

St. Joseph's Catholic School & Sixth Form Centre
Ysgol Gatholig San Joseff

Healthcare Policy



Healthcare Policy agreed by Governors:

Signed by Chair

Date: 10th July 2024

This policy been written to comply with the Welsh Government Guidance 'Supporting Learners with Healthcare Needs'.

KEY PRINCIPLES

The staff and governors of St Joseph's are committed to pursuing a policy of inclusive education that welcomes and supports learners with healthcare needs. This policy is designed to ensure that all learners are able to access their education in a supportive environment, which is sensitive to healthcare needs. It supports the management of medication and healthcare needs in school, and addresses individuals with specific long and short-term healthcare needs.

At St Joseph's we understand that healthcare needs should not be a barrier to learning. We ensure that staff are aware of their duty of care to children and young people, and that they feel confident in knowing what to do in a healthcare emergency, following appropriate training.

Our policy identifies the roles and responsibilities of school, parents and learners in ensuring that arrangements are in place to meet the education and health needs of the individual.

When making arrangements to support learners, the school is aware that there are specific roles that may be placed on the governing body and the school's staff. While outside support can be delivered such as training or advice from healthcare professionals or organisations, ultimately the governing body is responsible for, and must promote, the well-being of all learners at the school.

Multi-agency arrangements between education settings, healthcare professionals, social care professionals, local authorities, parents and learners are of critical importance. Our Healthcare Needs policy and procedures clearly identifies the collaborative working arrangements and demonstrates how we will work in partnership to meet the needs of learners with healthcare needs.

A collaborative approach when making decisions around support is crucial. This includes listening to the wishes and advice of the learner, parent, education and health professionals. **The best interests of the learner must be the primary concern when making decisions which affect them.**

Healthcare issues affect each learner individually and support from the school may have an impact on their quality of life and future chances. Arrangements should give learners and parents confidence that provision is suitable and effective. Good communication and cooperation between home and school will enable this to be achieved.

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

Section 21 (5) of the Education Act 2002 places a duty on governing bodies to promote the wellbeing of learning at the school so far as related to the matters mentioned in section 25(2) of the Children Act 2004, which includes physical and mental health and emotional wellbeing, education, training and recreation, and social wellbeing. The non-statutory advice contained within this policy is issued in exercise of the Welsh Ministers' duty to promote the education of the people of Wales and their

power in relation to the promotion or improvement of the economic, social and environmental wellbeing in Wales

Being mindful of the Social Services and Wellbeing (Wales) Act 2014, schools should be fully aware of this approach and ensure assistance to learners is provided using a holistic approach.

ROLES AND RESPONSIBILITIES

Local authorities

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

- Must make reasonable adjustments to ensure disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory. For example, learners should not be disadvantaged when leaving primary school and beginning secondary school. In practical terms this means adjustments must be planned and implemented in advance to prevent any disadvantage. Discussions around the responsibility for provision should not impact on the delivery of service, as delays could be detrimental to the education and wellbeing of the learner.
- Must make arrangements to promote cooperation between various bodies or persons, with a view to improving, among other things, the wellbeing of children in relation to their physical and mental health, their education, training and recreation. When making these arrangements, local authorities should ensure appropriate agreements are in place for data sharing.
- Must make reasonable provision of counselling services for young people aged 11–18 and learners in Year 6 of primary school. Within schools, this provision should complement the different approaches already in place to support the health, emotional and social needs of learners.
- Should work with education settings to ensure learners with healthcare needs 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.
- 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 can be delivered effectively.

The Governing Body

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

- Complying with applicable statutory duties, including those under the Equality Act 2010 (e.g. the duty to make reasonable adjustments in respect of learners with healthcare needs if they are disabled, as outlined above).
- Having a statutory duty to promote the wellbeing of learners. The school should give consideration to how they can meet these needs, including providing learners access to information and material aimed at promoting spiritual and moral wellbeing and physical and mental health.
- 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 an up-to-date policy on healthcare needs and where appropriate, IHPs for particular learners.
- Ensuring arrangements are in place for the development, monitoring and review of the healthcare needs arrangements
- Ensuring the arrangements are in line with other relevant policies and procedures, such as health and safety, first aid, risk assessments, the Data Protection Act 1998, safeguarding measures and emergency procedures
- Ensuring robust systems are in place for dealing with healthcare emergencies and critical incidents, for both on- and off-site activities, including access to emergency medication such as inhalers or adrenaline pens.
- Ensuring staff with responsibility for supporting learners with healthcare needs are appropriately trained.
- Ensuring appropriate insurance cover is in place, any conditions are complied with and staff are clear on what this means for them when supporting learners.

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. This will involve delegating the day-to-day management of a learner's healthcare needs to another member of staff. The headteacher should directly supervise this arrangement as part of the regular reporting and supervision arrangements
- ensuring the support put in place focuses on and meets the individual learner's needs, also known as person-centred planning
- extending awareness of healthcare needs across the school in line with the learner's right to privacy. This may include support, catering and supply staff, governors, parents and other learners
- appointing a healthcare needs team who are responsible for learners with healthcare needs, liaising with parents, learners, the educational welfare service, the local authority, and others involved in the learner's care
- ensuring a sufficient number of trained staff are available to implement first aid and 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.
- 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
- 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 school 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 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.

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 school, and contribute to the development of, and compliance with, their IHP
- provide the school 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.

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

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

- offering advice on the development of IHPs
- assisting in the identification of the training required for the education setting to successfully implement IHPs
- supporting staff to implement a learner's IHP through advice and liaison with other healthcare, social care and third sector professionals.

Health advice and support can also be provided by specialist health professionals such as GPs, paediatricians, speech and language therapists, occupational therapists, physiotherapists, dieticians and diabetes specialist nurses. In addition, third sector voluntary bodies can provide advice and practical support. Proactively engaging with specialist services can provide practical help when writing and implementing IHPs. They can also provide training and awareness-raising resources, including video links.

Creating an accessible 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 and schools to produce a written accessibility strategy for all schools they are responsible for under the Equality Act 2010. 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’. School Strategic Equality Plan. 2017.

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

- **Social interactions**

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

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. 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.

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. These strategies and plans deal with matters related to increasing participation by disabled learners.

Sharing information

Governing bodies should ensure healthcare needs arrangements, 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. This will include:

- where suitable, a noticeboard in the staff room, used to display information on high-risk health needs, first aiders, emergency procedures, etc.
- It should be noted that not all staff use their staff room, The school's secure shared intranet area and staff meetings also needs to be utilised to help ensure staff are aware of the healthcare needs of learners they have or may have contact with.

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

- make healthcare needs policies easily available and accessible, online and in hard copy.
- 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 school should discuss with the learner and parents first and decide if information can be shared.
- ensure that our policy clearly identifies the roles and responsibilities of school, parents and learners in ensuring that arrangements are in place to meet the education and health needs of the individual.

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

The school should ensure that correct procedures are in place, which state the roles/responsibilities of all parties involved in the identification, management and administration of healthcare needs. The following documentation should be collected and maintained, where appropriate.

- Contact details for emergency services
- Parental agreement for educational setting to administer medicine
- Record of medicine stored for and administered to an individual learner
- Record of medicines administered to all learners by date
- Request for learner to administer own medicine
- Staff training record – administration of medicines
- Medication incident report

New records should be completed when there are changes to medication or dosage. Old forms should be clearly marked as being no longer relevant and stored in line with their information retention policy.

Storage, access and the administration of medication and devices

The school should ensure that procedures are clear regarding the managing of medicines and devices. The following general principles should be reflected.

Supply of medication or devices

Schools 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. Education settings 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. 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.
- only administered according to need and guidance, e.g. only 1 paracetamol be given in accordance with the Welsh Health Board guidelines.

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 school 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. Where staff administer emergency medication to a learner, this should be recorded.

- **Non-emergency medication**

All non-emergency medication should be kept in a secure place with 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 collected by 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 the learner is under 16, assistance or administration of prescribed or non-prescribed medicines requires written parental consent, unless Gillick competence is recorded. The administration of all medication should be recorded.
- 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.
- Unless there is an agreed plan for the learner to self-medicate (16 years and above or Gillick competent), all medication should be administered by a member of staff. In other cases, it may need to be supervised in accordance with the IHP.
- Staff should check the maximum dosage and the amount and time of any prior dosage administered.
- If a learner refuses their medication, staff should record this and inform parents as soon as possible. If a learner misuses any medication, their parents should be informed as soon as possible. The education setting should ask parents to seek healthcare advice as appropriate. If parents cannot be contacted immediately, staff need to consider seeking immediate healthcare advice.
- Staff involved in the administration of medication should be familiar with how learners consent to treatment. Further information on this from the Welsh Government can be found in the *Patient Consent to Examination and Treatment – Revised Guidance* (NHS, 2008).

Staff leading off-site visits are responsible for making all staff present on the visit aware of learners who have healthcare needs. They should ensure they have 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.

Emergency procedures

The Governing Body should ensure procedures are in place for handling emergency situations. Staff should know who is responsible for the policy, nominated first aiders and how to deal with common healthcare needs. In situations requiring 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 within the school 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.

Training

Governing bodies and the headteacher must ensure that staff who volunteer or who are contracted to support those with healthcare needs are provided with appropriate 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. 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 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.

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.

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 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.

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 will be

submitted by the school examination officer, Mrs Julie Jones, to the awarding bodies as early as possible.

Adjustments, adaptations or additional time for learners taking the National Reading and Numeracy Tests should be based on normal classroom practice for particular needs. Mrs Debbie Evans, the ALNCo, will ensure that suitable access arrangements are in place and teachers are expected to use their professional judgement to support learners.

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. This means education suitable to the age, ability, aptitude of the learner and any additional learning needs (ALN) 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 the school 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 learner's school should 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 should enable the EOTAS 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.

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 the school, local authority and health staff in home tuition 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.

Integration

The school has a key role to play in the successful integration after diagnosis or reintegration of learners with healthcare needs, and should be proactive in working with all agencies, including involving other learners in supporting the transition. Staff should be trained in a timely manner to assist the learner's return. The support should be considered by key parties, including the parent and learner and should be reflected in the IHP.

Discharge from hospital

When a learner is discharged from hospital, appropriate information should be provided to parents, which could then be shared with the school. This will help ensure a smooth return to school. Those working closely with the learner should be available to give advice as necessary on appropriate ways to best support the learner. Where hospitals give advance notice of discharge, it is helpful if parents communicate this as soon as possible, together with any information about the learner's achievements and educational progress in the hospital.

Hospitals which have a liaison nurse can offer advice to prepare the learner's education setting on how best to manage their return. This may enable teachers without experience of dealing with a particular condition or disease to handle reintegration effectively. It can also promote understanding that some illnesses or treatments can create behaviour problems or cognitive difficulties. Contact with a nurse specialising in the learner's specific condition may also be beneficial following any discharge from hospital.

After integration

It is useful for the local authority to follow up with the learner, after reintegration, to determine effectiveness. Local authorities may wish to use such feedback when evaluating their policies and support. Local authorities should be aware of the help available to reintegrate a learner or young person locally – not only from health and other public agencies, but also private and voluntary organisations.

It is important to note that a continued outreach service after discharge is sometimes necessary. Hospital teachers, and teaching staff providing home tuition if applicable, should be aware of their role in reintegrating learners as soon as possible, and local authorities should ensure education welfare officers understand their role in relation to those with healthcare needs.

School transport

There are statutory duties on local authorities, headteachers and governing bodies in relation to learners travelling to the place where they receive their education or training. 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.

Reviewing policies, arrangements and procedures

Governing bodies should ensure all policies, arrangements and procedures are reviewed regularly. 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.

Insurance arrangements

Governing bodies of maintained education settings 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, e.g. off-site activities for learners with particular needs.

Complaints procedure- See School Complaints policy

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 and the school has a duty to address all complaints and must publicise their formal complaints procedure, including how complaints can be escalated from teacher to headteacher, then to the governing body, and then to the local authority.

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.

INDIVIDUAL HEALTHCARE PLANS (IHPs)

Introduction

IHPs set out what support is required by a learner. 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.

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

However, when a learner has continual or episodic healthcare needs, then an IHP may be required. If these needs are complex and the learner is changing settings, then preparation should start early to help ensure the IHP is in place at the start of the new term.

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:

- the learner
- the parents

- input or information from previous education setting
- appropriate healthcare professionals
- social care professionals
- the headteacher and/or delegated responsible individual for healthcare needs across the setting
- teachers and support staff, including catering staff
- any individuals with relevant roles such as a first aid coordinator, a well-being officer, and additional learning 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
- 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.

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.

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.

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.

Record keeping

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

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

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

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

USEFUL CONTACTS

Asthma

1. Asthma UK Cymru Helpline: 0300 222 5800 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

Anaphylactic shock

3. Allergy UK
Helpline: 01322 619898 www.allergyuk.org/
4. Anaphylaxis Campaign Helpline: 01252 542029 www.anaphylaxis.org.uk/

Child support organisations

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

Diabetes

9. Diabetes UK Cymru Tel: 02920 668276 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/

Diabetes UK school and parent resource packs

www.diabetes.org.uk/Guide-to-diabetes/Your-child-and-diabetes/Schools/Diabetes-in-schools-resource

Epilepsy

10. Epilepsy Action Wales
Tel: 01633 253407
Helpline: 0808 800 5050 www.epilepsy.org.uk/involved/branches/cymru
11. Epilepsy Wales
Helpline: 0800 228 9016 www.epilepsy-wales.org.uk
12. Young Epilepsy
Helpline: 01342 831342 www.youngpilepsy.org.uk

Learning difficulties

13. Learning Disability Wales Tel: 02920 681160 www.ldw.org.uk
14. MENCAP Cymru Helpline: 0808 808 1111 www.mencap.org.uk
15. Special Needs Advisory Project (SNAP) Cymru Helpline: 0845 120 3730 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
17. Bobath Children's Therapy Centre Wales Tel: 029 2052 2600 www.bobathwales.org
18. Cerebra – for brain-injured children and young people Tel: 01267 244200
w3.cerebra.org.uk