CYNGOR SIR YNYS MÔN
ISLE OF ANGLESEY COUNTY COUNCIL

Gwasanaeth Dysgu Môn
Anglesey Learning Service

Ysgol Cybi

Managing Health Care Needs

2022-2025

Date adopted by Governing Board *(should also be recorded in the minutes of the meeting where it was accepted and adopted)*	06.11.22
Chair of Governors (signature)	
Headteacher (signature)	
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1. Introduction

1.1 Overview

1.1.1 This is a model policy developed by Isle of Anglesey County Council in accordance with the Welsh Government **Statutory Guidance**: Supporting Learners with Healthcare Needs. Guidance. Welsh Government 215/2017 (http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?skip=1&lang=en).

1.1.2 This policy must be read with the overarching statutory guidance, which must be followed. (http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?skip=1&lang=en).

1.1.3 Local authorities and governing bodies **must** have regard to this statutory guidance when carrying out their duties in promoting the welfare of children who are pupils at the education setting, including meeting their healthcare needs. The guidance also applies to activities taking place off-site as part of normal educational activities.

1.1.4 Throughout this document, references are made to healthcare plans. There are two types:

> ***a). School based Individual Healthcare Plan (IHP): 4.1***
>
> This plan is instigated by the school when it is identified that a pupil has a healthcare need (see figure 1). This is a plan for the care of the individual pupil whilst in school and may include input from a health professional and a medical healthcare plan. (See appendix 3)
>
> ***b). Medical Healthcare Plan:***
>
> This is a healthcare plan provided by a health professional.

1.2 Key policy statements

1.2.1 Pupils with healthcare needs should be properly supported so that they have full access to education, including trips and physical education.

1.2.2 If there are any concerns in the implementation of the policy relating to safeguarding, the school should follow their safeguarding procedures, and if need be take advice from the Education Safeguarding Officer Gwyneth Mon Hughes.

1.2.3 Governing bodies must ensure that arrangements are in place to support pupils with healthcare needs.

1.2.4 Governing bodies should ensure that education setting staff consult the relevant professionals, pupils and parents/carers to ensure the needs of the pupil with healthcare needs are properly understood and effectively supported.

1.2.5 Any staff member within the education setting may be asked to provide support to pupils 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 (see page 6-11, national guidance).

Where a medical healthcare plan, individual healthcare plan (IHP) and/or medication for a pupil is not readily available on a given day and places a pupil at risk, the headteacher will assess the risk and has the right to refuse to admit the child into the school until said healthcare plan or medication is provided in accordance with this school policy.*

***However, this should not affect the pupils' attendance. The School, Local Authority and Health Board must liaise with each other as soon as possible.**
*** This will be dependent on ensuring the appropriate training and guidance has been provided for the learner for specialist healthcare staff.**

1.3 Legislation and guidance

1.3.1 The legislation that this policy has been issued under is documented in Supporting Learners with Healthcare Needs. Guidance. Welsh Government 215/2017 (http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en); pages 3, 4, 5, 27, 28, 29, 30 and 31; which must be followed.

1.3.2 In addition the following policy has been referred to:

- Anglesey Corporate Safeguarding Policy

1.4 Formulation of this policy

1.4.1 Consultation was undertaken between Anglesey County Council, school representatives (headteachers, ALNCo's, governors), unions, school nurses and other partners in Betsi Cadwaladr University Health Board. Views and opinions from this consultation exercise were collated, analysed and considered in formulating this policy.

1.4.2 Policy shared with Governors, placed on school website and developed in line with WG guidance and requirements. Shared with all school staff and available to all school staff.

2. Roles and responsibilities

2.1.1 In accordance with the Welsh Government statutory guidance the local authority and the governing body have considered the following points in developing this policy and its procedures:

- Staff should understand and work within the principles of inclusivity.
- Lessons and activities should be designed in a way which allows those with healthcare needs to participate fully.

- Staff should understand their role in supporting pupils with healthcare needs and appropriate training should be provided.
- Staff should feel confident they know what to do in a healthcare emergency.
- Staff should be aware of the needs of their pupils through the appropriate and lawful sharing of the individual pupil's healthcare needs.
- Whenever appropriate, pupils should be encouraged and supported to take responsibility for the management of their own healthcare needs.

2.1.2 Pages 6 – 11 of the statutory guidance refer to the minimum standards of *expected practice* for the following. These must be followed in accordance with the Welsh Government statutory guidance.

- 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 persons with the overall responsibility for managing healthcare needs is:

Lead member of staff for managing healthcare needs	Lynne Hardwidge Jones
Protocol in the absence of this person	Rhian Grieves

2.1.4 All staff and governors will be aware of the unacceptable practice guidance as outlined in the National Guidance (highlighted in appendix 8), and must avoid these practices.

3. Insurance

3.1 The school, its employees and governors are covered by public and 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 during or arising from their duties.

Where an employee has been provided with the appropriate training, this includes the administration of medication and first aid. However, those employees who are not trained should not provide treatment, as they could be personally liable for their acts and may not be indemnified under the insurance policies.

4. Steps to take when a pupil presents with a healthcare need – Individual Healthcare Plans (IHP)

4.1 Individual Healthcare Plans

4.1.1 Where healthcare needs are complex, fluctuating, long term or where there is a high risk that an emergency intervention will be needed, an individual healthcare plan will be required (IHP). An IHP may be needed even if a medical condition is normally well controlled.

4.1.2 However, not all pupils with healthcare needs require an IHP and we have a process in place (see figure 1) to decide what interventions are most appropriate.

4.1.3 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 only complete the Medical Form provided by the Medical LSA.

4.2 Development of the IHP

4.2.1 An IHP sets out what support is required by a pupil. It does not need to be long or complicated. When a pupil has continual or episodic healthcare needs, an IHP may be required.

4.2.2 If the pupil's healthcare needs are complex and they are changing settings, then we will start preparation early to help ensure an IHP is in place at the start of the new term.

4.2.3 If any medication is required as part of an IHP, the medication consent form in must also be completed.

4.2.4 Figure 1 outlines the process for identifying whether an IHP is needed.

4.2.5 In some cases e.g. short-term antibiotics; at the end of stage 2 'gather information' stage it might be clear that an IHP is not needed. In this case it will not be necessary to progress to stage 3 and 4 (figure 1).

Figure 1 – the process for identifying whether an IHP is needed.

Stage 1: Identify pupils with healthcare needs:

- Pupil is identified from enrolment form or other route (or annual pupil data collection form)*.
- Parent/carer or pupil informs school of a healthcare need or change in healthcare need.
- Healthcare professional.
- Transition discussions are held in good time, e.g. 8 weeks before either the end of term or moving to a new educational setting.

Stage 2: Gather information:

- If there is a potential need for an IHP; the school should discuss this with the parent/carer and the pupil themselves. This must be done where appropriate in conjunction with the relevant healthcare professional. This will support the decision making process about whether an IHP is needed.

Stage 3: Establish if an IHP should be made:

- The headteacher or delegated person should organise a meeting with appropriate staff, parents/carers, the pupil, and appropriate clinicians to determine if the healthcare needs of the pupil require an IHP, or whether this would be inappropriate or disproportionate. If there is a contentious issue with a parent/carer, then the headteacher will take the decision on how to take this forward; which can be challenged through the complaints procedure.

Stage 4: If an IHP is needed:

- The headteacher or delegated person, under the guidance of the appropriate healthcare professionals, parents/carers and the pupil should develop the IHP in partnership. This includes instigating, coordinating, facilitating meetings, documentation and overall communication in the school.
- The headteacher or delegated person to facilitate necessary risk assessments and interventions are done to ensure the child's safety.
- The headteacher or the delegated person will identify appropriate staff to support the pupil including identifying any training needs and the source of training.
- The headteacher or the delegated person will make arrangements for training by relevant and appropriately qualified specialists.
- The headteacher or delegated person will circulate the IHP and any subsequent updates to: parent/carer, headteacher, class teacher/ALNCo (as appropriate), and the relevant healthcare professional. NB consent from parent/carer and pupil must be obtained to do this.
- The headteacher or delegated person will set appropriate review date and define any other triggers for review, section 5.

Adapted from: Supporting Learners with Healthcare Needs. Guidance. Welsh Government 215/2017;

Following the annual pupil data collection we will makes checks to ensure IHPs are in place or existing ones reviewed and/or medication consents are in place.

4.3 Responsibilities for IHPs

4.3.1 In our school, the **Medical LSA** has the overall responsibility for the *development* of the IHP (for the purposes of this policy the term *development* means 'instigating, coordinating and facilitating in conjunction with the relevant health specialists).

4.4 Development and content

4.4.1 The development of a detailed IHP for a pupil might involve the following:

- the pupil
- the parents/carers
- input or information from previous education setting
- appropriate healthcare professionals
- social care professionals
- the headteacher and/or delegated responsible person 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 ALNCo.

4.4.2 Those devising the IHP will agree who will take the lead, but the responsibility for ensuring it is finalised and implemented rests with the education setting.

4.4.3 The IHP will be developed with the best interests of the pupil in mind and we and the specialist services (if required), will assess the risks to the pupil's education, health and social well-being.

4.4.4 The aim of the IHP is to capture the steps that need to be taken to help a pupil manage their condition and overcome any potential barriers to participating fully in education.

4.4.5 A template IHP can be found in appendix 3, however the school uses a different version.

4.4.6 If the relevant health professional has provided an IHP and this covers all aspects contained in the example IHP in appendix 3, then a separate IHP is not required. The IHP can refer to other documents and do not need to be repeated.

4.4.7 However, if it is determined that an IHP is required and one has not yet been developed, we will complete the IHP in appendix 3 together with the pupil, parent/carer and relevant health professional. It may not be necessary to complete all sections of this template. Many third sector organisations have produced condition-specific template IHPs that could be used e.g. Asthma UK https://www.asthma.org.uk/advice/child/manage/action-plan/

4.4.8 Where a pupil has a special educational need (ALN) the IHP will be linked or attached to any individual development plan, or learning and skills plan (post-16). A PEEP (Personal Emergency Evacuation Development Plan) and risk assessment may also be attached.

4.5 Coordinating information with healthcare professionals, the pupil and parents/carers

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

4.6 The pupil's role in managing their own healthcare needs

4.6.1 Pupils who are competent* to do so will be encouraged to take responsibility for managing their own healthcare needs, which includes medicines and procedures. This should be reflected within the pupil's IHP.

**Gillick – where possible, the learner should be supported to build understanding and confidence to increasingly self-manage healthcare needs, depending on their ability to do so. This is sometimes referred to as 'Gillick competence'.*

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

4.6.3 If a pupil refuses to follow their IHP or 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/carers will be informed 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 IHP

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

4.7.2 IHPs are stored on file, in classes and on the notice board outside the staff rooms, a copy will be taken with a responsible adult on a school trip.

5. Review of a pupil's healthcare needs

5.1 Individual healthcare plan (IHP)

5.1.1 The governing body will ensure that all IHPs are reviewed at least annually or more frequently should the IHP state otherwise or should there be new evidence that the needs of the pupil have changed.

5.1.2 In this review we will involve all key stakeholders where appropriate including – the pupil, parent/carer, education and health professionals and other relevant bodies. Example table provided in appendix 6.

5.2 No IHP

5.2.1 For pupils with a healthcare need without an IHP we will undertake a review every term or more often if required.

6. Sharing and recording information

6.1.1 The governing body has ensured that we have clear communication arrangements in place in relation to the healthcare needs of pupils. This must be done in line with Data Protection legislation.

6.1.2 Our managing healthcare needs policy and the information sharing policy is made available to parents/carers via insert details here e.g. website, regular letters to parents/carers, web link in an IHP.

6.1.3 To protect pupil confidentiality, we will discuss with the pupil and parent/carer how we can share information about their healthcare needs. Parents/carers will be asked to sign a consent form which clearly details the bodies, individuals and methods through which the pupil's medical information will be shared. Because sharing medical information can be a sensitive issue, will we involve the pupil in any decisions as appropriate.

6.1.4 We will share any information to ensure that teachers, supply teachers, any support staff and temporary staff are aware of the healthcare needs of pupils, including IHPs, particularly if there is a possibility of an emergency situation arising. This will include any changes to healthcare needs, IHPs and medication. The sharing and storing of information must comply with Data Protection legislation (www.legislation.gov.uk/ukpga/1998/29/contents) and not breach the privacy rights of or duty of confidence owed to the individuals.

6.1.5 healthcare needs information will be shared with staff in meetings and on Hwb Sharepoint

6.1.6 We will ensure that our pupils (or their friends) know who to tell if they feel ill, need support or changes to support them.

6.1.7 We will listen to concerns of pupils (or their friends) if they feel ill at **any** point and consider the need for medical assistance (especially in the case of reported breathing difficulties).

6.1.8 If a pupil has said they feel ill, all appropriate staff should be made aware; e.g. a pupil had an asthma attack in morning, all other staff the pupil would see later that day need to be aware to look out for any signs of deterioration/further illness. This could include non-teaching staff such as lunchtime staff or reception staff, where appropriate.

6.1.9 When pupils are placed with other services for all/some of the time (e.g. pupil referral unit, sixth form education or resource provision) we will ensure that the appropriate healthcare needs information is shared in line with our information sharing policy and with the consent of the parent/carer and pupil.

6.1.10 We will keep a list of what information has been shared with whom and why, for the pupil or parent/carer to view on request. This can be accessed by looking at the pupil's IHP created by the school and/or the medication consent form.

7. Record keeping

7.1.1 Pupils' healthcare needs records have been computerised to allow quick and easy access by the appropriate staff. Data systems can also allow for easy access to the required information for staff that may be placed into classrooms where they are not familiar with the healthcare needs of the pupils.

7.1.2 New paperwork will be completed whenever there are changes to an IHP, medication or dosage. We will ensure that the old forms are clearly marked as being no longer relevant and stored in line with our information retention policy.

7.1.3 The administration of all medication will be formally recorded using our Medical Plan. This includes: emergency medication, non-prescribed medication (e.g. paracetamol) and controlled drugs.

8. Communication with parents/carers

We will contact parents by phone or text if there are concerns, such as a child has not had their routine medication administered and why (e.g. refused); this will be done on the same day that it happens or if a child has had emergency medication administered, and the reason why; this will be done on the same day that it happens.

9. Creating an accessible learning environment

9.1 Accessibility

9.1.1 The local authority and the governing body will ensure our school is inclusive and accessible in the fullest sense to pupils with healthcare needs. This includes the following; this must be followed:

- Physical access to education setting buildings (this is the primary responsibility of the local authority);
- Reasonable adjustments – auxiliary/equipment/services (this is the primary responsibility of the governing body and school);
- The governing body/schools with the support of the local authority will ensure that such equipment is regularly serviced;
- Day trips and residential visit (this is the primary responsibility of the governing body and school);
- Social interactions (this is the primary responsibility of the governing body and school);
- Exercise and physical activity (this is the primary responsibility of the school);
- Food management (this is the primary responsibility of the school); and
- Risk assessments (this is the primary responsibility of the school).

9.2 Qualifications, examinations and national curriculum assessments

(p18 WG guidance)- this must be followed in accordance with the Welsh Government statutory guidance.

9.2.1 This is detailed on page 18 of the WG guidance.

9.2.2 It is unacceptable practice to request adjustments or additional time at a late stage. They will have to be applied for in good time. Consideration must also be given to mock examinations or other tests.

9.3 Education other than that at school (EOTAS)

(p19 - 20 WG guidance) – this must be followed in accordance with the Welsh Government statutory guidance.

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

9.3.2 In the case of a short absence from school (less than 15 days), we will provide work to be completed at home, if the pupil's condition permits, and will support the pupil to catch up on their return.

9.3.3 In the eventuality that a pupil is absent for more than 15 days (consecutive or cumulative) we will work with the local authority to ensure the needs of the pupil are met.

9.4 Integration

(p20 - 21 WG guidance) – this must be followed in accordance with the Welsh Government statutory guidance.

9.4.1 We have a key role to play in the successful integration after diagnosis or reintegration of pupils with healthcare needs. We will be proactive and work with health professionals and the local authority as appropriate, as well as other pupils in supporting the transition. We will train staff in a timely manner to assist the pupils' return. The support will be considered by key parties including the pupil and parent/carer, and will be reflected in the pupil's IHP.

9.4.2 When a pupil is discharged from hospital, appropriate information should be provided to parent/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 work with the local authority to follow up with the pupil after reintegration.

9.5 School transport

9.5.1 For school transport relating to pupils with healthcare needs we will follow the local authority school transport policy.

10. Emergency procedures

10.1.1 We have a policy and resources in place for dealing with emergency situations. All staff know who is responsible for this policy, who our first aiders are and how to deal with common healthcare needs.

10.1.2 In situations requiring emergency assistance we will call 999.

10.1.3 The location of pupils' healthcare 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, i.e. inform a member of staff immediately.

10.1.5 If a pupil needs to be taken to hospital, a staff member will stay with them until a parent/carer arrives. This includes accompanying them in the ambulance to the hospital. The member of staff will take the appropriate paperwork with them.

11. Staff allocation and training

11.1.1 The governing body will ensure that staff that volunteer or that are contracted to manage healthcare needs of pupils have access to the appropriate training and guidance.

11.1.2 This training will be sufficient to ensure that staff are competent, have confidence in their ability to support pupils and fulfil IHP requirements. ALNCo and medical LSA to ensure relevant staff training as required.

11.1.3 The training will be rigorous to ensure that sufficient staff are competent to support a pupil's healthcare needs e.g. should the usual member of staff be absent.

11.1.4 Training may involve an input from the pupil and their parent/carers, but they will never be used as the sole provider of training. However, there are some instances where the child's parent will be invited to undertake the training while dealing with the individual needs of their child. One example is the intimate care when using a catheter, where the parent will provide training but this will be monitored by healthcare workers.

11.1.5 If a pupil has a complex healthcare need, we will seek input and advice from the school nurse/specialist nurse/other healthcare professionals and the local authority in relation to training and support for staff. NOTE: schools are encouraged to organise specialist nurse training by cluster where possible.

11.1.6 <u>All staff</u> will be made aware of our Managing Healthcare Needs Policy, common conditions (to ensure recognition of symptoms and understand where to seek appropriate assistance) and staff roles in carrying out healthcare arrangements. This will be done in INSET training sessions and other sessions when possible.

11.1.7 New and temporary staff will be made aware of the preventative and emergency measures that are in place so that they can recognise the need for intervention and act quickly by the medical LSA and other departmental staff.

11.1.8 The movement of trained staff will always be in conjuncture with the pupils they support.

11.1.9 If the trained staff usually responsible for administering medication aren't available the Medical LSA will ensure other staff can administer.

11.1.10 It is an expectation that policy is shared and explained with all staff.

11.1.11 Training records will be maintained, appendix 4.

12. Day trips, residential visits and work experience placements

12.1.1 In line with statutory duties, the governing body actively supports all pupils with healthcare needs to participate in trips and visits.

12.1.2 We will contact parents/carers in advance by meeting/letter as appropriate which will advise them about planning their child's healthcare needs/medication for the trip/visit.

12.1.3 All staff supporting a trip/residential visit will be made aware of pupil's healthcare needs, with consideration for the Data Protection Legislation and respecting a pupil's right to privacy. They will receive the required information to ensure staff are able to provide an equal experience for the pupil. This information may include health and safety issues, what to do in an emergency and any other additional support, including medication and required equipment.

12.1.4 During a trip/visit, any medication which may be needed by a pupil will be carried by the member of staff with the relevant training, or by the pupil if they are competent to self-administer.

12.1.5 Pupils who may require their medication will be in a group which includes the trained member of staff carrying the medication where possible.

12.1.6 If a child turns up to go on a trip without their medication or not enough medication in line with this policy then we will contact parents/carers to ask them to bring the medication to school. If this is not possible, the school reserves the right to refuse attendance for the child to attend the educational visit if it is not safe for the child to attend the trip/visit e.g. is the medication for emergencies, life-controlling etc. The headteacher/delegated person will decide if it is safe for the pupil to attend.

12.1.7 See the school's Educational Visits Policy for further guidance on "5. Inclusion".

12.1.8 When a pupil participates in a work experience placement or similar, appropriate healthcare support will have been agreed and put in place before placement commences with parents/carers/young people/school/work placement/employer.

13. Medication

Note: where medication is prescribed to be taken in frequencies which allow the daily course of medicine to be administered at home, parents/carers should seek

to do so e.g. before and after school and in the evening. There will be instances where this is not appropriate.

Note: pupils under 16 should never be given aspirin or its derivatives unless prescribed to them.

13.1 Supply of medication/devices

13.1.1 We will not keep surplus volumes of medication in school, as stated in the consent form. The exception being where it is in the best interests of the child.

13.1.2 We will never accept any medicines that have been taken out of the original container/packet. Medication should be in the original container/packet, labelled with the name of the pupil, medication name, dosage and frequency, and expiry date. Staff will never transfer medication from its original container, unless the container breaks, the parent/carer will be informed and appropriate action will be taken.

13.1.3 We only accept medication in the following condition as per national guidance:

Medication must:
a. be in date.
b. have contents correctly and clearly labelled
c. be labelled with pupil's name.
d. be accompanied with written instructions for administration, dosage, frequency and storage.
e. be in its original container/packaging as dispensed by the pharmacist (with the exception of insulin which is generally available via an insulin pen or pump. Asthma inhalers and spacers must have the label attached to the inhaler).

13.2 Accepting/returning medication (including transporting it to school)

13.2.1 It is the parents/carers responsibility to get their child's medication to school.

13.2.2 We will discuss with parents/carers how the medication with be transported to school and this will be reflected in the consent form provided by the Medical LSA.

13.2.3 Medication will only be returned to parent/carer personally.

13.3 Storage

13.3.1 The Medical LSA has the ultimate responsibility for ensuring that medicines are stored safely in the school.

13.3.2 The Medical LSA will ensure that health risks arising from medicines are controlled in line with the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

13.3.3 The Medical LSA will ensure secure and appropriate storage of medication.

Table 1 – storage of medication (including controlled drugs)

Note: we will never store medication under any circumstances in a first aid box.

Medication type	Location
Non-emergency medication	• All non-emergency medication will 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.
	Location(s) = Admin Corridor Lockers
Refrigerated	• 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.
	Location(s) = staff room
Emergency medication	• Emergency medication must be readily available to pupils who require it at all times during the day or at off-site activities. • All staff will be made aware of the location of emergency medication. • Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors (pens) should be readily available to pupils and not locked away. This is particularly important to consider when outside of the education setting's premises, e.g. on trips. • If the emergency medication is a **controlled drug** it should be kept as securely as possible so as to minimise the risk of unauthorised access while also allowing quick access if this might be necessary in an emergency. For example, keys should not be held personally by a member of staff. • Where staff administer emergency medication to a pupil, this will be recorded.
	Location(s) = classrooms and lockers admin corridor

Asthma inhalers will be stored in a clean dust free container.

13.4 Access

13.4.1 It is important for pupils to be told and know where their medication is stored and how to access it.

13.4.2 We will inform all staff where pupils' medication is stored and how they can access it in accordance with the Data Protection Legislation (point 6 and 7).

13.5 Disposal

13.5.1 When no longer required, we will return medication to the parents/carers to arrange for their safe disposal, e.g. at the end of every term/annually or when the medicines are out of date.

13.5.2 In the event that the parents/carers are unavailable, then we will seek advice from our school nurse on the disposal of unused medication left in school. If they are unavailable, the medication will be handed into a local pharmacy.

13.5.3 We will always use sharps boxes for the disposal of needles and other sharps and dispose of appropriately.

13.6 Administration

13.6.1 Where a pupil is under 16, assistance or administration of prescribed medicines requires written parent/carer consent, unless Gillick competence is recorded.

13.6.2 Parents/carers must make a formal request with their written consent for the school for staff to administer ANY medication to their child, including when it forms part of an IHP provided by the Medical LSA.

13.6.3 One consent form must be completed for each medication.

13.6.4 It is necessary for the Medical LSA to formally agree to the request to administer medication and the completed and signed paperwork must in place before it can be administered. In the Medical LSA's absence the ALNCo will take on this responsibility. In the interim, parents/carers will be permitted to administer the medication themselves.

13.6.5 In line with WG guidance only the suitably trained staff will administer medication in accordance with the pupils current IHP and/or the completed administration of medication consent form.

13.6.6 If the trained or approved members of staff who are usually responsible for administering medication to a pupil are not available, the pupil's IHP will set out how alternative arrangements to provide support will take place.

Lead person to approve medication administration requests:	Medical LSA Lois Morris
In headteacher/delegated persons absence named person to approve medication administration requests:	ALNCo Lynne Hardwidge Jones

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

13.6.9 If the treatment is invasive or intimate we will follow our intimate care policy unless alternative arrangements are agreed, and this will be recorded in or attached to the pupil's IHP.

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

a. Check consent form first.
b. Medication must be in its original container/packet* with the label attached;
c. If prescribed, it must have been dispensed by a pharmacist;
d. Must have the expiry date and be in date;
e. Must have the name of the child;
f. Must have the name of the medicine;
g. Must have the dosage size and frequency;
h. The medication has been stored according to the storage instructions;
i. How much medication is left
j. Check the maximum dosage
k. Check the amount and time of any prior dosage administered.

If there is a problem, contact headteacher/delegated person and then parent/carer.

** Some medicines, such as insulin, may not be within the original packaging but in a pen or a pump.*

13.6.11 The member of staff administering 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 there is an agreed plan for the pupil to self-medicate (16 years and above or Gillick competent), all medication will be administered by a member of staff.

13.7.2 In line with good practice, pupils will be asked to only carry enough medication for that day.

13.7.3 Without exception, pupils must not share their medication for any reason with another pupil. This will be made clear to all pupils. This will be treated as misuse in line with our substance misuse policy.

13.8 Change of dose/medication

13.8.1 When we receive instruction for medication dosage change, we will not change on parents/carers instruction alone – we will require evidence from the health professional.

13.8.2 If a change in dose is requested by a pupil, parent/carer or a health professional; the change must be confirmed in writing by the health

professional and a new medication consent form must be completed by the parent/carer before we will administer a change in dose to a pupil.

13.8.3 If the relevant paperwork is not provided on a given day and places a pupil at risk, the headteacher/delegated person will risk assess and has the right to refuse to admit the pupil into the school until said paperwork is provided in accordance with this policy.

13.9 Adverse effects

13.9.1 If a pupil experiences adverse effects following the administration of medication we will administer first aid or contact the emergency services as required and will contact the parents/carers immediately. The adverse effect will be recorded on the medication recording sheet in appendix 5.

13.10 Medication errors

13.10.1 If we forget to administer medication, administer medication late, provide an incorrect dose of medication, provide an additional dose, administer medication without consent, administer medication by an untrained member of staff or administer medication to the incorrect child, then we will report to the headteacher/delegated person and seek advice from a healthcare professional or treat the pupil in line with our medical emergency procedures if required. We will contact parents/carers immediately and will complete the incident form, appendix 7, and complete ADIR 1 form.

13.11 Medication refusal or misuse

13.11.1 If a pupil refuses to take their medication, then they will not be forced to take it, unless in an emergency situation.

13.11.2 If a pupil refuses medication in an emergency situation (for example: adrenaline injection in the case of anaphylaxis), then professional medical help will be requested and the parents/carers informed immediately.

13.11.3 Without exception, pupils must not share their medication for any reason with another pupil. This will be made clear to all pupils. This will be treated as misuse in line with our substance misuse policy.

13.11.4 If a pupil refuses or misuses any medication, their parent/carer will be informed as soon as possible and we will also ask parents/carers to seek health care advice as appropriate. If parents/carers cannot be contacted immediately, staff may need to seek immediate health care advice or contact the emergency services if needed.

13.11.5 When informing parents/carers it is considered best practice to also have this in writing. We will also record the refusal/misuse in appendix 5.

13.12 Covert medication

13.12.1 Covert administration of medication will only be done if a consent form (appendix 9) has been completed, with consent from a health professional

which clearly outlines the reasons and why it is in the best interest of the pupil. Only in such circumstances will medication be administered covertly under strict guidelines and supervised with an appropriate timeline outlined.

13.13 Medication that has run out or expired

13.13.1 If a pupil's medication runs out or expires, it is the responsibility of the parent/carer to monitor and to replenish it. This is clearly stated in the medication consent form and plan; and parents/carers will be informed of this.

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 medication stored in school. Medication dates and quantities will be checked every **half term** and the appropriate action taken.

13.13 Asthma

The school does not have an emergency inhaler.

13.15 Epipens

13.15.1 It is the policy of Anglesey County Council that it is the responsibility of the parents to ensure that adequate supplies of medication are available for use by their child. As such, schools on Anglesey will not buy, hold or use 'emergency' epipens in school.

13.16 **Controlled drugs**

13.16.1 Drugs such as Ritalin are controlled by the misuse of drugs act. Therefore it is imperative that they are managed between the school and the parents/carers, including transportation to school.

13.16.2 Ideally controlled drugs will only be brought in to school on a daily basis by parents/carers, but certainly no more than a week's supply as indicated in the consent form and Medical Plan, with the exception where it is in the best interests of the child. We will always record the amount of medication handed over to us or back to the parent/carer (appendix 5).

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

13.17.1 By exception there might be occasions when this medication is required unexpectedly during the school day. In this eventuality as long as written consent is received this can be given e.g. consent via email and the consent form must be completed and returned to school as soon as possible.

13.17.2 The process for non-prescribed medication is the same as all other medication; but will be dealt with on an individual case by case.

14. Complaints procedure

14.1 If a pupil or parent/carer is not satisfied with our health care arrangements they are entitled to make a complaint. Our complaints procedure is outlined

below: please contact the Medical LSA who will decide on the best course of action. Complains will be escalated from teacher to headteacher, then to the governing body, and then to the local authority if necessary.

15. Reviewing the policy

15.1 We will review the policy every 3 years or sooner should the need arise.

Figure 1 – the process for identifying whether an IHP is needed.

Stage 1: Identify pupils with healthcare needs:

- Pupil is identified from enrolment form or other route (or annual pupil data collection form)*.
- Parent/carer or pupil informs school of a healthcare need or change in healthcare need.
- Healthcare professional.
- Transition discussions are held in good time, e.g. 8 weeks before either the end of term or moving to a new educational setting.

Stage 2: Gather information:

- If there is a potential need for an IHP; the school should discuss this with the parent/carer and the pupil themselves. This must be done where appropriate in conjunction with the relevant healthcare professional. This will support the decision making process about whether an IHP is needed.

Stage 3: Establish if an IHP should be made:

- The headteacher or delegated person should organise a meeting with appropriate staff, parents/carers, the pupil, and appropriate clinicians to determine if the healthcare needs of the pupil require an IHP, or whether this would be inappropriate or disproportionate. If there is a contentious issue with a parent/carer, then the headteacher will take the decision on how to take this forward; which can be challenged through the complaints procedure.

Stage 4: If an IHP is needed:

- The headteacher or delegated person, under the guidance of the appropriate healthcare professionals, parents/carers and the pupil should develop the IHP in partnership. This includes instigating, coordinating, facilitating meetings, documentation and overall communication in the school.
- The headteacher or delegated person to facilitate necessary risk assessments and interventions are done to ensure the child's safety.
- The headteacher or the delegated person will identify appropriate staff to support the pupil including identifying any training needs and the source of training.
- The headteacher or the delegated person will make arrangements for training by relevant and appropriately qualified specialists.
- The headteacher or delegated person will circulate the IHP and any subsequent updates to: parent/carer, headteacher, class teacher/ALNCo (as appropriate), and the relevant healthcare professional. NB consent from parent/carer and pupil must be obtained to do this.
- The headteacher or delegated person will set appropriate review date and define any other triggers for review, section 5.

Adapted from: Supporting Learners with Healthcare Needs. Guidance. Welsh Government 215/2017;

How we collect information about our pupils' healthcare needs

Our school admission form includes questions about a pupil's health needs. It also includes a declaration that the parent/carer will inform the school of any changes to their child's existing or new healthcare needs.

Our annual data collection form about pupils includes questions about healthcare needs, as well as a declaration that the parent/carer will inform school if there are any changes during the school year.

Following the annual pupil data collection we will makes checks to ensure IHPs are in place or existing ones reviewed and/or medication consents are in place.

APPENDIX 1

Ysgol Cybi

Contacting Emergency Services

Request for an Ambulance

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

1. State your telephone number 01407883150

2. Give your location as follows Ysgol Cybi, Garreglwyd Road, Holyhaed LL65 1NS

3. State that the postcode is LL65 1NS

4. Give the exact location in the education setting, class, corridor, yard, hall…

5. Give your name.

6. Give the name of the pupil and a brief description of symptoms.

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the desired location

8. Don't hang up until the information has been repeated back.

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

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

APPENDIX 2
Ysgol Cybi

PARENT/CARER CONSENT FOR SCHOOL TO ADMINISTER MEDICATION TO A PUPIL

- Our school will not give your child medication unless you complete and sign this form.
- If more than one medication is to be given, a separate form should be completed for each one.
- A new form must be completed when dosage changes are made.
- 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. However we understand there will be instances where this is not appropriate.
- Parents/carers will be informed as stated in the school policy when a child refuses their medication or when emergency medication is administered.
- Parents/carers can request sight of records.
- Without exception pupils must not share their medication for any reason with another pupil.

Medication Consent

I give consent for a member of staff to administer appropriate medication as requested and directed as per instructions.

Please specify:

Name of medication: .....

Dosage: .....

Time to be given: .....

Child's name .....

Class .....

Parent/Guardian .....

Date .....

Appendix 3
Ysgol Cybi
Model Individual Healthcare Plan (Medical Plan)

Cynllun Meddygol - Ysgol Cybi - Medical Plan

Enw'r Disgybl: *Pupil's Name:*		
Cyfeiriad: *Address:*		
Dyddiad Geni: *Date of Birth:*		
Dosbarth: *Class:*		
Cyflwr Meddygol: *Medical Condition:*		

MANYLION CYSWLLT / *CONTACT INFORMATION*	
Mam:	✆
Dad:	✆
MANYLION MEDDYG / *DOCTOR'S CONTACT*	
	✆

Disgrifiad byr o gyflwr meddygol y disgybl: *Brief description of pupil's medical condition:*
Cymorth y gallwn ei ddarparu ar gyfer anghenion meddygol y disgybl: *Support we can provide for pupil's medical needs:*
Meddyginiaeth a chyfarwyddiadau: *Medication and instructions:*

GDPR: I give my consent for the school to hold medical data relating to my child, including personal information for the purpose of ensuring rapid response where required, including emergency assistance. I give my consent for the school to display information about my child's condition and how to support them, in a prominent place routinely only accessed by staff.
I further give my consent for the school to display emergency contact details and personal information such as home address and date of birth for the purpose of assisting in a medical emergency.

Llofnod y Rhiant / Gwarcheidwad: *Parent / Guardian's Signature:*	

APPENDIX 4

Ysgol Cybi

STAFF TRAINING RECORD – ADMINISTRATION OF MEDICATION / TREATMENT

Please ensure that the Education Workforce Council registration is updated accordingly (if appropriate).

Name (s)	
Type of training received	
Date training received	
Date training completed	
Training provided by	
Profession and title	

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

I recommend that the training is updated (*please state how often*): .....

Trainer's signature: .....

Date: .....

I confirm that I have received the training detailed above.

Staff signature: .....

Date: .....

Suggested review date: .....

Good practice suggests that this form should be contained in a bound and numbered book to avoid a threat of tampering.

APPENDIX 5 - Ysgol Cybi RECORD OF MEDICATION ADMINISTERED TO A PUPIL

Good practice suggests that only one form is used per child in case a parent/carer wishes to see it.

Name:_____ Class: _____

Amount of controlled drugs received:_____Signature:_____Date:_____

Amount of controlled drugs handed back to parent/carer:_____Signature:_____Date:_____

CHECKS: a) Check consent form first; b) Medication must be in its original container with the label attached; c) If prescribed, it must have been dispensed by a pharmacist; d) Must have the expiry date and be in date; e) Must have the name of the child; f) Must have the name of the drug; g) Must have the dosage size and frequency; h) The medication has been stored according to the storage instructions; i) How much medication is left; j) Check the maximum dosage; k) Check the amount and time of any prior dosage administered. If there is a problem, contact headteacher/delegated person and then parent/carer.

Date	Time	Name of medication	All checks above undertaken	Dose Given	Controlled drugs only: amount remaining	Any reactions	Medication refused/not administered	Reason	Parent/carer informed & how	Staff 1 signature	Staff 2 signature

ATTACH IHP / CONSENT FORM TO THIS FORM

Appendix 6

Ysgol Cybi

Medication/healthcare incident report

Pupil's name:			
Home address:			
Telephone number:			
Date of incident:		Time of incident	

Correct medication and dosage:	
Medication normally administered by:	
	Pupil
	Pupil with staff supervision
	Nurse/school staff member

Type of error:	
	Dose administered later than scheduled time
	Omission
	Wrong dose
	Additional dose
	Wrong pupil
	Dose given without permission on file
	Dietary
	Dose administered by unauthorised person
	Other

Description of incident:

Action taken:		
	Parent /carer notified: date and time -	
	School nurse notified: date and time -	
	Physician notified: date and time -	
	Poison control notified: date and time -	
	Pupil taken home	
	Pupil taken to hospital	
	Other: details:	

Notes/further comments:

Name:		Role:	
Signature:		Date:	

Appendix 7: Unacceptable Practice

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THIS MUST BE FOLLOWED

It is not acceptable practice to:

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

** For the purpose of clarification, non-personal relates to non-intimate medication.*
*** In line with school health and safety policies.*