained. In larger education settings it may be more practical to delegate the day-to-day management of a learner's healthcare needs to another member of staff. The head teacher 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<sup>7</sup>
- 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 (whether in one go or over the course of the academic year) due to their healthcare needs. Ultimately, what qualifies a period of absence as 'significant' in this context depends upon the circumstances and whether the setting can provide suitable education for the learner. Shorter periods of absence may be significant depending upon the circumstances
- being mindful of the Social Services and Well-being (Wales) Act 2014. Education settings should be fully aware of this approach and ensure assistance to learners is provided using a holistic approach.

**Teachers, support staff and other members of staff:**

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<sup>7</sup> [learning.gov.wales/docs/learningwales/publications/150909-reviews-toolkit-en.pdf](https://learning.gov.wales/docs/learningwales/publications/150909-reviews-toolkit-en.pdf)

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

**In addition to the training provided to staff that have volunteered or are contracted to support learners with healthcare needs, the education setting should ensure staff:**

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

**Designated members of staff who support learners with healthcare needs:**

- There are two designated members of staff who are the lead for meeting the healthcare needs of pupils (Mrs S Scannell and Mrs J Smith)
- All members of staff are trained to – Emergency first aid for school teachers and staff level

### **3b). Parents/carers**

### **Learners and parents**

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

#### **Parents and learners should:**

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

### **3c). Local authority**

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

- must make reasonable adjustments to ensure disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory. For example, learners should not be disadvantaged when leaving primary school and beginning secondary school. In practical terms this means adjustments must be planned and implemented in advance to prevent any disadvantage. Discussions around the responsibility for provision should not impact on the delivery of service, as delays could be detrimental to the education and well-being of the learner
- must make arrangements to promote cooperation between various bodies or persons, with a view to improving, among other things, the well-being of children in relation to their physical and mental health, their education, training and recreation<sup>8</sup>. When making these arrangements, local authorities should ensure appropriate agreements are in place for data

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<sup>8</sup> Section 25 of the Children Act 2004 [www.legislation.gov.uk/ukpga/2004/31/section/25](http://www.legislation.gov.uk/ukpga/2004/31/section/25)

sharing. This could be through working within the Wales Accord on Sharing Personal Information (WASPI) Information Sharing Protocols or Data Disclosure Agreements. Local authorities and health boards have WASPI coordinators who can support service providers to develop appropriate agreements

- must make reasonable provision of counselling services for young people aged 11–18 and learners in Year 6 of primary school<sup>9</sup>. Within schools, this provision should complement the different approaches already in place to support the health, emotional and social needs of learners
- should work with education settings to ensure learners with healthcare needs receive a suitable education. Where a learner of compulsory school age would not receive a suitable education for any period because of their health, the local authority has a duty to make arrangements to provide suitable education<sup>10</sup>. If a learner is over that compulsory school age but under 18, the local authority may make such arrangements
- should provide support, advice and guidance, including how to meet the training needs of education setting staff, so that governing bodies can ensure the support specified within the individual healthcare plan (IHP) (see ‘Section 3: Individual healthcare plans (IHPs)’ on page 23) can be delivered effectively.

### **3d). NHS Wales school health nursing service, health and other professionals, third sector organisations and other specialist services**

Outline how your school will engage with these services, where appropriate. This can include health professionals, e.g. occupational therapists, speech and language therapists.

#### **4. Creating an accessible environment**

At Abercynon Community Primary School we have ensured that our setting is inclusive and accessible in the fullest sense to learners with healthcare needs (making the relevant modifications and adaptations.

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 for under the Equality Act 2010<sup>11</sup>. Any such strategy is expected to address:  
‘improving the physical environments 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 the schools’ (Schedule 10, Equality Act 2010<sup>12</sup>).

This strategy must relate to a prescribed period, be consulted upon, available for inspection and kept under review. Similarly, individual schools must carry out accessibility planning and

<sup>9</sup> [gov.wales/topics/educationandskills/schoolshome/wellbeing/schoolcounselling/statutory-guidance-independent-counselling-services/?lang=en](http://gov.wales/topics/educationandskills/schoolshome/wellbeing/schoolcounselling/statutory-guidance-independent-counselling-services/?lang=en)

<sup>10</sup> Section 19 of the Education Act 1996 at [www.legislation.gov.uk/ukpga/1996/56/section/19](http://www.legislation.gov.uk/ukpga/1996/56/section/19)

<sup>11</sup> [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)

<sup>12</sup> [www.legislation.gov.uk/ukpga/2010/15/schedule/10](http://www.legislation.gov.uk/ukpga/2010/15/schedule/10)

are under a duty to prepare an accessibility plan following (presented at Governing Body meeting Autumn Term 2016) the same principles as the strategies prepared by the local authorities.

- **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.

- **Day trips and residential visits**

Governing bodies should ensure the education setting actively supports all learners with healthcare needs to participate in trips and visits. Governing bodies must be aware of their legal requirements (see ‘Annex 1: Outline of legal framework’ on page 28) to make reasonable adjustments to trips and residential visits ensuring full participation from all learners.

Staff should be aware of how a learner’s healthcare needs may impact on participation, and seek to accommodate any reasonable adjustments which would increase the level of participation by the learner<sup>13</sup>. Staff should consider how to accommodate the sharing of personal information with third parties if necessary for off-site activities (in compliance with the Data Protection Act 1998 and in respecting the learner’s right to privacy). This may include information about the healthcare needs of learners, what to do in an emergency and any additional support, medication or equipment needed.

- **Social interactions**

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

The education setting should make all staff aware of the social barriers learners with healthcare needs may experience and how this can lead to bullying and social exclusion. A proactive approach is needed to remove any barriers.

- **Exercise and physical activity**

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

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<sup>13</sup> The duty to make reasonable adjustments under the Equality Act may apply depending on the circumstances.

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

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

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

- **Food management**

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

Where a need occurs, education settings should in advance provide menus to parents and learners, with complete lists of ingredients and nutritional information. Gluten and other intolerances or allergens must be clearly marked. Providing information will help facilitate parent and catering teams' collaborative working. This is especially important when carbohydrate counting is required.

Consideration should be given to availability of snacks. Sugar and gluten-free alternatives should always be made available. As some conditions require high calorific intake, there should always be access to glucose-rich food and drinks.

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

- **Risk assessments**

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

In addition, there are duties under the Equality Act 2010 to prepare and implement accessibility strategies and plans<sup>14</sup>. These strategies and plans deal with matters related to increasing participation by disabled learners. They are described in more detail in 'Annex 1: Outline of legal framework' on page 28.

- physical access to school building/s;
- reasonable adjustments - auxiliary aids or services;
- day trips and residential visits;
- social interactions e.g. clubs and social activities;
- exercise and physical activity;
- food management; and
- undertaking any necessary risk assessments.

## **5. Sharing information**

At Abercynon Community Primary school we will communicate information effectively and confidentially, with:

- teachers, supply teachers and support staff (this may include other staff such as catering staff or relevant contractors); and
- parents/carers and learners.

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

At Abercynon Community School we will identify, create and manage records for our learners' healthcare needs, also stating the roles and responsibilities of those involved. This includes:

- what information needs to be recorded, e.g. administration of medication, refusal to take medication, IHPs, parental consent, emergency contacts, supply of medication etc. and;
- how it will be recorded and kept confidential.

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

Clear procedures are in place for the storage and administration of medication

- Parents/carers can supply medication to school but need to complete forms to enable staff to give medication. (This is monitored by the School Clerk)
- Medication is stored in an accessible location but is also out of the reach of other pupils.
- Medicine is administered by an allocated member of staff in each class.

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<sup>14</sup> Schedule 10 to the Equality Act 2010. For guidance on the previous similar statutory duties: [gov.wales/dcells/publications/publications/circularsindex/04/disabledaccess/nafwc1504-e.pdf?lang=en](http://gov.wales/dcells/publications/publications/circularsindex/04/disabledaccess/nafwc1504-e.pdf?lang=en)

## 8. Emergency procedures

### Request for an Ambulance

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

1. State your telephone number.
2. Give your location as follows: **Abercynon Community Primary School, Ynysmeirig Rd, Abercynon, Mountain Ash CF45 4SU**
3. State that the postcode is CF45 4SU
4. Give the exact location in the education setting [relevant classroom name].
5. Give your name.
6. Give the name of the learner and a brief description of symptoms.
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to [name location].
8. Don't hang up until the information has been repeated back.

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

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

- Healthcare needs files are kept in the ALNCO office and SIMS system contains Healthcare needs.
- IHP clearly define what an emergency looks like and what to do;
- staff are aware of emergency symptoms and procedures; and
- making learners aware of what to do in general terms if there is an emergency, e.g. inform staff immediately.

## 9. Training

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

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 could be shown how to change

batteries) and various adaptive technologies. If these have been instigated by health professionals, they can be asked to provide advice suitable for education settings as well as learners and families.

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

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

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.

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.

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**

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 the school and the hospital teacher or home teacher is most important, especially where the learner is moving from education setting or home to the hospital on a regular basis.

Adjustments, adaptations or additional time for learners taking the National Reading and Numeracy Tests should be based on normal classroom practice for particular needs. Teachers are expected to use their professional judgement to support learners. Guidance is provided in the current *National Reading and Numeracy Tests – Test administration handbook*<sup>15</sup>.

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<sup>15</sup> [learning.gov.wales/resources/browse-all/national-reading-and-numeracy-tests-administrationhttp://learning.gov.wales/resources/browse-all/national-reading-and-numeracy-tests-administration-handbook/?lang=enhandbook/?lang=en](http://learning.gov.wales/resources/browse-all/national-reading-and-numeracy-tests-administrationhttp://learning.gov.wales/resources/browse-all/national-reading-and-numeracy-tests-administration-handbook/?lang=enhandbook/?lang=en)

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

The support they receive during an episode of illness could be in hospital, a PRU or at home. Local authorities have a duty (sections 19(1) and 19(4) of the Education Act 1996) to make arrangements for the provision of suitable education for all children and young people of compulsory school age.

A learner who is unable to attend this 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. This means education suitable to the age, ability, aptitude of the learner and any special educational needs (SEN) they may have. The nature of the provision should be responsive, reflecting the needs of what may be a changing health status.

The local authority is unlikely to provide education at home for learners who are ill for very short periods of time, as their education setting should be able to provide appropriate support. However, they should take into account the way in which the absence is likely to affect the learner on their return to education. In the case of a short absence (likely to last for less than 15 school days) the school will provide work to be completed at home, if the learner's condition permits, and support the learner to catch up on their return. The local authority should be ready to make arrangements for learners in cases where it is clear that the learner is likely to be absent from school for a significant period, e.g. more than 15 school days, whether consecutive or cumulative over the course of an academic year. However, the local authority might still need to make arrangements if a shorter absence is anticipated, depending upon the circumstances.

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

The local authority should take into account any period of education provided in hospital when considering whether it needs to provide EOTAS for a learner and what to provide. If the learner has been in hospital and has received tuition there, their curricular progress and experiences may be different to that of their peers in school. Even so, as much continuity as possible should be ensured. The local authority should provide as many lessons as the learner's condition allows, and as is beneficial, taking into account what is suitable for the learner. It may be necessary to give particular consideration to a learner who is on a course leading to qualifications.

The local authority should have a written policy regarding EOTAS for learners with healthcare needs. Policies should include arrangements for the service and the way it is staffed, the timing of the provision, and a named person who parents, hospital teachers and others should contact. The policy should make links with related services in the local authority such as those for SEN and other local

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authority support services, educational psychologists, the Education Welfare Service (EWS) and PRUs.

Monitoring and evaluation of EOTAS should form a key element in the local authority's strategies. It should seek to ensure new developments are taken on board, levels of education are of a sufficient standard and provision represents good value for money.

Cooperation between education, health and administrative staff in hospital is essential. The aim should be to achieve the greatest possible benefit for the child or young person's education and health, which should include the creation of an atmosphere conducive to effective learning.

Close liaison between home/hospital teachers and mainstream teachers underpins the provision of an effective educational programme for the learners. However, parents can also act as a valuable link.

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 are statutory duties on local authorities, head teachers and governing bodies in relation to learners travelling to the place where they receive their education or training<sup>16</sup>. For example, depending upon the circumstances, local authorities may need to arrange home-to-school transport for a learner, or provide appropriately trained escorts for such journeys to facilitate the attendance of a learner. Information and guidance on this is set out in the *Learner Travel: Statutory Provision and Operational Guidance* (2014) document<sup>17</sup>.

## **13. Reviewing policies, arrangements and procedures**

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

## **14. Insurance arrangements**

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<sup>16</sup> The Learner Travel (Wales) Measure 2008.

<sup>17</sup> Available at [gov.wales/docs/det/publications/140616-ltog-en.pdf](http://gov.wales/docs/det/publications/140616-ltog-en.pdf)

The Governing body will ensure an appropriate level of insurance is in place to cover the setting's activities in supporting learners with healthcare needs.

### **15. Complaints procedure**

If the learner or parent is not satisfied with the school's health care arrangements they are entitled to make a complaint. The governing body makes this policy available to all parents.

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

### **16. Individual healthcare plans (IHPs)**

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

### **17. Unacceptable practice**

#### **It is not acceptable practice to:**

- prevent learners from attending an education setting due to their healthcare needs, unless their attending the setting would be likely to cause harm to the learner or others
- prevent learners from easily accessing their inhalers or other medication, and prevent them from taking their medication when and where necessary
- assume every learner with the same condition requires the same treatment
- ignore the views of the learner or their parents, or ignore healthcare evidence or opinion (although these views may be queried with additional opinions sought promptly)
- send learners with healthcare needs home frequently or prevent them from staying for normal activities, including lunch, unless this is suitably specified in their IHP
- send a learner who becomes ill or needs assistance to a medical room or main office unaccompanied or with someone unable to properly monitor them
- penalise a learner for their attendance record if the absence is related to their healthcare needs. 'Authorised absences' including healthcare appointments, time to travel to hospital or appointment, and recovery time from treatment or illness should not be used to penalise a learner in any way. This includes, but is not limited to, participation in activities, trips or awards which are incentivised around attendance records
- request adjustments or additional time for a learner at a late stage. They should be applied for in good time. Consideration should also be given to adjustments or additional time needed in mock examinations or other tests
- prevent learners from drinking, eating or taking toilet or other breaks whenever needed in order to manage their healthcare needs effectively
- require parents, or otherwise make them feel obliged, to attend the education setting, trip or other offsite activity to administer medication or provide healthcare support to the learner, including for toileting issues

- expect or cause a parent to give up work or other commitments because the education setting is failing to support a learner's healthcare needs
- ask a learner to leave the classroom or activity if they need to administer non-personal medication or consume food in line with their health needs
- prevent or create unnecessary barriers to a learner's participation in any aspect of their education, including trips, e.g. by requiring a parent to accompany the learner.

## **Form 1: Contacting emergency services**

### **Request for an Ambulance**

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

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

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

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

**Form 2: Parental agreement for education setting to administer medicine**

**[Insert name of education setting] needs your permission to give your child medicine. Please complete and sign this form to allow this.**

Name of education setting

Name of child

Date of birth

Group/class/form

Healthcare need

**Medicine**

Name/type of medicine

(as described on the container)

Date dispensed

Expiry date

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

Dosage and method

Timing

Special precautions

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

Self-administration (delete as appropriate) **Yes/No**

Procedures to take in an emergency

**Contact details**

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to [*agreed member of staff*]

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

Date

Signature(s) .....

### Annex 3: Useful contacts<sup>18</sup>

#### Asthma

1. Asthma UK Cymru  
Helpline: 0300 222 5800  
[www.asthma.org.uk/](http://www.asthma.org.uk/)
2. *Guidance on the use of emergency salbutamol inhalers in schools in Wales* (Welsh Government, 2014)  
[learning.gov.wales/resources/browse-all/use-of-emergency-salbutamol-inhalers-in-schools-in-wales/?lang=en](http://learning.gov.wales/resources/browse-all/use-of-emergency-salbutamol-inhalers-in-schools-in-wales/?lang=en)

#### Anaphylactic shock

3. Allergy UK  
Helpline: 01322 619898

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<sup>18</sup> The Welsh Government is not responsible for the content of any external links listed within this document.

[www.allergyuk.org/](http://www.allergyuk.org/)

4. Anaphylaxis Campaign  
Helpline: 01252 542029  
[www.anaphylaxis.org.uk/](http://www.anaphylaxis.org.uk/)

### **Child support organisations**

5. Action for Children  
Tel: 0300 123 2112  
[www.actionforchildren.org.uk/](http://www.actionforchildren.org.uk/)
6. Action for Sick Children  
Helpline: 0800 074 4519  
[www.actionforsickchildren.org.uk/](http://www.actionforsickchildren.org.uk/)
7. Barnardo's Cymru  
Tel: 02920 493387  
[www.barnardos.org.uk/wales](http://www.barnardos.org.uk/wales)
8. Children in Wales  
Tel: 02920 342434  
[www.childreninwales.org.uk/](http://www.childreninwales.org.uk/)

### **Diabetes**

9. Diabetes UK Cymru  
Tel: 02920 668276  
[www.diabetes.org.uk/](http://www.diabetes.org.uk/)

Diabetes IHP template

[www.diabetes.org.uk/Guide-to-diabetes/Your-child-and-diabetes/Schools/IHP-a-childs-individual-healthcare-plan/](http://www.diabetes.org.uk/Guide-to-diabetes/Your-child-and-diabetes/Schools/IHP-a-childs-individual-healthcare-plan/)

Diabetes UK school and parent resource packs

[www.diabetes.org.uk/Guide-to-diabetes/Your-child-and-diabetes/Schools/Diabetes-in-schools-resources](http://www.diabetes.org.uk/Guide-to-diabetes/Your-child-and-diabetes/Schools/Diabetes-in-schools-resources)

### **Epilepsy**

10. Epilepsy Action Wales  
Tel: 01633 253407  
Helpline: 0808 800 5050  
[www.epilepsy.org.uk/involved/branches/cymru](http://www.epilepsy.org.uk/involved/branches/cymru)
11. Epilepsy Wales  
Helpline: 0800 228 9016  
[www.epilepsy-wales.org.uk](http://www.epilepsy-wales.org.uk)

12. Young Epilepsy  
Helpline: 01342 831342  
[www.youngpilepsy.org.uk](http://www.youngpilepsy.org.uk)

### **Learning difficulties**

13. Learning Disability Wales  
Tel: 02920 681160  
[www.ldw.org.uk](http://www.ldw.org.uk)
14. MENCAP Cymru  
Helpline: 0808 808 1111  
[www.mencap.org.uk](http://www.mencap.org.uk)
15. Special Needs Advisory Project (SNAP) Cymru  
Helpline: 0845 120 3730  
[www.snapcymru.org/](http://www.snapcymru.org/)

### **Medical-based support organisation**

16. The National Autistic Society Cymru  
Helpline: 0808 800 4104  
[www.autism.org.uk/?nation=wales&sc\\_lang=en-GB](http://www.autism.org.uk/?nation=wales&sc_lang=en-GB)
17. Bobath Children's Therapy Centre Wales  
Tel: 029 2052 2600  
[www.bobathwales.org](http://www.bobathwales.org)
18. Cerebra – for brain-injured children and young people  
Tel: 01267 244200  
[w3.cerebra.org.uk](http://w3.cerebra.org.uk)
19. Crohn's in Childhood Research Association (CICRA) – for children with Crohn's and colitis  
Tel: 0208 949 6209  
[www.cicra.org](http://www.cicra.org)
20. CLIC Sargent – for children with cancer  
Helpline: 0300 330 0803  
[www.clicsargent.org.uk](http://www.clicsargent.org.uk)
21. Coeliac UK  
Helpline: 0333 332 2033  
[www.coeliac.org.uk/local-groups/?region=wales](http://www.coeliac.org.uk/local-groups/?region=wales)
22. Cystic Fibrosis Trust  
Helpline: 0300 373 1000  
[www.cysticfibrosis.org.uk](http://www.cysticfibrosis.org.uk)
23. Headway – the brain injury association  
Helpline: 0808 800 2244

[www.headway.org.uk/home.aspx](http://www.headway.org.uk/home.aspx)

24. Migraine Action

Tel: 08456 011 033

[www.migraine.org.uk](http://www.migraine.org.uk)

25. Multiple Sclerosis Society

Helpline: 0808 800 8000

[www.mssociety.org.uk](http://www.mssociety.org.uk)

26. Muscular Dystrophy UK

Helpline: 0800 652 6352

[www.musculardystrophyuk.org](http://www.musculardystrophyuk.org)

27. National Attention Deficit Disorder Information and Support Service (ADDiSS)

Tel: 0208 952 2800

[www.addiss.co.uk](http://www.addiss.co.uk)

28. National Eczema Society

Helpline: 0800 089 1122

[www.eczema.org](http://www.eczema.org)

29. Prader-Willi Syndrome Association UK

Helpline: 01332 365676

[www.pwsa.co.uk](http://www.pwsa.co.uk)

30. Spina Bifida and Hydrocephalus Information (Shine)

Tel: 01733 555988

[www.shinecharity.org.uk](http://www.shinecharity.org.uk)

31. Welsh Association of ME and CFS Support

Helpline: 029 2051 5061

[www.wames.org.uk](http://www.wames.org.uk)

## **Mental health**

32. Child and Adolescent Mental Health Service (CAMHS)

[www.mental-health-matters.org.uk/page7.html](http://www.mental-health-matters.org.uk/page7.html)

33. Mind Cymru

Tel: 02920 395123

[www.mind.org.uk/about-us/mind-cymru](http://www.mind.org.uk/about-us/mind-cymru)

## **Public bodies**

34. Contact a Family – for families with disabled children

Helpline: 0808 808 3555

[www.cafamily.org.uk](http://www.cafamily.org.uk)

35. Children's Commissioner for Wales

Tel: 01792 765600

[www.childcomwales.org.uk](http://www.childcomwales.org.uk)

36. Equality and Human Rights Commission

Helpline: 0808 800 0082

[www.equalityhumanrights.com](http://www.equalityhumanrights.com)

37. Health and Safety Executive

Tel: 02920 263120

[www.hse.gov.uk](http://www.hse.gov.uk)

38. National Children's Bureau Council for Disabled Children

Tel: 020 78436000

[www.ncb.org.uk](http://www.ncb.org.uk)

39. National Health Service Direct Wales

Tel: 0845 46 47

[www.nhsdirect.wales.nhs.uk/contactus/feelingunwell](http://www.nhsdirect.wales.nhs.uk/contactus/feelingunwell)

40. Information Commissioner's Office Wales

Tel: 029 2067 8400

Helpline: 0303 123 1113

[ico.org.uk/for-organisations/education](http://ico.org.uk/for-organisations/education)

## Children's rights

41. Children's Rights Wales

The United Nations Convention on the Rights of the Child (UNCRC) is a list of rights for all children and young people, no matter who they are or where they live. These rights are the things that they need to be safe, healthy and happy.

[www.childrensrights.wales](http://www.childrensrights.wales)

## Sensory impairment

42. Action on Hearing Loss

Helpline: 0808 808 0123

Textphone: 0808 808 9000

[www.actiononhearingloss.org.uk/default.aspx](http://www.actiononhearingloss.org.uk/default.aspx)

43. The National Deaf Children's Society (NDCS) Cymru

Tel: 0808 800 8880

[www.ndcs.org.uk/family\\_support/support\\_in\\_your\\_area/wales](http://www.ndcs.org.uk/family_support/support_in_your_area/wales)

44. Royal National Institute of Blind People (RNIB)

Helpline: 0303 123 9999

[www.rnib.org.uk/wales-cymru-1](http://www.rnib.org.uk/wales-cymru-1)

45. Sense Cymru – services across Wales for deafblind people and their families

Tel: 0300 330 9280

Textphone: 0300 330 9282

[www.sense.org.uk/content/sense-cymru-wales](http://www.sense.org.uk/content/sense-cymru-wales)

## **Speech and language**

46. Afasic Cymru – helping children who have difficulty speaking and understanding

Helpline: 0300 666 9410

[www.afasiccymru.org.uk](http://www.afasiccymru.org.uk)