

## **Stanwell School**

### **Healthcare Needs Policy**

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#### **1. Legal requirements**

##### **The Equality Act 2010**

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

The responsible body of a school must not discriminate, harass or victimise disabled learners and in some cases, other particular persons. The responsible body is also subject to a duty to make reasonable adjustments (section 85 of the Equality Act 2010).

- Increasing the extent to which disabled learners can participate in the schools' curriculums
- Improving the physical environment of the schools for the purpose of increasing the extent to which disabled learners are able to take advantage of education and benefits, facilities or services provided or offered by the schools
- Improving the delivery to disabled learners of information which is readily accessible to learners who are not disabled.

(See paragraph 1 of Schedule 10 to the Equality Act 2010.)

The responsible body of a school must prepare and implement an accessibility plan. Such a plan involves the same content as an accessibility strategy, except that it relates to the particular school (paragraph 3 of schedule 10 to the Equality Act 2010). In relation to a maintained school and maintained nursery, the responsible body is the local authority or the governing body.

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

- 1.1 Section 175 of the Education Act 2002 places a duty on local authorities and governing bodies to make arrangements to ensure their functions are exercised with a view to safeguarding and promoting the welfare of children in school or another place of learning. This includes supporting learners with healthcare needs.
- 1.2 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.
- 1.3 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
- 1.4 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
- 1.5 Being mindful of the Social Services and Wellbeing (Wales) Act 2014. Education settings should be fully aware of this approach and ensure assistance to learners is provided using a holistic approach.

## **2.1 Key principles**

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

## **2.2 Roles and responsibilities**

### **Governing bodies**

The Governing body should oversee the development and implementation of arrangements, which should include:

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

- Ensuring the arrangements are in line with other relevant policies and procedures, such as health and safety, first aid, risk assessments, the Data Protection Act 1998, safeguarding measures and emergency procedures ensuring robust systems are in place for dealing with healthcare emergencies and critical incidents, for both on-and off-site activities, including access to emergency medication such as inhalers or adrenaline pens ensuring staff with responsibility for supporting learners with healthcare needs are appropriately trained (see ‘2.8 Training’ on page 17).
- Ensuring appropriate insurance cover is in place, any conditions are complied with and staff are clear on what this means for them when supporting learners.
- Having an infection prevention policy that fully reflects the procedures laid out in current guidance <sup>11</sup>.

**c. Headteachers**

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

- working with the governing body to ensure compliance with applicable statutory duties when supporting learners with healthcare needs, including duties under the Equality Act 2010
- ensuring the arrangements in place to meet a learner’s healthcare needs are fully understood by all parties involved and acted upon, and such actions maintained. In larger education settings it may be more practical to delegate the day-to-day management of a learner’s healthcare needs to another member of staff. The headteacher should directly supervise this arrangement as part of the regular reporting and supervision arrangements
- ensuring the support put in place focuses on and meets the individual learner’s needs, also known as person-centred planning <sup>12</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.

**d. Teachers and support staff**

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

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

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

- provide extra help when needed.
- support learners who have been absent and assist them with catching up on missed work- this may involve working with parents and specialist services.
- keep parents informed of how the healthcare need is affecting the learner in the education setting. This may include reporting any deterioration, concerns or changes to learner or staff routines.

**e. 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.
- It is the responsibility of parents to ensure that care plans and medication are provided to the school and expired medication is replaced.

### 3. Creating an accessible learning environment

Local authorities and governing bodies should ensure their education settings are inclusive and accessible in the fullest sense to learners with healthcare needs. This includes the following.

- **Physical access to education setting buildings**

A duty is placed on local authorities to produce a written accessibility strategy for all schools they are responsible for under the Equality Act 2010<sup>13</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>14</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 are under a duty to prepare an accessibility plan following 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**

The Governing body 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>15</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).

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, is one way of achieving this. If appropriate, a volunteer staff member should be trained in administering medication, if they have not already been so trained, and should take responsibility in a medical emergency.

Parents may be asked to supply:

- Details of medical conditions
- Emergency contact numbers
- The learner's GP's name, address and phone number
- Information on whether the learners has spent a night away from home before and their ability to cope effectively
- Written details of any medication required (including instructions on dosage/times)
- Parental permission if the young people needs to administer their own medication or agreement for a volunteer staff member to administer
- Information on any allergies/phobias
- Information on any special dietary requirements
- Information on any toileting difficulties, special equipment or aids to daily living
- 'Fit to travel' certificate written by the GP/consultant if the child has a significant medical need (without this the insurance maybe invalid)

- **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.

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 school, consideration must be given to dietary needs of learners, e.g. those who have diabetes, coeliac disease, allergies and intolerances.

All Food Technology lessons will ensure that recipes are nut-free and that pupils and parents are made aware of the serious risk posed to pupils with allergies.

Where a need occurs, the school 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>16</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.

#### 4. **Sharing information**

Governing bodies should ensure healthcare needs arrangements, both wider education settings’ policies and IHPs, are supported by clear communication with staff, parents and other key stakeholders to ensure full implementation. It is essential that all information is kept up to date. All information-sharing techniques such as staff noticeboards and school intranets must be agreed by the learner and parent in advance of being used, to protect confidentiality.

**Teachers, supply teachers and support staff (this may include catering staff and relevant contractors)** should have access to the relevant information, particularly if there is a possibility of an emergency situation arising.

Noticeboards in base rooms are used to display information on high-risk health needs, first aiders and certificates, emergency procedures,

The school’s secure intranet area and staff meetings being utilised to help ensure staff are aware of the healthcare needs of learners they have or may have contact with.

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

- Makes healthcare policies easily accessible, online and in hard copy

- Provide the learner/parents with a copy of their information sharing policy. This should state the type of bodies and individuals with whom the learner's medical information may be shared
- Ask parents to sign a consent form, which clearly details the bodies, individuals and methods through information will be shared. Sharing medical information can be a sensitive issue and the learner should be involved in any decisions. Education settings should keep a list of what information has been shared with whom and why, for the learner/parent to view on request
- Consider including a web link to the healthcare needs policies in relevant communications sent to parents, and within the learner's IHP
- Include school councils, 'healthy schools' and other learner groups in the development of the setting's healthcare needs arrangements, where appropriate
- Consider how friendship groups and peers may be able to assist learners, e.g., they could be taught the triggers and signs of issues for a learner, know what to do in an emergency, and who to ask for help. The education setting should discuss with the learner and parents first and decide if information can be shared.

#### **4.2 Roles and responsibilities in the creation and management of IHPs**

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. The development of detailed IHPs may involve:

- 1) the learner
- 2) the parents
- 3) input or information from previous education setting
- 4) appropriate healthcare professionals
- 5) social care professionals
- 6) the headteacher and/or delegated responsible individual for healthcare needs across the setting
- 7) teachers and support staff, including catering staff
- 8) any individuals with relevant roles such as a first aid coordinator, a well-being officer, and special educational needs coordinator (ALNCo).

While the plan should be tailored to each individual learner, it may include:

- details of the healthcare need and a description of symptoms
- specific requirements such as dietary requirements, pre-activity precautions (e.g. before physical education classes)
- medication requirements, e.g. dosage, side effects, storage requirements, arrangements for administration
- an impact statement (jointly produced by a 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

- actions required
- emergency protocols and contact details
- the role the education setting can play, e.g. a list of things to be aware of
- review dates and review triggers.
- roles of particular staff, e.g. a contact point for parents, staff responsible for
- administering/supervising medication, and arrangements for cover in their absence
- consent/privacy/sensitive information-sharing issues
- staff training needs, such as with regard to healthcare administration, aids and adaptive technologies.
- record keeping –how it will be done, and what information is communicated to others.
- home to school transport- this is the responsibility of the local authority, who may find it helpful to be aware of the learner’s IHP and what it contains, especially in respect of emergency situations.

The aim of the plan is to capture the steps which need to be taken to help a learner manage their condition and overcome any potential barriers to participating fully in education. Those devising the plan should agree who will take the lead, but responsibility for ensuring it is finalised and implemented rests with the education setting. Many third sector organisations have produced condition-specific template IHPs that could be used.

Governing bodies should ensure the plans are reviewed at least annually or more frequently should there be new evidence that the needs of the learner have changed. They should be developed with the best interests of the learner in mind and ensure the education setting, with specialist services (if required), assess the risks to the learner's education, health and social well-being.

Where a learner has an ALN the IHP should be linked or attached to any individual education plan, Statement of ALN, or learning and skills plan.

### **4.3 Coordinating information with healthcare professionals, the learner and parents**

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

### **4.4 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 Act 1998 and not breach the privacy rights of or duty of confidence owed to the individuals.

### **4.5 The learner's role in managing their own healthcare needs**

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

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

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

Learners should also be made aware of their own rights and responsibilities. To help achieve this the education setting should:

- make healthcare needs policies easily available and accessible, online and in hard copy
- ask parents to sign a consent form which clearly details the bodies, individuals and methods through which their learner's medical information will be shared. Sharing medical information can be a sensitive issue and the learner should be involved in any decisions. Education settings should keep a list of what information has been shared with whom and why, for the learner/parent to view on request
- consider including a weblink to the healthcare needs policies in relevant communications sent to parents, and within the learner's IHP - include student councils, 'healthy schools' and other learner groups in the development of the setting's healthcare needs arrangements, where appropriate
- consider how friendship groups and peers may be able to assist learners, e.g. they could be taught the triggers or signs of issues for a learner, know what to do in an emergency and who to ask for help. The education setting should discuss with the learner and parents first and decide if information can be shared.

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

The following documentation should be collected and maintained, where appropriate.

1. Contact details for emergency services
2. Parental letter explaining medication and dosage/timing
3. Request for learner to administer own medicine
4. Incident report of any problems with medication or refusal to take the medication

New records should be completed when there are changes to medication or dosage. The learning setting should ensure that the old forms are clearly marked as being no longer relevant and stored in line with their information retention policy. These forms/templates can be found in 'Annex 2: Form templates' on page 32. Electronic versions can be found on the Welsh Government website.

### **Supply of medication or devices**

The school should not store surplus medication. Parents should be asked to provide appropriate supplies of medication. These should be in their original container, labelled with the name of the learner, medicine name, dosage and frequency, and expiry date. The school should only accept prescribed medicines and devices that:

- are in date
- have contents correctly and clearly labelled
- are labelled with the learner's name
- are accompanied with written instructions for administration, dosage and storage are in their original container/packaging as dispensed by the pharmacist (with the exception of insulin which is generally available via an insulin pen or a pump).

Where non-prescribed medicine is held by the education setting, e.g. liquid paracetamol, it should:

- be in date
- have its contents correctly and clearly labelled
- be labelled with the learner's name
- be accompanied with written instructions for administration, dosage and storage this can be from the parent
- be in its original container/packaging.

### **Storage, access and disposal**

While all medicines should be stored safely, the type and use of the medication will determine how this takes place. It is important for learners to know where their medication is stored and how to access it.

### **Refrigeration**

Some medicines need to be refrigerated. The refrigerator temperature will need to be regularly monitored to ensure it is in line with storage requirements. Medicines can be kept in a refrigerator containing food, but should be in an airtight container and clearly labelled. A lockable medical refrigerator should be considered if there is a need to store large quantities of medicine.

### **Emergency medication**

Emergency medication must be readily available to learners who require it at all times during the day or at off-site activities. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors (pens) should be readily available to learners and not locked away. This is particularly important to consider when outside of the education setting's premises, e.g. on trips. If the emergency medication is a controlled drug it should be kept as securely as possible so as to minimise the risk of unauthorised access while also allowing quick access if this might be necessary in an emergency. For example, keys should not be held personally by a member of staff. A learner who has been prescribed a controlled drug may legally have it in their possession, if they are competent to do so, and they must not pass it to another learner or other unauthorised person. Monitoring may be necessary.

All medication is kept in the KS4 office. 2 spare AAIs (epi-pens) are kept in the KS4 office with a list of which pupils have written consent for a spare epi-pen to be administered. Another 2 spare AAIs are kept in the DT base room, again with a list of the pupils who have written consent to use them.

### **Non- emergency medication**

All non-emergency medication should be kept in a secure place with the appropriate temperature or light controls. If it is a controlled drug, additional security measures and controls are advisable.

### **Disposal of medicines**

When no longer required, medicines should be returned to parents to arrange safe disposal. Sharp boxes must always be used for the disposal of needles and other sharp instruments, and disposed of appropriately.

### **Administration of medicines**

- Where medication is prescribed to be taken in frequencies which allow the daily course of medicine to be administered at home, parents should seek to do so, e.g. before and after school and in the evening. There will be instances where this is not appropriate.
- Learners under 16 should never be given aspirin or its derivatives unless prescribed to them.
- If a learner refuses their medication, staff should record this and follow their defined procedures informing parents as soon as possible. If a learner misuses any medication, their parents should be informed as soon as possible. School should ask parents to seek healthcare advice as appropriate.
- All staff supporting off-site visits should be made aware of learners who have healthcare needs. They should receive the required information to ensure staff are able to facilitate an equal experience for the learner. This information may include health and safety issues, what to do in an emergency and any other additional necessary support that the learner requires, including medication and equipment.

## **6 Emergency procedures**

All staff are made aware of nominated first aiders. In situations requiring emergency assistance, 999 should be called immediately. The location of learners' healthcare records and emergency contact details should be known to staff.

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

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.

If a member of staff is dealing with an emergency procedure and cannot supervise their timetabled class, another member of staff or a reliable pupil should inform the KS3/4 office as soon as possible so that supervision can be arranged.

Following a change in legislation in October 2017, Stanwell School has purchased Emergency AAI's (epi-pens).

There is an Emergency AAI register of those pupils with consent to receive the emergency AAI. One copy of this is kept in the KS4 office with 2 spare AAI's and one copy of the register is also kept in the DT base room with 2 spare AAI's. Only the pupils on this register can be given the emergency AAI.

Posters taken from the WG 'Guidance on the use of emergency adrenaline auto-injectors in schools in Wales' giving specific information on recognising symptoms and responding to anaphylaxis are also displayed in these areas.

Any use of AAI in school must be followed by dialling 999 and informing the parents/carers. The named individuals responsible for the purchase, storage, record-keeping, care and disposal of the AAIs are Natalie O'Leary, Sarah Owen, David Rowles.

### **Emergency AAI Register**

The emergency AAI register needs to identify pupils to whom spare AAIs can be administered in the event of an emergency.

The register:

- lists the pupils prescribed an AAI (or where a doctor has provided a written plan recommending AAI use in anaphylaxis), their allergies and risk factors for anaphylaxis;
- shows the pupil's prescribed AAI type and dosage e.g. *Epipen, 0.3 milligrams*;
- states if written consent has been provided for administration of the emergency AAI, which may differ to the prescribed AAI;
- is easily accessible at all times (consider pre/after school clubs) and staff are aware of location
- where possible, includes a photograph of the pupil (requires appropriate consent);
- contains the contact details of staff who manage the AAIs and any first aiders in the school;
- has the pupil's emergency contact details, and considers confidentiality of information;
- shows the date the register was created/updated (for version control) and is kept up to date;
- is easy to understand in an emergency; and
- that an up to date copy is kept with the emergency AAI.

## **7 Training**

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.

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

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.

Epi-pen training is provided to all staff on a training rota. First aid training is provided to all volunteers. Lists of first-aiders are displayed around school and staff should telephone 200, 201, 276, 241 or 305 to ask for a first aider to be sent to their location or send another member of staff or a reliable pupil to the KS3 or KS4 office to summon first aid to another point in the school if the pupil has been taken ill/injured and cannot be moved.

INSET training is provided to raise awareness of common health conditions. 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.

## **8. Qualification examinations and national curriculum assessments**

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

Awarding bodies may make special arrangements for learners with permanent or long-term disabilities and learning difficulties, or temporary disabilities and illnesses, who are taking public examinations such as GCSEs or A levels. 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 difficulties* (2016)<sup>20</sup> and

[www.jcq.org.uk/exams-office/access-arrangements-and-special-consideration/regulations-andguidance/access-arrangements-and-reasonable-adjustments-2016-2017](http://www.jcq.org.uk/exams-office/access-arrangements-and-special-consideration/regulations-andguidance/access-arrangements-and-reasonable-adjustments-2016-2017)

A guide to special consideration process (2016), which are both accessible from the Joint Council for Qualifications' website.

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*.

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

A learner who is unable to attend their education setting 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.

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

Cooperation between education, health and administration staff in hospital is essential. The 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 can also be a valuable link.

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

## **10. School transport**

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

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

The Governing body 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, education and health professional and other relevant bodies.

## **14. Insurance arrangements**

Governing bodies of maintained education setting should ensure an appropriate level of insurance is in place to cover the setting's activities in supporting learners with healthcare needs. The level of insurance should appropriately reflect the level of risk. Additional cover may need to be arranged for some activities or healthcare procedures for learners with particular needs.

## **15. Complaints procedure**

See complaints policy and procedures available on school website or contact Miss Sarah Owen, Designated Complaints Officer.

## **16. Unacceptable Practice**

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

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

Created by:	SO
Date:	April 2019
Approved by Governing Body:	April 2019

## **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: Stanwell School, Archer Road, Penarth.
- 3 State that the postcode is CF64 2XL.
- 4 Give the exact location in the education setting
- 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.
- 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.

## Stanwell School- Record of medicine

It is agreed that [name of pupil]  will receive

Quantity or quantity range:

Name of medicine:

every day at  [time medicine to be administered,

Arrangement will continue until [either end date of course of medicine or until instructed

by parents/carers]

Date

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Parent/ Carer Signature:

It is the responsibility of the parent/carer to ensure that the medication is in date prior to giving it to the school and ensure that you replace any out of date medication.

## **Helpful numbers:**

### **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 [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/)

<sup>28</sup> The Welsh Government is not responsible for the content of any external links listed within this document.

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-anddiabetes/Schools/Diabetes-in-schools-resources](http://www.diabetes.org.uk/Guide-to-diabetes/Your-child-anddiabetes/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.youngepilepsy.org.uk](http://www.youngepilepsy.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.muscular dystrophyuk.org](http://www.muscular dystrophyuk.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)