



Health Care Needs Policy Ysgol Syr Hugh Owen

Adopted by:

Date:

Date of Review:

Next Review:

HEALTH CARE NEEDS POLICY

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1. Introduction

1.1 Overview

- 1.1.1 This policy has been developed in accordance with the Welsh Government's **Statutory Guidance: Supporting learners with health care needs**. A guide. Welsh Government 215/2017 ([http://learning.gov.wales/resources/browse-all/supporting-learners-with-health care-needs/?skip=1&lang=en](http://learning.gov.wales/resources/browse-all/supporting-learners-with-health-care-needs/?skip=1&lang=en)).
- 1.1.2 This policy must be read together with the overarching compulsory statutory guidance.
- 1.1.3 Local Authorities **must** comply with these statutory guidelines when carrying out their duties to promote the well-being of children who are pupils in educational settings, including meeting their health care needs. The guidelines also apply to activities taking place away from the school site as part of normal educational activities.
- 1.1.4 Throughout this document reference is made to health care plans. There are two types:

a). School Based Individual Health Care Plan (HCPIS): 4.1

A plan prepared by the school when it is identified that a pupil has health care needs (see figure 1). This is a school based plan which can include input from a health specialist in the case of a pupil with a medical health care plan. **See Appendix 3**

b). Medical Health Care Plan:

A health care plan provided by a health professional.

1.2 Key policy statements

- 1.2.1 Pupils with health care needs should be supported appropriately so that they have full access to education, including trips and physical education.
- 1.2.2 **If** there are concerns about the implementation of the safeguarding policy, the school should follow the safeguarding procedures, and if necessary, seek advice from the Child Protection Officer for the Local Authority.
- 1.2.3 Governing bodies must ensure that arrangements are in place to support pupils who have health care needs.
- 1.2.4 Governing bodies must ensure that staff at educational settings consult with the relevant professionals, pupils and parents/carers to ensure that the needs of the pupil with health care needs are understood and supported effectively.
- 1.2.5 Any member of staff within the educational setting can be asked to provide help for pupils with health care needs, including assisting or supervising the administering of medication. This is a voluntary responsibility. Staff must receive appropriate and suitable training and reach the necessary level of competence before taking on the responsibility. No member of staff can be asked to administer or supervise the taking of medication unless this is a part

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of the general terms and conditions of the contract of employment or the jointly agreed job description (see page 6 – 11, national guidelines).

When the medical health care plan, individual health care plan (IHCP) and/or medication for a pupil is not available on a particular day and puts the pupil at risk, the headteacher will assess the risk and the headteacher has the right to refuse to admit the child to school until a health care plan or medication is provided in accordance with the school's policy.

*** This is dependent on appropriate training and guidelines being in place for the learner by specialist health care staff.**

1.3 Legislation and Guidelines

1.3.1 The legislation underpinning this policy is set out in the Supporting Learners with Health care Needs document. Welsh Government Guide 215/2017 (<http://learning.gov.wales/resources/browse-all/supporting-learners-with-health-care-needs/?skip=1&lang=en>); pages 3, 4, 5, 27, 28, 29, 30 and 31; which must be complied with.

1.4 Share this policy

1.4.1 In developing this policy for the school, the policy has been shared with school Governors, is on the school website, and has been developed in accordance with WG guidelines and requirements. The policy has also been shared with, and is available to, all members of staff at the school.

2. Roles and responsibilities

2.1.1 In accordance with the Welsh Government's statutory guidelines, the Local Authority and Governing Body have considered the following matters when developing this policy and its procedures:

- The staff should understand and work with the aim of ensuring inclusion.
- Lessons and activities should be designed in a way that allows those with health care needs to participate fully.
- The staff should understand their role in supporting pupils with health care needs and appropriate training should be provided.
- Staff should feel confident that they know what to do in a health care emergency.
- Staff should be made aware of the needs of their pupils and the health care needs of an individual pupil should be shared appropriately and legally.
- Whenever appropriate, pupils should be encouraged and supported to take responsibility for managing their own health care needs.

2.1.2 Pages 6-11 of the statutory guidance refers to the minimum standards of *expected practice* for the following categories. These must be followed in accordance with the Welsh Government's statutory guidelines.

- Local authorities;
- Governing Bodies;

- Headteachers;
- Teachers and support staff;
- Pupils and parents/carers;
- NHS Wales school health nursing services, third sector organisations and other specialist services.

2.1.3 Based on these principles, the individuals with overall responsibility for managing health care needs are:

Lead member of staff for managing health care needs	Carol A Jones
Protocol in the absence of this individual	Gareth Evans

2.1.4 All staff and governors will be aware of all the unacceptable practice guidelines as outlined in the National Guidelines (identified in [appendix 8](#)), and these practices must be avoided.

3. Insurance

3.1 The school, its employees and its governors are protected under employers' liability insurance arranged by the County Council. These policies provide indemnity against claims for injury and damage resulting from their negligent acts and omissions in the course of, or arising from their duties. This includes the administering of medication and first aid where appropriate training has been provided to an employee. However, untrained employees should not provide treatment, as they may be personally liable for their actions and may not be compensated under the insurance policies.

4. Action to be taken when a pupil has Health care needs – Individual Health Care Plans (IHCPs)

4.1 Individual Health Care Plans

4.1.1 When health care needs are complex, changeable, long-term, or when there is a high risk of needing emergency intervention, an individual health care plan (IHCP) will be required. An IHCP may be required even if a medical condition is normally well controlled.

4.1.2 However, not all pupils with health care needs will need IHCP's and we have a process in place (see figure 1) to decide which interventions are the most appropriate.

4.1.3 In most cases, particularly those involving short-term illnesses such as those requiring a course of antibiotics, a detailed IHCP may not be necessary. In such circumstances it may be sufficient to simply complete the form in appendix 2.

4.2 Development of the IHCP

4.2.1 The IHCP identifies what support the pupil needs. It doesn't need to be long or complicated. When a pupil has ongoing or periodic health care needs, an IHCP may be required.

- 4.2.2 If a pupil's health care needs are complex and the pupil is transitioning, then we will start preparing early to ensure that IHCP is up and running at the start of the new term.
- 4.2.3 If any medications are required as part of the IHCP, the medication consent form in **appendix 2 must be completed** also.
- 4.2.4 Figure 1 outlines the process for identifying whether an IHCP is required.
- 4.2.5 In some cases, e.g., short-term antibiotics; at the end of step 2 'gathering information' it may be clear that there is no need for an IHCP. In these circumstances it will not be necessary to proceed to steps 3 and 4 (figure 1).

Figure 1: The process for identifying if an IHCP is required

Step 1: Identifying pupils with health care needs:

- A pupil is identified from the school registration form/annual data collection form.
- A parent/carer or pupil notifies the school that there are health care needs or a change in health care needs.
- Information from a health care professional.
- Transition discussions are held promptly e.g., 8 weeks before either the end of the term or before moving to a new educational setting.



Step 2: Gather Information:

- If there is a possible need for an IHCP; the school should discuss this with the parent/carer and the pupil. This must be done where appropriate in collaboration with the relevant health care professional. This will support the decision-making process to identify whether an IHCP is required.



Step 3: Decide if an IHCP needs to be drawn up:

- The headteacher or Designated Individual should arrange a meeting with appropriate staff, parents/carers, the pupil, and appropriate clinicians to decide if the pupil's health care needs require an IHCP, or if this would be inappropriate or disproportionate. If there is a contentious issue with the parent/carer, then the headteacher will make the decision about how to proceed; this can be challenged through the complaints procedure.



Step 4: If an IHCP is required:

- The headteacher or Designated Individual, under the guidance of the appropriate health care workers, parents/carers and the pupil should develop the IHCP in partnership. This includes drawing up, coordinating, and facilitating meetings, documentation and general communication in the school.
- The headteacher or Designated Individual should facilitate the necessary risk assessments and interventions to ensure the child's safety.
- The headteacher or Designated Individual will identify the appropriate staff to support the pupil including identifying any training needs and the source of the training.
- The headteacher or Designated Individual will make arrangements for training from relevant and competent specialists.
- The headteacher or the Designated Individual will circulate the IHCP and any updates to the: parents/carer, headteacher, class teacher/ALN Coordinator (as appropriate), and the health care professional. Permission must be received from the parent/carer and the pupil to do this.
- The headteacher or Designated Individual will set an appropriate review date and define any other elements that could lead to a review, section 5.

* Our

Adapted from: [Supporting learners with health care needs. A guide. Welsh Government 215/2017.](#)

school registration form/annual data collection form includes questions about a pupil's health needs.

Parents / carer are also asked to inform the school about any changes to the child's current and new health care needs.

After collecting the annual data, we will carry out checks to ensure that IHCP's are in place or that existing ones are being reviewed and/or that medication consent is available.

4.3 Responsibility for IHCP

4.3.1 In our school, there is a Designated Individual with overall responsibility for *developing* the IHCP (for the purposes of this policy the term 'developing' means formulating, co-ordinating and facilitating in collaboration with relevant health specialists).

4.4 Development and content

4.4.1 Developing a detailed IHCP for a pupil may include the following:

- the pupil
- the parents/carers.
- input or information from the previous education setting
- appropriate health care professionals
- social care professionals
- the Designated Individual responsible for health care needs across the school
- teachers and support staff, including catering staff
- any individuals with relevant roles such as first aid staff, welfare officer and the ALN Co-ordinator.

4.4.2 Those who draw up the IHCP will agree on a plan, but it is the school's responsibility to ensure that it is confirmed and implemented.

4.4.3 The IHCP will be developed with the pupil's best interests in mind and we and the specialist services (if necessary), will assess the risks to the pupil's education, health and social welfare.

4.4.4 The aim of the IHCP is to identify the steps that need to be taken to assist pupils to manage their condition and to overcome any potential obstacles that could prevent them from participating fully in their education.

4.4.5 A template for an IHCP can be found in [appendix 3](#).

4.4.6 If a relevant health worker has provided a IHCP and it covers all the aspects identified in the model IHCP in [appendix 3](#), a separate IHCP is not required. The IHCP may refer to other documents and there is no need to duplicate.

4.4.7 However, if it is decided that an IHCP is required and it has not yet been developed, we will complete the IHCP in [appendix 3](#) with the pupil, parent/carer and relevant health worker. It may not be necessary to complete all the sections in this template. Several third sector organisations have produced specific IHCP templates that can be used e.g., Asthma UK <https://www.asthma.org.uk/advice/child/manage/action-plan/>

4.4.8 When a pupil has additional educational needs the IHCP will be linked or attached to any ALN/ Individual Development Plan statement (IDP), Personal Education Plan (PEP). A PEEP (personal emergency exit plan) and risk assessment may also be attached.

4.5 Coordinating information with health care professionals, the pupil and parents/carers.

4.5.1 The way in which we share a pupil's health care needs with health care and social care professionals depends on their requirements and the type of educational organisation. The IHCP will explain how information is shared and who will do this. This individual can be the first point of contact for parents/carers and staff and will engage with external agencies.

4.6 Pupils' role in managing their own health care needs

4.6.1 Pupils who are eligible* to do so will be encouraged to take responsibility for managing their own health care needs, including medications and procedures. This should be reflected in the pupil's IHCP.

**Gillick – when possible, the learners should be supported to develop an understanding and confidence in managing their conditions themselves, depending on their ability to do so. This is sometimes referred to as ' Gillick Competence'.*

4.6.2 When possible, pupils are allowed to carry their own medication and their relevant devices, or gain quick access to their medication. Some pupils may need an appropriate level of supervision.

4.6.3 If a pupil refuses to follow their IHCP or take their medication or carry out a required procedure, the staff should not force them to do so, but follow the procedures as agreed in the IHCP. Parents/carers will be notified as soon as possible so that an alternative arrangement can be considered and health advice will be sought where appropriate.

4.7 Access to the IHCP

4.7.1 The IHCP should be easily accessible by all who need to refer to it, while maintaining the required levels of privacy.

4.7.2 A file containing paper copies of the IHCP will be kept in each Year Office, the General Office, the Physical Education Department Office (in the Leisure Centre) and the Designated Individual's Office. These must be kept securely.

4.7.3 A digital copy of the IHCP is available to all school staff on Classcharts/'linked documents' for individual pupils in SIMS. A copy of the IHCP is given to the responsible adult on school trips.

5. Review of pupils' health care needs

5.1 Individual Health Care Plan (IHCP)

5.1.1 The governing body will ensure that all IHCPs are reviewed at least every year or more often if the IHCP indicates this, or if there is new evidence that the pupil's needs have changed.

5.1.2 In this review we will include all key stakeholders where appropriate including – the pupil, parent/carer, education and health professionals and other relevant bodies. Example in [appendix 6](#).

5.2 No IHCP

- 5.2.1 Those pupils with health care needs but without an IHCP will be reviewed each term or more regularly if necessary.

6. Sharing and recording information

- 6.1.1 The Governing Body have ensured that we have clear communication arrangements in place for pupils with health care needs. This must be done in accordance with Data Protection Legislation.
- 6.1.2 Our health care needs policy is available to parents/carers on the school website.
- 6.1.3 In order to protect the confidentiality of pupils, we will discuss with the pupil and parent/carer how we can share information about their health care needs. Parents/carers are asked to sign a consent form identifying with which organisations and individuals, and by what methods, pupil medical information will be shared (appendix 2 and 3). Given that sharing medical information is a sensitive matter, we will include the pupils in any decisions as appropriate.
- 6.1.4 We will share any information needed to ensure that teachers, supply teachers and any support staff and temporary staff are aware of the pupils' health care needs, including IHCPs, especially if there is a possibility that an emergency could arise. This will also include any changes in health care needs, IHCPs and medications. This data must be shared and stored in compliance with the Data Protection Legislation and there should be no breaches of privacy or of the duty of confidentiality to the individuals concerned. This will be done by:
- Sharing information with staff about pupils' health care needs on a secure intranet (SIMS).
- We use INSET days and staff meetings to ensure that all school staff are aware of the health care needs of pupils they may teach or may have contact with.
- 6.1.5 We will ensure that our pupils (or their friends) know whom to tell if they feel unwell, need help or need changes to support them.
- 6.1.6 We will listen to the concerns of pupils (or their friends) if they are unwell at any time and will consider the need for medical assistance.
- 6.1.7 If a pupil has indicated that he/she is unwell, all relevant staff must be notified of this; e.g., if a pupil has an asthma attack in the morning, all staff who are in contact with that pupil that day must be informed and to be vigilant for any signs of decline / further illness. This could include non-teaching staff such as administrative staff where appropriate.
- 6.1.8 When pupils are located with other services for the all/some of the time we will ensure that appropriate information about their health care needs are shared in accordance with our information sharing policy and with the consent of the parent/carer and the pupil.

- 6.1.9 We will keep a list of what information has been shared, with whom and why, so that the pupil or parent/carer can see the details upon request. The list can be accessed on the pupil's IHCP created by the school and/or the medical consent form (appendix 2 and 3).

7. Record Keeping

- 7.1.1. Records of the pupil's health care needs have been placed on 'linked documents' in SIMS in order to allow quick and easy access for appropriate staff in whatever classroom/office they are in at the time.
- 7.1.2. New paperwork will be completed whenever there are changes to the IHCP, medication or dosage. We will ensure that the old forms are clearly marked as no longer relevant and store them in accordance with our data storage arrangements.
- 7.1.3. The administration of all medications will be formally recorded using appendix 5. This includes: emergency medication, non-prescription medication (e.g., paracetamol) and controlled drugs.

8. Communicating with parents/carers

- 8.1.1 The school will communicate with parents/carers about their child's medication by phone call and in writing (e.g., text message or email). This will be done on the same day as it happens.

For example:

- a. The child has not received their usual medication and why (e.g., has refused the medication)
- b. The child has received emergency medication and the reason why.

9. Creating an accessible learning environment

9.1 Accessibility

- 9.1.1 The Local Authority and Governing Body will ensure that our school is as inclusive and accessible as possible for pupils with health care needs. This includes the following compulsory requirements (see pages 11—13, WG Guidelines);

- Physical access to buildings providing education (this is the primary responsibility of the Local Authority);
- Reasonable adjustments – accessories/equipment/services (this is the primary responsibility of the governing body and the school);
- The governing body/schools will ensure that equipment is regularly serviced, with the support of the Local Authority;
- Day trips and residential visits (this is the primary responsibility of the governing body and the school);
- Social interaction (primary responsibility of the governing body and the school);
- Exercise and physical activity (primary responsibility of the school);
- Food management (primary responsibility of the school);
- Risk assessments (primary responsibility of the school);

9.2 National curriculum qualifications, examinations and assessments (p18 WG Guide) - *These must be followed in accordance with the Welsh Government's statutory guidelines.*

9.2.1 This is set out on page 18 of the WG guidance.

9.3 Education other than school education (EOTAS) (p19-20 WG Guide)
These must be followed in accordance with the Welsh Government's statutory guidelines.

9.3.1 This section describes the support available to pupils of compulsory school age who do not attend a mainstream education setting for any period of time, due to their health care needs.

9.3.2 In the case of a short absence from school (less than 15 days), we will provide work to be done at home, if the pupil's condition allows this, and will support the pupil to catch up when he/she returns.

9.3.3 If a pupil is absent for more than 15 days (consecutive or cumulative) we will work with the Local Authority to ensure that the pupil's needs are met.

9.4 Integration (p20-21 WG Guide)
These must be followed in accordance with the Welsh Government's statutory guidelines.

9.4.1 We have a key role to play in ensuring the successful integration after diagnosis, or reintegration of pupils with health care needs. We will be proactive and work with health professionals and the Local Authority as appropriate, together with the other pupils during the transition period. We will promptly train staff to assist the pupils to return to school. The support will be considered by key parties including the pupil and parent/carer, and will be reflected in the pupil's IHCP.

9.4.2 When a pupil is discharged from hospital, appropriate information will be provided to parents/carers which should be shared with us. We will work with the parent/carer and the hospital to manage the pupil's return.

9.4.3 We will assist the pupil to catch up with school work after his/her return.

9.5 School Transport

9.5.1 School transport for pupils with health care needs will be in accordance with the Local Authority's school transport policy.

10. Emergency Procedures

10.1.1 We have guidance in place to deal with emergency situations. All staff are aware of the person responsible for this policy, who our first aid staff are and how to deal with common health care needs.

10.1.2 In circumstances requiring emergency assistance we will call 999.

10.1.3 The location of pupils' health care records and emergency contact details will be known to staff.

10.1.4 Other pupils in our school will be told what to do in an emergency arises i.e., tell a member of staff immediately.

10.1.5 If a pupil needs to be taken to hospital, a member of staff will accompany them every time and will stay with them until a parent/carer arrives. This includes escorting them in the ambulance to the hospital. (Subject to current Covid guidelines). The member of staff will take the appropriate paperwork with them.

11. Training and staff allocation

11.1.1 The governing body will ensure that staff who volunteer or who are under contract to manage the pupils' health care needs have access to the appropriate training and guidelines.

11.1.2 The training will be sufficient to ensure that staff are competent, are confident in their ability to support pupils and are able to fulfil the requirements of the IHCP.

11.1.3 The training will be thorough to ensure that enough staff are qualified to support a pupil's health care needs e.g., if the usual member of staff is absent.

11.1.4 Training may include input from the pupil and their parents/carers, but they will never be used as the sole providers of the training. Nonetheless, occasionally children's parents will be invited to undertake training while dealing with the child's individual needs. One example is close care when using a catheter, where the parents will provide the training whilst being monitored by health workers.

11.1.5 If a pupil has complex health care needs, we will seek the input and advice of the school nurse/specialist nurse/other health care professionals and the Local Authority in relation to training and support for staff.

11.1.6 All staff will be informed about the Policy, and about common conditions (to ensure they can recognise symptoms and understand where to seek

appropriate help) and the roles of staff in carrying out health care arrangements.

- 11.1.7 New staff and temporary staff will be told about the preventive and emergency measures that are in place so that they can recognise when intervention is needed and can act quickly.
- 11.1.8 Trained staff will always move with the pupils to support them.
- 11.1.9 When trained staff who are normally responsible for administering medication are not available, the reserve member of staff will be expected to do so. This is stated in the IHCP.
- 11.1.10 The policy is shared with all staff.
- 11.1.11 Training records will be maintained, [appendix 4](#).

12. Day trips and residential visits

- 12.1.1 In accordance with the statutory duties, the governing body supports all pupils with health care needs to take part in trips and visits.
- 12.1.2 We will contact parents/carers in advance by holding a meeting / by letter as appropriate to advise them about planning their child's health care/medical needs for the trip/visit.
- 12.1.3 All staff supporting a residential trip/visit will be informed of the child's health care needs, complying with Data Protection Legislation and respecting the pupil's right to privacy. They will receive the information required to ensure that staff can provide an equal experience for the pupil. The information may include health and safety issues, what to do in an emergency and any additional support, including required medication and equipment.
- 12.1.4 During a trip/visit, any medication a pupil needs will be carried by the member of staff with relevant training or by the pupil if they can self-administer, and are competent to do so.
- 12.1.5 Pupils who may require their medication will be put in a group with a trained member of staff who will carry the medication where possible.
- 12.1.6 If a pupil arrives on a trip without their medication or without enough medication in accordance with this policy then we will contact the parents/carer to ask them to bring the medication to school. If this is not possible, the school has the right to refuse to allow the child to go on the educational visit if it is not safe for the child to attend the trip/visit, e.g., if the medication is for emergencies, manage behaviour etc. The headteacher/Designated Individual will decide if it is safe for the pupil to go on the trip.
- 12.1.7 See the school's Educational Visits Policy for further guidance.

13. Medication

Note: when prescribed medication can be taken at times that allow the medication to be administered at home, parents/carers should try to do so e.g., before and after school and at night. There will be cases where this will not be possible.

Note: aspirin or its derivatives should not be given to children under the age of 16 unless prescribed.

13.1 Supplying medication /devices.

13.1.1 We will not keep a surplus supply of medication in the school, as stated on the permission form. The exception to this is when it is in the best interests of the child.

13.1.2 We will never accept any medications that has been removed from the original container/packet. The medication should be in the original container/packet, labelled with the pupil's name, name of the medication, dose and frequency, and expiry date. Staff will not transfer medication from its original container, unless the container breaks, when we will notify the parent/carer and appropriate action will be taken.

13.1.3 We only accept medication in the following condition, in accordance with national guidelines:

Medications must be:

- a. Within date.
- b. Identify the contents correctly and include a clear label.
- c. Be labelled with the pupil's name.
- d. Include written instructions for administration, dosage, frequency and storage.
- e. Be in its original container/pack as given by the pharmacist (except for insulin which is usually available in an insulin pen or pump). Asthma inhalers and accessories must include the label on the inhaler.

13.2 Receiving/returning medications (including transporting them to school)

13.2.1 It is the responsibility of the parent/carer to transport the child's medication to school.

13.2.2 We will discuss with the parents/carers how to transport the medication to school and this will be recorded on the consent form (appendix 2).

13.2.3 Older children can carry/administer their own medication, but consent must firstly be obtained from parents/carers.

13.2.4 Medication will only be returned to the parent/carer in person.

13.3 Storage

13.3.1 It is the responsibility of the Designated Individual to ensure that medications are stored safely in the school.

13.3.2 The Designated Individual will ensure that the health risks arising from medications are managed in accordance with the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

13.3.3 The Designated Individual will ensure that medication is stored safely and appropriately.

Table 1: Storage of medications (including controlled drugs)

Note: We will never store medication in a first aid box.

Type of medication	Location
Non-emergency medication	<ul style="list-style-type: none"> All non-emergency medication will be kept in a secure area with appropriate temperature or light controls. If it is a controlled drug, additional safety measures and controls are advised.
	Location(s) = Medical Cupboard / Medical Room / Year Office
Medications to be kept in the fridge	<ul style="list-style-type: none"> Some medications need to be kept in the fridge. The temperature of the fridge will need to be monitored regularly to ensure it is in accordance with storage requirements. Medications can be kept in a fridge containing food, but should be in a tight and clearly labelled container. A lockable medical refrigerator should be considered if large amounts of medication need to be stored.
	Location(s) = Medical Cupboard / Medical Room / Year Office
Medication for emergencies	<ul style="list-style-type: none"> Emergency medications must be readily available to pupils who need them at all times during the school day or in activities off the school premises All staff will be aware of the location of the emergency medications. Medications and devices such as asthma inhalers, blood glucose meters and automatic adrenaline injectors (pens) should be easily accessible to pupils and unlocked. This is extremely important to consider when outside the premises of the educational setting e.g., on trips. If the emergency medication is a controlled drug, it should be kept as securely as possible in order to mitigate the risk of unauthorised access whilst allowing quick access if needed in an emergency. A pupil who has received a prescription for a controlled drug can keep it in their possession according to the law, if they are competent to do so, and they should not pass it on to another pupil or an unauthorised person. When staff administer emergency medication to a pupil, it will be recorded.
	Location(s) = Medical Cupboard / Medical Room / Year Office

13.4 Access

13.4.1 It is important that pupils are told where their medications are kept and how to access them.

13.4.2 We will inform all staff of the whereabouts of pupils' medications and how to access them in accordance with Data Protection Legislation (see point 6 and 7).

13.5 Disposal

- 13.5.1 When the medication is no longer needed, we will return the medication to the parents/carer so that they can dispose of it safely e.g., at the end of each term/annually or when the date of the medication has expired.
- 13.5.2 If the parents/carers are not available, then we will seek advice from the school nurse about disposing of the unused medication in the school. If they are not available, the medication will be given to a local pharmacy.
- 13.5.3 We will always use a sharps box to dispose of needles and other sharps and dispose of them appropriately.

13.6 Administration

- 13.6.1 When a pupil is under the age of 16, written consent is required from a parent/carer in order to assist or administer prescription or non-prescription medications, unless the child is Gillick competent and that this has been recorded.
- 13.6.2 Parents/carers must submit a formal request and provide their written consent for school staff to administer ANY medication to their child, including when it forms part of the IHCP (appendix 2).
- 13.6.3 A consent form must be completed for each medication.
- 13.6.4 It is essential that the Headteacher formally agrees with the request to administer medication and that the paperwork is completed and signed before it can be administered (appendix 2). In the headteacher's absence the Deputy Headteacher will accept this responsibility. In the meantime, parents/carers are allowed to administer the medication themselves.
- 13.6.5 In accordance with WG guidance only qualified trained staff will administer medication in accordance with the pupil's current IHCP and/or the completed consent form to administer medication.
- 13.6.6 If the trained or approved members of staff who are normally responsible for administering medication to a pupil are not available, the pupil's IHCP will indicate what the alternative arrangements will be to provide support.

Designated Individual to approve medication administration requests:	Carol A Jones Deputy Head of Inclusion
In the absence of the headteacher/Designated Individual the individual named to approve requests to administer medication:	Gareth Evans Assistant Head Health and Safety

- 13.6.7 In accordance with good practice, we will try to have two members of staff present when medication is administered, and two signatures will be recorded. Please note that this is not a legal requirement.

13.6.8 When medication administration procedures require an adult of the same gender as the pupil and a second signature, we will try to provide this, and it will be noted in the IHCP and/or on the consent form.

13.6.9 If the treatment is invasive or personal it will be recorded or attached to the pupil's IHCP.

13.6.10 When administering medication to a pupil, the staff will re-check the following each time:

- a. Check the consent form first.
- b. The medication must be in its original container/packet* with the label attached;
- c. If it's prescribed medication, it must have been provided by a pharmacist;
- d. It must include the expiry date and be within that date;
- e. It must include the child's name;
- f. It must include the name of the medication;
- g. It must include dose size and frequency;
- h. The medication must have been stored in accordance with the storage instructions;
- i. Check how much of the medication is left
- j. Check the maximum dose
- k. Check the amount and time of administration of any previous dose

If there is a problem, contact the headteacher/Designated Individual and then the parent/carer.

** Some medications, such as insulin, may not be in their original packaging but in pens or pumps.*

13.6.11 The member of staff who administers the medication will monitor that the drug has been taken.

13.6.12 The administration of all medication will be recorded using the form in [appendix 5](#).

13.7 Self-medication

13.7.1 Unless a plan has been agreed for the pupil to administer the medication themselves (aged 16 and over or Gillick competent), all medication will be administered by a member of staff. A formal request for a pupil to self-medicate (included in [appendix 2](#)) must be received from the parents/carers before this is allowed. In other cases, it will be supervised in accordance with the IHCP.

13.7.2 In accordance with good practice, pupils are asked to carry enough medication for that day only.

13.7.3 Without exception, pupils should not share their medication with another pupil for any reason. This will be fully explained to all the pupils. This will be treated as misuse in accordance with our substance misuse policy.

13.8 Changing dose/medication

- 13.8.1 When we receive instructions to change a medication dose, we will not do so based on the instructions of parents/carers alone without supporting evidence from a health professional.
- 13.8.1 If a pupil, parent/carer or health professional requests a change in dose; the change must be confirmed in writing by the health specialist and the parent/carer must complete a new consent form before we administer a change in dose to the pupil.
- 13.8.2 If the relevant paperwork is not provided on a particular day and this puts the child at risk, the headteacher/Designated Individual will assess the risk and they have the right to refuse to admit the child to school until the relevant paperwork is provided in accordance with this policy.

13.9 Adverse effects

- 13.9.1 If a pupil experiences adverse effects after administering the medication we will provide first aid or contact the emergency services as necessary and we will contact the parents/carers immediately. The adverse effect will be recorded on the medication recording sheet in [appendix 5](#).

13.10 Medical errors

- 13.10.1 If we forget to administer medication, administer medication late, provide an incorrect dose of medication, provide an extra dose, administer medication without consent, administer medication by an untrained member of staff or administer medication to the wrong child, we will then report to the headteacher/Designated Individual and seek advice from a health care professional or treat the pupil in accordance with our emergency medical procedures if necessary. We will contact parents/carers immediately and complete an incident form ([appendix 7](#)), and complete form HS11.

13.11 Refusing or misusing medication

- 13.11.1 If a pupil refuses to take their medication, then we will not force them to take it, unless the situation is urgent.
- 13.11.2 If a pupil refuses medication in an emergency situation (for example: an adrenaline injection in a case of anaphylaxis), then professional medical help will be sought and we will notify the parents/carers immediately.
- 13.11.3 Without exception, pupils should not share their medication with another pupil for any reason. This will be fully explained to all the pupils. This will be treated as misuse in accordance with our substance misuse policy.
- 13.11.4 If a pupil refuses or misuses medication, we will inform the parent/carer as soon as possible and ask the parents/carers to seek health care advice as

appropriate. If the parents/carers cannot be contacted immediately, staff may have to seek immediate health care advice or contact the emergency services if necessary.

13.11.5 When notifying parents/carers it is good practice to do this in writing as well. We will also record their refusal/misuse in [appendix 5](#).

13.12 Covert medication

13.12.1 There should only be covert administration of medication where a consent form (appendix 9) has been completed and with the consent of a health professional who clearly outlines why it is in the pupil's best interests to do. Only in such circumstances should there be any covert administration of medication, under strict guidelines and under the supervision of an appropriately set out timetable.

13.13 Medication that has run out or is past its expiry date

13.13.1 If a pupil's medication runs out or the date expires, it is the responsibility of the parent/carers to monitor and provide a new supply. This is clearly stated in the consent form (appendix 2).

13.13.2 However, our safeguarding responsibilities and duties under the Social Services and Well-being Act mean that it is good practice for us to regularly check the expiry dates of any medications kept in the school. The dates of medications and their amount will be checked every half term and any appropriate action will be taken.

13.14 Asthma

13.14.1 The guidelines for the use of salbutamol emergency inhalers in schools in Wales state that schools are allowed to buy, keep and use an emergency inhaler in the school. (Welsh Government Circular: 015/2014)
It is the responsibility of the parents to ensure adequate supply of medication available for the use of their child. We won't buy, keep or use emergency inhalers in the school.

13.15 EpiPens

13.15.1 It is the responsibility of the parents to ensure there is enough medication available for their child to use. Consequently, the school will not keep emergency 'EpiPens' in the school.

13.16 Controlled drugs

13.16.1 Drugs such as Ritalin are controlled under the Misuse of Drugs Act. It is therefore essential that they are managed between the school and the parents/carers, including transporting them to school.

13.16.2 Controlled drugs will ideally be brought to school daily by parents/carers, but the school should certainly have no more than a week's supply as stated in the consent form ([appendix 2](#)), except when it is in the best interests of a child. We will always record the amount of medication that is given to us or returned to the parent/carer ([appendix 5](#)).

13.17 **Non-prescription medication (e.g., over the counter, homeopathic)**

13.17.1 In some exceptions, there may be a request to administer out of the ordinary medication during the school day. In such cases, if there is written consent, such medication can be given e.g., consent by e-mail. **Appendix 2** must be completed and returned to the school as soon as possible

13.17.2 The process for non-prescribed medication is the same as with all other medication; however, this will be dealt with on a case-by-case basis.

13.17.3 Pupils are not allowed to transport non-prescribed medication to school without prior consent (appendix 2).

14. Complaints Procedure

14.1 If a pupil or parent/carer is not satisfied with our health care arrangements they have the right to complain. Our complaints procedure is outlined in the school's Complaints Policy.

14.2 If the complaint relates to the Equality Act 2010/disability, then a challenge to the Additional Learning Needs and Education Wales Tribunal may be considered.

15. Review of the Policy

15.1 We will review the policy every 3 years or earlier if necessary.



APPENDIX 1

Ysgol Syr Hugh Owen Contacting the Emergency Services

Requesting an Ambulance

Call **999**, ask for an ambulance and have the following information available where possible.

1. Give your telephone number **01286 673076/ or a member of staff's mobile phone.**
2. Give the location: **BETHEL ROAD, CAERNARFON.**
3. Give the postcode: **LL55 1HW.**
4. Explain the exact location in the school **[give a brief description].**
5. Provide your name. **XXXX**
6. Give the pupil's name and a brief description of the symptoms. **XXXX**
7. Inform the Ambulance Control Room of the best entrance and note that someone will meet the crew and escort them to **[insert location].**
8. Do not hang up the phone until the information has been reported back.

Speak clearly and slowly and be prepared to repeat the information if necessary.

Place a completed copy of this form next to each telephone in the educational setting.



YSGOL SYR HUGH OWEN

PARENT/CARER CONSENT FOR THE SCHOOL TO ADMINISTER MEDICATION TO A STUDENT

- Our school will not give your child medication unless you complete and sign this form.
- If more than one medication is given, a separate form should be completed for each medication.
- A new form must be completed when changes are made to the dosage.
- Where medication has been prescribed to be taken in periods that allow the course of the medication to be administered at home, parents should ensure that this is done, e.g., before and after school and in the evening. However, we understand that there will be cases where this is not appropriate.
- Parents/carers will be notified as stated in the school's policy when a child refuses medication or when medication is provided in an emergency.
- Parents/carers can ask to see the records.
- Without exception, pupils should not share their medication with another pupil for any reason.

Child's name	
Date of birth	
Class	
Health care needs	
Routine or emergency medication.	
Medication	
Note: the medication must be in the original container given by the pharmacy.	
The name, type and strength of the medication (as described on the container)	
Date it was given by a pharmacist	
Expiry date	
Dose and frequency of medication	
Method of administration	
Timing of the medication	
Duration of treatment	
Special precautions	
Special requirements in order to administer the medication e.g., two members of staff present, the same gender as the pupil.	
Storage requirements	
Who will bring the medication to school and how often?	
Who will receive the medication?	
Does the treatment of a medical condition affect behaviour or ability to concentrate?	
Are there any side effects that the school should be aware of?	

Are there any medications that are administered outside of the school day that we need to know about? Are there any side effects we should be aware of?	
Any other instructions	
Pupil to self-administer medication under supervision from where the medication is stored	Yes / No (circle) If yes, the pupil must also sign a statement*
Pupil to transport and self-administer medication	Yes / No (circle) If yes, the pupil must also sign a statement*
Steps to take in an emergency	
Agreed review date	To be completed with the school
The name of the member of staff responsible for reviewing	To be completed with the school
INDIVIDUAL HEALTH CARE PLAN (IHCP)	
Health Care Plan from a health professional attached if appropriate	Yes / No (circle)
IHCP created by the school attached if appropriate (appendix 3)	Yes / No (circle)
Guidance provided by health attached if appropriate e.g., patient information leaflet	Yes / No (circle)
Date of review of the above	
Contact details	Contact 1 Contact 2
Name	
Daytime phone number	
Relationship to the child	
Address	
Post Code	
In the best interests of the child the school may need to share information with school staff and other professionals about your child's health care needs e.g., nursing staff. Do you give permission to share this information?	Yes / No (circle)
<ul style="list-style-type: none"> • I have read and agree that the school may give medication in accordance with school policy. I understand my obligations as a parent/carer under the Welsh Government guidelines (http://learning.gov.wales/resources/browse-all/supporting-learners-with-health-care-needs/?skip=1&lang=en) . • The information above, to the best of my knowledge, is accurate at the time of writing and I give permission for the school staff to administer the medication in accordance with the information stated above and the school's policy. • I will inform the school of any new information from health professionals regarding my child e.g., if there is a change to the dose or frequency or if the medication should be discontinued. I will ensure that this is provided in writing by the health professional. • I understand that it is my responsibility to provide a new supply of medication to the school and to collect medication that has passed its expiry date or is unused. • When the appropriate medication is not available on a particular day and this puts the child at risk, the headteacher has the right to refuse to admit my child to school until that medication is provided. 	

<ul style="list-style-type: none"> • It is my responsibility to provide medication that has not expired and is correctly labelled. • I give permission to share the information on the form with health professionals/emergency care. • If my child has received any emergency medication before coming to school, I will inform the headteacher/designated member of school staff before the start of the school day. 	
Signature of parent/carer:	
Date:	

I would like my child to administer and/or transport his/her own medication.

Signature of parent/carer:	
Date:	

*If yes to questions here: I agree to administer and/or transport my own medication. If I refuse to administer my medication as agreed, then this agreement will be reviewed.

Pupil's Signature:	
Date:	

AGREEMENT OF THE HEAD/ DESIGNATED INDIVIDUALS TO ADMINISTER MEDICATION

It is agreed that (insert child's name).....receives (state the name and amount of the medication)at (note the time the medication is provided)

(pupil's name).....will receive their medication / will be supervised while they are taking their medication by (state the name of the member of staff).....

This arrangement will continue until (e.g., either the end date of the course of medication or until instructions are received from the parents/carers).....

Name (Headteacher/Designated Individual):.....

Signed:Date:

- Individual Health Care Plan in place; OR
- An Individual Health Care Plan is not required



APPENDIX 3

YSGOL SYR HUGH OWEN

Individual Health Care Plan (IHCP)

(Adapted from www.medicalconditionsatschool.org.uk)

This is a very comprehensive IHCP and every section will not be relevant. Only the relevant sections to provide assistance in terms of the pupil's care need to be completed for the school to be able to care for the child.

If health professionals have provided their own health care plan already, there may not be a need for the school to create an IHCP as long as the health professional's plan has all of the information which is needed by the school.

Section 4 of the policy will be followed in developing this IHCP.

1. INFORMATION ABOUT THE PUPIL

1.1 Pupil Details

Pupil's Name:	
Date of birth:	
Year group:	
Nursery/School/College:	
Address:	
Town:	
Post code:	
Medical Condition(s): <i>Give a broad description of the medical condition(s) including a description of the signs, symptoms, causes, behaviour.</i>	
Allergies:	
Date:	
Update/revise the document:	
Triggers for review:	

1.2 Family contact information

Name:			
Relationship:			
Home telephone number:			
Mobile phone number:			
Work telephone number:			

Email:			
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1.3 Essential information regarding the pupil's health needs

	Name	Contact details
Specialist nurse (if applicable):		
Key Worker:		
Consultant Paediatrician (if applicable):		
Family Doctor:		
Headteacher:		
Education contact person:		
Class Teacher:		
Health Visitor/School Nurse:		
ALN Coordinator		
Other relevant teaching staff:		
Relevant non-teaching staff:		
Individual with overall responsibility for implementing the scheme:		
Individual responsible for administering/supervising the medication:		
Arrangements if these two individuals are absent:		
Any alternative provision provider:		

The pupil has the following medical condition(s) which require the following treatment.	
Administering medication	<p>Fill in a parent/carer agreement for the school to administer medication (appendix 2) and attach it to this IHCP.</p> <p>Form 1= Form 2=</p>

1.4 Sharing and recording information

In the best interests of the child the school may need to share information with school staff and other professionals about your child's health care needs e.g., nursing staff.	Yes/No (Please circle)
Do you give permission to share this information?	
What records will be kept regarding the pupil's health care needs, and	

how will this be communicated with others?	
--------------------------------------------	--

2. ROUTINE MONITORING (IF APPLICABLE)

Some medical conditions will need to be monitored to help manage the pupil's condition.

What kind of monitoring is required?	
When is monitoring necessary?	
Do you need any equipment?	
How is it achieved?	
Is there a target? If so, what is the target?	

3. EMERGENCY SITUATIONS

An emergency situation occurs when a pupil needs urgent treatment to deal with their condition.

What is considered an emergency situation?	
What are the symptoms?	
What are the causes?	
What action needs to be taken?	
Are any follow-up steps required (e.g., tests or rest)?	

4. THE EFFECT OF THE MEDICAL CONDITION AND THE MEDICATION ON THE STUDENT'S LEARNING

(An impact statement should be produced jointly with the health professional and the teacher)

How does the pupil's medical condition or treatment affect learning? <i>i.e., memory, processing speed, coherence etc.</i>	
Actions to mitigate these effects	
Does the pupil need further assessment of their learning?	

5. IMPACT ON THE STUDENT'S LEARNING AND CARE DURING MEAL TIMES

	Time	Note
Arriving at school		
Mid-Morning Break		
Dinner		

Afternoon break		
End of the school day		
After school club (if applicable)		
Other		

6. CARE DURING MEAL TIMES

What care is needed?	
When should this care be provided?	
How is it given?	
If it is medication, how much is needed?	
Any other special care required?	

7. PHYSICAL ACTIVITY

Are there any physical limitations due to the medical condition(s)?	
Is there any extra care required for physical activity?	
Actions before exercise	
Actions during the exercise	
Actions after exercise	

8. TRIPS AND OUT OF SCHOOL ACTIVITIES

What care is needed?	
When does it need to be done?	
If necessary, is there somewhere available to carry out the care?	
Who will take care of the medication and equipment?	
Who needs to be notified outside the school?	
Who will accept overall responsibility for the pupil on the trip?	

9. THE SCHOOL ENVIRONMENT

Could the school environment affect the pupil's medical condition?	
How does the school environment affect the pupil's medical condition?	
What changes could the school make to deal with these issues?	
Location of the school's medical room	

10. EDUCATIONAL, SOCIAL AND EMOTIONAL NEEDS

Pupils with medical conditions may have to attend clinic appointments to review their condition. These appointments may require a whole day's absence and should not count towards the pupil's attendance record.

Is the pupil likely to need time off due to their condition?	
What is the process for catching up with work missed due to absences?	
Does the pupil need extra time to catch up with the work?	
Does the pupil need any additional support in the lessons? If so, what?	
Is there a situation where a pupil needs to leave the classroom?	
Does the pupil need periods of rest?	
Does the pupil need any emotional support?	
Does the pupil have a 'buddy' e.g., help to carry bags to lessons?	

11. STAFF TRAINING

Governing bodies are responsible for ensuring that the staff have received appropriate training to care for a pupil in terms of health care administration, assistants and adaptive technologies. School staff should be released to attend any required training sessions if it is agreed that they need training.

What training is required?	
Who needs training?	
Has the training been completed?	
Signature of headteacher/designated person	

13. TRANSPORT TO THE SCHOOL

What arrangements have been put in place?	
Who will meet the pupil at school?	

14. PERSONAL CARE

What arrangements have been put in place in relation to any personal care needs during the school day?	
--------------------------------------------------------------------------------------------------------	--

15. USE THIS SECTION FOR ANY ADDITIONAL INFORMATION ABOUT THE PUPIL

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We suggest having the following available in an emergency.

- IHCP from Health
- Form for Medical Consent (if applicable)
- ALN Statement/Individual Development Plan
- One page profile
- Risk assessment
- A Personal Emergency Exit Plan

16. SIGNATURES

	Name	Signature	Date
Headteacher/Designated Individual			
Young Person			
Parent/carer			
Health professional			
School Representative			
The school Nurse			



YSGOL SYR HUGH OWEN

STAFF TRAINING RECORD – ADMINISTRATION OF MEDICATION/TREATMENT

Ensure that the Education Workforce Council's register is updated appropriately (if applicable).

Name(s):	
Type of training received	
Date training was received	
Date training was completed	
The training was provided by	
Position and title	

I can confirm that the above member(s) of staff have received the training stated above and are competent to carry out any treatment/administration of medication that is required.

I recommend that the training is updated (specify how often):.....

Trainer's signature:

Date:

I can confirm that I have received the training stated above.

Staff signature:

Date:

Suggested review date:.....



APPENDIX 5

YSGOL SYR HUGH OWEN

RECORD OF MEDICATION ADMINISTERED TO A PUPIL

Name: _____ Class: _____

Number of controlled drugs received: _____ Signature: _____ Date: _____

How much medication has been returned to parents/carers: _____ Signature: _____ Date: _____

CHECKS:

- A) Check the consent form first;
- b) The medication must be in the original container with the label attached;
- c) If it is on prescription, it must have been provided by a pharmacist;
- d) It must state the date it expires and that it has not passed that date;
- e) It must include the child's name;
- f) It must include the name of the drug;
- g) It must specify the amount of the dose and frequency;
- h) The medication must be stored in accordance with the storage instructions;
- i) Check how much of the medication is left; j
-) Check the maximum dose;
- k) Check amount and time of administration of previous dose. If there is a problem, contact the headteacher/Designated Individual and then the parent/carer.

ATTACH IHCP/CONSENT FORM TO THIS FORM



APPENDIX 7

YSGOL SYR HUGH OWEN

Medication/health care incident report

Pupil's name:			
Home Address:			
Phone number:			
Date of Incident:		Time of Incident:	

Correct medication and dosage:

Medication is usually administered by:
Pupil
Pupil with staff supervision
Nurse / member of school staff

Error type:
Dose provided later than scheduled time
Not given
Wrong dosage
Additional Dose
Wrong pupil
Dose given without consent recorded in file
Dietary reason
Dose administered by an unauthorised person
Other

Description of Incident:

Actions taken:
Notify parent/carer: date and time-
Notify the school nurse: date and time-
Notify the doctor: date and time-
Poison control notification: date and time-
Pupil sent home
Pupil taken to hospital
Other Details:

Any further comments/notes:

Name:		Position:	
Signature:		Date:	



APPENDIX 8

UNACCEPTABLE PRACTICE

[*Supporting learners with health care needs. A guide. Welsh Government 215/2017. Page 27*](#)

It is not acceptable practice to:

- prevent learners from attending an educational setting because of their health care needs, unless attending the setting is likely to cause harm to the learner or others
- prevent learners from having easy access to an inhaler or other medication they own, and preventing them from taking their medication when required
- assume that all learners with the same condition require the same treatment
- ignore the views of the learner or their parents/carer, or ignore health care evidence or opinion (although these views may be questioned and an additional perspective sought promptly)
- send learners with health care needs home frequently or prevent them from taking part in normal activities, including lunch, unless this is specified in their IHCP
- send a learner who is ill or in need of assistance to a medical room or the main office alone or with someone who cannot monitor them properly
- punish a learner for their attendance record if the absence is related to their health care needs. 'Authorised absences' including health care appointments, time to travel to hospital or an appointment, and time to recover from treatment or illness should not be used to penalise a learner in any way. This includes, but is not limited to, participation in activities, trips or prizes incentivised by attendance records
- request adjustments or extra time for a learner late in the day. They should be applied for promptly. Modifications or additional time required for mock exams and other tests should be considered
- prevent learners from drinking, eating or going to the toilet or other breaks, when necessary, in order to manage their health care needs effectively
- ask parents/carers, or make them feel they have to, attend an education setting, trip or off-site activity to administer medication or to provide health care support to the learner, including for matters relating to going to the toilet
- expect or cause a parent/carer to give up their work or other commitments because the education setting is unable to support the health care needs of the learner
- ask the learner to leave the classroom or activity if they need to administer non-personal medication* or eat food** in accordance with their health needs

- prevent or create unnecessary barriers to a learner's participation in any aspect of their education, including trips e.g., by asking a parent/carer to accompany the learner.

** For clarity, non-personal means medication that is not private.*

*** In accordance with the school's health and safety policies.*



APPENDIX 9

YSGOL SYR HUGH OWEN

Authorising the school to administer covert medication

Take this form for your GP to be complete and then return it to the school.

Appendix 2 must also be completed and attached to this form

Full name	Address
Date of birth	

Medication (as per the label on the container)	
The medication is required to treat:	
Method(s) of administration attempted in the past	
These methods were rejected because	
Covert method of administration:	
I have assessed the young person and confirm that he/she does not have the capacity to give consent and that he/she needs the above treatment. I have carried out a best interests analysis and I confirm that it is in the best interests of the child to administer the medication in the manner described above.	
Doctor's Name:	The stamp of the surgery
Signed	
Date	

Signature of parent/carer		Date	
Headteacher/Designated Individual signed		Date	

This arrangement will continue either until the end of the course of medication or until instructions are received from the parents/carers. A separate form must be completed for each medication.