



Western  
Learning  
Federation



# Tŷ Gwyn School



**RATIFIED BY GOVERNORS**

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**DATE REVIEWED**

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**DATE FOR REVIEW**

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**DATE PUBLISHED**

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## Monitoring the policy

This policy will be reviewed bi-annually unless change of circumstances or legislation requires it to be amended earlier.

**SIGNED**



**DATE**

Chair of Governors

**SIGNED**



**DATE**

Executive Headteacher

**SIGNED**



**DATE**

Deputy Executive Headteacher

**SIGNED**



**DATE**

Head of School

## The values and principles

The federation is underpinned by a set of values that define the culture of the three federated schools.

### Our Principles

**Honesty**

**Responsibility**

**Positivity**

**Trust**

**Empathy**

**Patience**

**Respect**

**Kindness**

### Our Values

- We celebrate our differences.
- We have a shared sense of belonging.
- We play, laugh, smile and celebrate success.
- We have a positive attitude.
- We learn from experiences to develop life and independent skills.
- We follow our dreams and aspirations.
- We care for our own and wider environment.
- We improve quality of life.

#### Definition

**Values** One's judgement of what is important in school life.

**Principles** Morally correct behaviour and attitudes.

## Rights Respecting Schools

Every child has rights "without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status"

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Learning together to be the best we can



Learning to achieve



Learning for Living

Vincent Road, Cardiff, CF5 5AQ

## **1. Key Principles**

The staff and governors of the Western Learning Federation are wholly committed to pursuing a policy of inclusive education that welcomes and supports learners with healthcare needs. This policy is designed to ensure that all learners are able to access their education in a supportive environment, which is sensitive to any healthcare needs. It supports the management of medication and healthcare needs in school, and to support individual pupils with specific healthcare needs.

At the Western Learning Federation, we understand that healthcare needs should not be a barrier to learning, so we ensure that all staff understand their duty of care to children and young people in the event of an emergency and feel confident in knowing what to do in an emergency.

It identified the roles and responsibilities of school, parents and learners. Effective communication and cooperation between home and school will enable this to be achieved.

Our policy has been written in consultation with a wide range of local key stakeholders within school and complies with the Welsh Government Guidance 'Supporting Learners with Healthcare Needs' which was published on 30th March 2017. We also acknowledge and can refer to Cardiff Local Authority's toolkit entitled 'Meeting the Healthcare Needs of Children and Young People in Cardiff – A toolkit for Early Years Setting and Schools' (April 2017) for further information, in particular, the management of specific medical conditions.

- 1.1 Each child including learners with healthcare needs is an individual developing in their own individual way; therefore, it is our aim to encourage the children to see for themselves their own talents, to foster self-confidence, and to develop a sense of person adequacy, so that each child can cope with the environment, at a level appropriate to that child.

Hopefully each child will be well balanced, happy and able to develop sensible attitudes to learning, so that they are able to find enjoyment in all aspects of schoolwork, and gain satisfaction from their own achievements.

- 1.2 Healthcare issues affect each learner individually and support from school may have an impact on their quality of life and future chances. Therefore, Governing Bodies and Head Teachers should ensure arrangements focus on meeting the needs specific to the learner and consider how this impacts on their education, attainment and wellbeing. Arrangements should give learners and parents' confidence that provision is suitable and effective.

## **2. School's Legal Requirements**

- 2.1 Section 175 of the Education Act 2002 places a duty on Local Authorities and Governing Bodies to make arrangements to ensure their functions are exercised with a view to safeguarding and promoting the welfare of children in school or another place of learning. This includes supporting learners with healthcare needs.

- 2.2 In meeting the duties under section, 175 of the Education Act 2002, Local Authorities and Governing Bodies must have regard to guidance issued by the Welsh Ministers under this section.

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

- 2.4 The non-statutory advice contained within the document is issued in exercise of the Welsh Ministers' duty to promote the education of the people of Wales and their power in relation to the promotion or improvement of the economic, social and environmental wellbeing in Wales.

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

**Annex 1:** provides further information on the document's legal framework and principles of the United Nations Convention on the Rights of the Child (UNCRC). All learners with healthcare needs are entitled to a full education. In addition to the duties set out above (Education Act 2002), consideration must also be given to whether the learner is defined as disabled under the Equality Act 2010.

### **3. Roles and Responsibilities**

Ty Gwyn, through a Service Level Agreement (SLA) between the Health Authority and the Local Authority, buys the services of a dedicated nursing team and associated clinical guidance/supervision.

The governing body in our school oversees the development and implementation of arrangements, which includes:

#### **3.1 Schools**

The school has developed and implemented its arrangements in line with legal requirements – see below.

#### **3.2 Governing Bodies**

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

- Complying with applicable statutory duties, including those under the Equality Act 2010 (e.g. the duty to make reasonable adjustments in respect of learners with healthcare needs if they are disabled).
- Having a statutory duty to promote the wellbeing of learners. Schools should give consideration to how they can meet these needs, including providing learners' access to information and material aimed at promoting spiritual and moral wellbeing and physical and mental health (Article 17 of the UNCRC).
- Considering how they can support learners to develop the skills, knowledge and emotional resilience required to uphold their rights, and the rights of others.
- Ensuring the roles and responsibilities of all those involved in the arrangements to support the healthcare needs of learners are clear and understood by all those involved, including any appropriate delegation of responsibilities or tasks to a Head Teacher, member of staff or professional as appropriate
- Working collaboratively with parents and other professionals to develop healthcare arrangements to meet the best interests of the learner.
- Developing and implementing effective arrangement to support learners with healthcare needs. This should include a policy on healthcare needs and where appropriate, IHPs for particular learners.
- Ensuring arrangements are in place for the development, monitoring and review of the healthcare needs arrangements.
- Ensuring the arrangements are in line with other relevant policies and procedures, such as health and safety, first aid, risk assessments, the Data Protection Act 1998, safeguarding measures and emergency procedures.

- Ensuring robust systems are in place for dealing with healthcare emergencies and critical incidents, for both on and off site activities, including access to emergency medication such as inhalers or adrenaline pens.
- Ensuring staff with responsibility for supporting learners with healthcare needs are appropriately trained.
- Ensuring appropriate insurance cover is in place, any conditions are complied with and staff are clear on what this means for them when supporting learners.
- Having an infection prevention policy that fully reflects the procedures laid out in current guidance.

### 3.3 Head Teacher

Ty Gwyn, through a Service Level Agreement (SLA) between the Health Authority and the Local Authority, buys the services of a dedicated nursing team and associated clinical guidance/supervision. Delegated responsibility for administering medication through appropriate training/competencies and Individual Healthcare Plans (IHPs), including specific care plans, is given to the nursing team as part of the SLA. The headteacher ensures arrangements to meet the healthcare needs of their learners are sufficiently developed and effectively implemented. This includes:

The Head Teacher should ensure arrangements to meet the healthcare needs of their learners are sufficiently developed and effectively implemented. To include:

- Working with the Governing Body to ensure compliance with applicable statutory duties when supporting learners with healthcare needs, including duties under the Equality Act 2010.
- Ensuring the arrangements in place to meet a learner's healthcare needs are fully understood by all parties involved and acted upon and such actions maintained. In larger education settings, it may be more practical to delegate the day-to-day management of a learner's healthcare needs to another member of staff. The Head Teacher should directly supervise this arrangement as part of the regular reporting and supervision arrangements.
- Ensuring the support put in place focuses on and meets the individual learner's needs, also known as person centred planning
- Extending awareness of healthcare needs across the school in line with the learner's right to privacy. This may include support, catering and supply staff, governors, parents and other learners
- Class teams are responsible for learners with healthcare needs, liaising with parents, learners, the nursing team and other professionals, where appropriate, involved in the learner's care.
- Ensuring a sufficient number of trained staff are available to implement the arrangements set out in all IHPs, including contingency plans for emergency situations and staff absence.
- Having the overall responsibility for the development of IHPs.
- Ensuring that learners have an appropriate and dignified environment to carry out their healthcare needs. Continence Care Plans are written by the School Nursing team for learners who are provided with continence products. These plans are kept by the Nursing Team and in the learner's individual file in class. Additional plans, such as Stoma Care Plans, may be written by external health care professionals and provided to the Nursing Team and Class Teams.
- Checking with the Local Authority whether particular activities for supporting learners with healthcare needs are appropriately covered by insurance and many staff aware of any limits to the activities that are covered.

- Ensuring all learners with healthcare needs are appropriately linked with the education setting's health advice service.
- Providing annual reports to the Governing Body on the effectiveness of the arrangements in place to meet the healthcare needs of learners.
- Ensuring all learners with healthcare needs are not excluded from activities they would normally be entitled to take part in without a clear evidence based reason.
- Notifying the Local Authority when a learner is likely to be away from the education setting for a significant period, e.g. three weeks due to their healthcare needs. Ultimately, what qualifies a period of absence as 'significant' in this context depends upon the circumstances and whether the school can provide suitable education for the learner. Shorter periods of absence may be significant depending upon the circumstances.
- Being mindful of the Social Services and Wellbeing (Wales) Act 2014. Education settings should be fully aware of this approach and ensure assistance to learners is provided using a holistic approach.

### **3.4 Teachers, Support Staff and all members of Staff (e.g. catering staff and reception staff);**

Any staff member within school may be asked to provide support to learners with healthcare needs, including assisting or supervising the administering of medicines. This role is voluntary unless it forms part of their contract, terms and conditions or a mutually agreed job plan. Staff members must receive sufficient and suitable training and achieve the necessary level of competence before they take on the responsibility. This may include, but is not limited to:

- Administering short term prescribed medication
- Administering long term prescribed medication when a pupil is off the school site.
- Administering pupils' feeds through gastric tube.
- Administering medication via pupils' gastric tubes when off site

See Ty Gwyn's policy for the education of pupils with medical needs and the administration of medication for further details.

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

- Fully understand the school's healthcare needs policy and arrangements.
- Are aware of which learners have more serious or chronic healthcare needs, and, where appropriate, are familiar with these learners' care plans. This includes knowing how to communicate with parents and what the triggers for contacting them are, such as when the learner is unwell, refuses to take medication or refuses certain activities because of their healthcare needs.
- Are aware of the signs, symptoms and triggers of common life threatening medical conditions and know what to do in an emergency. This includes knowing where the nurses room is, who the first aiders are and seeking their assistance if a medical emergency takes place.
- Fully understand the school's emergency procedures and be prepared to act in an emergency. All classes and whole school areas are equipped with emergency buttons linked to the nurses room to enable immediate response from the nursing team – all staff are to know and be aware of these emergency buttons, where they are and when they need to be used.
- Ask and listen to the views of learners and their parents, which should be taken into consideration when putting support in place.
- Ensure learners (or their friends) know who to tell if they feel ill, need support or changes to support.
- Listen to concerns of learners if they feel ill at any point and consider the need for medical assistance (especially in the case of reported breathing difficulties).



- Make sure learners with healthcare needs are not excluded from activities they take part in without a clear evidence based reason, including any external trips/visits. This includes ensuring learners have access to their medication and that an appropriately trained member of staff is present to assist where required.
- Are aware if bullying issues and emotional wellbeing regarding learners with healthcare needs, and are prepared to intervene in line with the school's policy.
- Are aware that healthcare needs can impact on a learner's ability to learn and provide extra help when needed.
- Support learners who have been absent and assist them with catching up on missed work – this may involve working with parents and specialist services.
- Keep parents informed of how the healthcare needs is affecting the learner in the education setting. This may include reporting any deterioration, concerns or changes to learner or staff routines.

### **3.5 Parents/Carers/Learners**

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

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

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

### **3.6 Local Authority**

Ty Gwyn works collaboratively with Cardiff Local Authority and Local Authorities should ensure education provision is available to learners, and:

- Must make reasonable adjustments to ensure disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory. For example, learners should not be disadvantaged when leaving primary school and beginning secondary school. In practical terms, this means adjustments must be planned and implemented in advance to prevent any disadvantage. Discussions around responsibility for provision should not impact

on the delivery of service, as delays could be detrimental to the education and wellbeing of the learner.

- Must make arrangements to promote cooperation between various bodies or persons, with a view to improving, among other things, the wellbeing of children in relation to their physical and mental health, their education, training and recreation. When making these arrangements, Local Authorities should ensure appropriate agreements are in place for data sharing. This could be through working within the Wales Accord on Sharing Personal Information (WASPI) Information Sharing Protocols or Data Disclosure Agreements.
- Must make reasonable provision of counselling services for young people aged 11 – 18 and learners in Year 6 of primary school. Within schools, this provision should complement the different approaches already in place to support the health, emotional and social needs of learners.
- Should work with schools to ensure learners with healthcare needs received a suitable education. Where a learner of compulsory school age does not receive a suitable education for any period because of their health, the Local Authority has a duty to make arrangements to provide suitable education. If a learner is over compulsory school age but under 18, the Local Authority may make such arrangements.
- Should provide support, advice and guidance, including how to meet the training needs of school staff, so that Governing Bodies can ensure the support specified within the individual healthcare plan (IHP) can be delivered effectively.

### **3.7 NHS Wales school health nursing service, health and other professionals, third sector organisations and other specialist services**

The school, through a Service Level Agreement (SLA) between the Health Authority and the Local Authority, buys the services of a dedicated nursing team and associated clinical guidance/supervision. Delegated responsibility for Individual Healthcare Plans (IHPs), and other specific Care Plans, is given to the nursing team as part of the SLA.

Tŷ Gwyn School has a team of nursing staff on site, based in the school's health suite. Their responsibilities include:

- Managing the daily health needs of the pupils with complex medical conditions
  - Administering medication in line with the guidelines included in this policy
  - Responding to medical emergencies
  - Ensuring pupils' care plans are updated as necessary
  - Offering advice to education staff on pupils' health issues
  - Co-ordinating health provision from external agencies that is provided on the school site.
  - Providing or organising the training required by teachers and LSAs to meet pupils' medical needs.
  - Ensuring that all necessary staff are aware of pupils up to date medical situations
  - To provide advice to the Head teacher, where there is concern about whether the school can meet a child or young person's needs, or where the parents' expectations appear unreasonable.
- See Ty Gwyn's policy for the education of pupils with medical needs and the administration of medication for further details.

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

- Offering advice on the development of IHPs.

- Assisting in the identification of the training required for the school to successfully implement IHPs.
- Supporting staff to implement a learner's IHP through advice and liaison with other healthcare, social care and third sector professionals.
- School nursing and Health Care team

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

#### **4. Creating an Accessible Environment**

Local Authorities and Governing Bodies should ensure their schools are inclusive and accessible making reasonable adjustments for learners with healthcare needs. This includes the following:

##### **4.1 Physical access to education setting buildings**

A duty is placed on Local Authorities to produce a written accessibility strategy for all schools they are responsible for under the Equality Act 2010. Any such strategy is expected to address:

*'improving the physical environment of schools for the purpose of increasing the extent to which disabled learners are able to take advantage of education and benefits, facilities or services provided or offered by schools'* (schedule 10, Equality Act 2010)

Similarly, individual schools must carry out accessibility planning and are under a duty to prepare an accessibility plan following the same principles as the strategies prepared by the Local Authority.

##### **4.2 Reasonable adjustments – auxiliary aids or services**

The Equality Act 2010 places a duty on learning establishments to make 'reasonable adjustments' for learners who are disabled as defined by the Act. In regard to these learners, auxiliary aids or services (with the appropriate number of trained staff) may be provided by the school or other services when required by that learner. The school will liaise with these services and an appropriate assessment will take place to ensure that reasonable adjustments are made and the appropriate support given. Class sizes are small with a high staff to pupil ratio in each class.

##### **4.3 Day trips and residential visits**

- 4.3.1 Governing Bodies should ensure the school actively supports all learners with healthcare needs to participate in trips and visits. Governing Bodies must be aware of their legal requirements (see 'Annex 1: Outline of legal framework') to make reasonable adjustments to trips and residential visits ensuring full participation from all learners. Where a qualified person (and / or Band 3) is needed for specific pupils to access class trips, arrangements will be made for that person to accompany them.

4.3.2 Staff should be aware of how a learner's healthcare needs may impact on participation, and seek to accommodate any reasonable adjustments, which would increase the level of participation by the learner. Staff should consider how to accommodate the sharing of personal information with third parties if necessary for off-site activities (in compliance with the Data Protection Act 1998 and in respecting the learner's rights to privacy). This may include information about the healthcare needs of learners, what to do in an emergency and any additional support, medication or equipment needed. Members of staff should sign medication in and out of the building using the sign in / sign out form located in the nurses room. Medication should be immediately returned and signed back in once returning to school. The appropriate Health Care Plans are to be kept with the medication at all times.

4.3.3 Additional safety measures to those already in place in school may be necessary to support learners with health care needs during visits or activities outside of the normal school timetable. Arrangements for taking medication and ensuring sufficient supplies for residential visits may be required.

4.3.4. All staff supervising visits should be aware of a learner's healthcare needs and any medical emergency procedures. Medication to be taken on visits, along with the relevant Health Care Plan for that learner (examples of these plans including Epilepsy Care Plans, Feeding Plans, Diabetes Plans and Stoma Plans). At least one member of staff assisting this visit should be suitably trained in order to support the pupils Healthcare need or to provide appropriate care in the case of a medical emergency. Permission to administer medication on school trips should be sought from parents using the **Appendix 3 form**.

Parents may be asked to supply:

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

#### **4.4. Social interactions**

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

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

#### **4.5 Exercise and physical activity**

- 4.5.1. The school should fully understand the importance of all learners taking part in physical activities and staff should make appropriate adjustments to sports and other activities to make them accessible to all learners, including after-hours clubs and team sports.
- 4.5.2. Staff should be made fully aware of learners' healthcare needs and potential triggers. They should know how to respond appropriately and promptly if made aware that a learner feels unwell. They should always seek guidance when considering how participation in sporting or other activities may affect learners with healthcare needs.
- 4.5.3. Separate 'special provisions' for particular activities should be avoided, with an emphasis instead on activities made accessible for all. Where this might not be possible, advice from healthcare or physical education professionals and the learner should be sought.
- 4.5.4. Staff should also understand that it may be appropriate for some learners with healthcare needs to have medication or food with them during physical activity; such learners should be encouraged to take the medication or food when needed.

#### **4.6 Food management**

- 4.6.1. Where food is provided by or through school, consideration must be given to dietary needs of learners, e.g. those who have diabetes, coeliac disease, allergies and intolerances.
- 4.6.2. Where a need occurs, school should in advance provide menus to parents and learners, with complete lists of ingredients and nutritional information. Gluten and other intolerances or allergens must be clearly marked. Providing information will help facilitate parent and catering teams' collaborative working. This is especially important when carbohydrate counting is required. Consideration should be given to availability of snacks. Sugar and gluten free alternatives should always be available. As some conditions require high calorific intake, there should be access to glucose rich food and drinks.
- 4.6.3. Food provided for trips must reflect the dietary and treatment needs of the learners taking part. Food provided for snacks in classroom settings should also take the dietary and treatment needs of these learners into account. While healthy school and 'no sweets' policies are recognised as important, learners with healthcare needs may need to be exempted from these policies. Learners needing to eat or drink as part of their condition should not be excluded from the classroom or put in isolation.

#### **4.7 Risk assessments**

- 4.7.1. Staff should be clear when a risk assessment is required and be aware of the risk assessment systems in place. They should start from the premise of inclusion and have built into them a process of seeking adjustments or alternative activities rather than separate provision.
- 4.7.2. In addition, there are duties under the Equality Act 2010 to prepare and implement accessibility strategies and plans. These strategies and plans deal with matters related to increasing participation of disabled learners. See Annex 1: Outline of legal framework' for more details.

### **1. Sharing Information**

Governing Bodies should ensure healthcare needs arrangements, both wider school policies and IHPs, are supported by clear communication with staff, parents and other key stakeholders to ensure full implementation. It is essential that all information is kept up to date. All information sharing techniques such

as staff noticeboards and school intranets must be agreed by the learner and parent in advance of being used, to protect confidentially.

### **5.1. Teachers, supply teachers and support staff (this may include catering staff and relevant contractors)**

5.1.1. Staff should have access to the relevant information, particularly if there is a possibility of an emergency situation arising. How this is done will depend on the type and size of the school and could include:

- The school's secure intranet area and staff meetings are utilised to help ensure staff are aware of the healthcare needs of learners they have or may have contact with. This data is stored safely within the school's 'Teacher Shared' area and on SIMS. Health information is also stored by the nursing team using their own system.
- IHPs or other specific care plans are readily available in the child's individual files within the classroom, ensuring that they are stored within a locked cupboard. All staff should be aware of, and familiar with, the Health Care needs of all pupils within their class.

### **5.2. Parents and learners**

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

- Make healthcare policies easily accessible, online and in hard copy.
- Provide the learner/parents with a copy of their information sharing policy. This should state the type of bodies and individuals with whom the learner's medical information may be shared.
- Ask parents to sign a consent form, which clearly details the bodies, individuals and methods through which information will be shared. Sharing medical information can be a sensitive issue and the learner should be involved in any decisions. Schools should keep a list of what information has been shared with whom and why, for the learner/parent to view on request.
- Consider including a web link to the healthcare needs policies in relevant communications sent to parents, and within the learner's IHP.
- Include school councils, 'healthy schools' and other learner groups in the development of the school's healthcare needs arrangements, where appropriate.

## **2. Procedures and Record Keeping for the Management of Learners' Healthcare Needs**

Please see Annex 2 for relevant templates for record keeping for the management of learners' healthcare needs. In collaboration with the community nursing team, the school has created procedures which state the roles/responsibilities of all parties involved in the identification, management and administration of healthcare needs. The following documentation is collected and maintained, where appropriate.

6.1. The school should create procedures which states the roles/responsibilities of all parties involved in the identification, management and administration of healthcare needs. The following documentation should be collected and maintained, where appropriate:

- ✓ Contact details for emergency services.
- ✓ Parental agreement for educational setting to administer medicine.
- ✓ Head of education setting agreement to administer medicine.
- ✓ Record of medicine stored for and administered to an individual learner.
- ✓ Record of medicines administered to all learners by date.
- ✓ Request for learner to administer own medicine.

- ✓ Staff training record – administration of medicines.
- ✓ Medication incident form.

6.2 New records should be completed when there are changes to medication or dosage. The school should ensure that the old forms are clearly marked as being no longer relevant and stored in line with their information retention policy. Electronic versions can be found on the Welsh Government website.

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

6.2.2. The best examples of record keeping include systems where the learner's 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 may be placed into classrooms where they are not familiar with the healthcare needs of the learners. The operation of such systems must comply with the Data Protection Act 1998.

## **7. Storage, Access and the Administration of Medication and Devices**

Learners may require medication at school for many reasons and this should only be administered with prior agreement and consent given by the parent/legal guardian. Medicines should only be given if prescribed by the GP. No child under 16 should be given medicines containing Aspirin.

A learner requiring medication will have either a Care Plan, for example an Epilepsy or Diabetes care plan, or they will have medication written up on a Medication Administration Record (MAR). The school nursing team are responsible for the MAR and for administering medication to learners.

The governing body ensures that the school's policy is clear regarding the procedures to follow for managing medicines and devices. This is according to the needs of the learner. However, the following general principles are followed:

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

We do not store surplus medication. All prescribed medication is to be kept in a lockable cupboard in the nurse's room. Parents are asked to provide appropriate supplies of medication. These should be in their original container, labelled with the name of the learner, medicine name, dosage and frequency, and expiry date. We only accept prescribed medicines and devices that:

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

Non-prescribed medicine such as e.g. liquid paracetamol, should:

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

Any medication stored in the classroom must be stored in a locked medicine cupboard and sent home with the learner at the end of the school day. See Appendix 2 form for parental permission for staff to administer medication.

## 7.1 Arrangements to give medication

### For learners under 16:

- A parental request form should be completed each time there is a request for medication to be administered by staff, or for a learner to self-administer their own medication. This arrangement must be agreed, documented and dated by the Head Teacher. A copy must be kept on file.
- In the case where medication maybe a long term arrangement, a letter must accompany the request from the learner's GP or consultant explaining this.
- Amendments to the medication should only be accepted in writing from a health professional and this should again be kept on file. **Verbal messages should not be accepted.**

### For learners over 16:

The Mental capacity act applies to learners over the age of 16. In this case a parental agreement may not be sufficient.

- If Parental responsibility is unable to be provided or there are concerns from the learner or any stakeholder: a capacity assessment and if appropriate a best interest decision should be completed.

This would require the following:

- Confirmation in writing from the appropriate decision maker that a capacity assessment has been undertaken. A copy must be kept on file, signed by the Head of School.
- Confirmation in writing from the appropriate decision maker of a best interest decision made having taken account of the views of stakeholders. A copy must be kept on file, signed by the Head of School.

## 7.2 Receiving medication

No medication should be accepted into school unless it is clearly labelled with the:

- Learner's name.
- Name and strength of medication.
- Dosage, frequency and time the medication should be given.
- Expiry date.
- Advice about storage

## 7.3 Storage of medication

### Storage, access and disposal

While all medicines is stored safely, the type and use of the medication will determine how this takes place. Staff are able to easily access emergency medication for every individual pupil. All emergency medicines, such as asthma inhalers, adrenaline pens and glucogel, should be readily available to children and young people and should not be locked away. Other non-emergency and insulin medicines should generally be kept in a secure place not accessible to children and young people. See Ty Gwyn's policy 'The education of pupils with medical needs and the administration of medication' for further details regarding the storage and administration of immediate and non-immediate medication.

It is the parents' responsibility to notify school if medication is being brought into school. Upon receipt of medication, it must be taken immediately to the nurse's room for correct storage and recording.



- **Refrigeration**

Medications that need to be stored in the refrigerator can be stored in the nurses room.

- **Non-emergency medication**

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

- Medication should be stored in a locked cupboard away from other children and young people. The key should be kept in an accessible place known to the designated members of staff. Some medications require refrigeration. If storage in a refrigerator is required this should be in a sealed container that is clearly labelled. All medicines must be clearly labelled. Further advice can be obtained from the **COSHH guidelines, Control of Substances Hazardous to Health, 2002** <sup>1</sup>.
- In the case of older learners it may be appropriate for them to carry emergency medication with them – decisions will be based on individual circumstances in liaison with the family and the school's health team. The IHP should reflect this agreed decision
- In most cases learners should be allowed to carry asthma inhalers with them to ensure easy access. Again this should be reflected in the learners' IHP.
- Local pharmacists can give advice about storing medicines.

## **7.4 Administering medication**

### **Administration of medicines**

- In nearly all cases, the school nursing team will be responsible for administering medication. When pupils need regular and sustained medication, the school nurse will travel to the child to administer the medication.
- When pupils need non-regular medication, the school nursing team should be informed to avoid any confusion. It may be the case that the class team administer this medication. If so, an Appendix 1 form should be used for parental permission and to obtain correct information about the medication that is required. An Appendix 2 form should be filled in when medication is administered and counter signed.
- All pupils require assistance and all medication administered is recorded. Administration of prescribed or non-prescribed medicines requires written parental consent. The administration of all medication should be recorded. See Appendix form 1 for parent permission form.
- Where medication is prescribed to be taken in frequencies which allow the daily course of medicine to be administered at home, parents should seek to do so, e.g. before and after school and in the evening. There will be instances where this is not appropriate.
- Learners under 16 should never be given aspirin or its derivatives unless prescribed to them.
- Staff should check the maximum dosage and the amount and time of any prior dosage administered.
- Certain medical procedures may require administration by an adult of the same gender as the learner, and may need to be witnessed by a second adult. The learner's thoughts and feelings regarding the number and gender of those assisting must be considered when providing intimate care. There is no requirement in law for there to be more than one person assisting<sup>2</sup>.
- The education setting should have an intimate care policy<sup>3</sup>. It should be followed, unless alternative arrangements have been agreed, and, where necessary, a Continence Care Plan will be written and in place for learners by the school nursing team for any learner that requires continence products.
- If a learner refuses their medication, staff should record this and follow their defined procedures informing parents as soon as possible. If a learner misuses any medication, their parents should be informed as soon as possible. The education setting should ask parents to seek healthcare advice as appropriate. If parents cannot be contacted immediately, staff will seek immediate healthcare advice.
- Staff involved in the administration of medication should be familiar with how learners consent to treatment. Further information on this from the Welsh Government can be found in the *Patient Consent to Examination and Treatment – Revised Guidance* (NHS, 2008)<sup>4</sup>.
- All staff supporting off-site visits will be made aware of learners who have healthcare needs. They

receive the required information to ensure staff are able to facilitate an equal experience for the learner. This information may include health and safety issues, what to do in an emergency and any other additional necessary support that the learner requires, including medication and equipment. If emergency medication is administered on a school trip, it must be done so by suitably trained staff.

- Any staff willing to administer medication must receive appropriate training and guidance, and be aware of any possible side effects of the medication.
- Parents must not send the medication to school in pre-drawn doses/syringes (unless this is how it is dispensed by the pharmacist) or in drinks. It must come in the original packaging with a pharmacy label intact. There must be a syringe provided to help in the measurement of the correct dose.
- Medicines must only be given according to the prescription given by the GP. Parents should ensure a copy of this is available for the school and nursing team. Schools or the nursing team require written notification from the GP should doses change or medications change.
- Medicines should not be given if they are out of date. Parents will need to replace the medicines immediately and it is the parent's responsibility to dispose of any unwanted medicines.
- It is best practice that there should be two members of staff to check the medication when it is time to administer it. The following details should be checked:
  - **Right Learners** (name and date of birth).
  - **Right Medicine** (staff should be aware of the purpose of the medication).
  - **Right Dose** (measured using a syringe).
  - **Right Route** (orally/gastrostomy/nasogastric).
  - **Right Time.**
- The learner may self-administer some medications e.g. asthma inhalers. It should be clear in the forms relating to medications in school whether the learner requires supervision or not. It is good practice to record when a learner has medication even if self-administering.
- Appropriate measures should be put in place or alternative arrangements if named staff are unavailable or absent.
- There should be a completed form to show the learner's name and DOB, the date, time and medication name and dose and two staff should sign this. Accurate recording is of the utmost importance.
- Staff should not give any medication if a medical judgement is required to determine the need unless an emergency but this should be in accordance with the agreed IHP or other specific care plan (for example, Epilepsy Care Plan).

## 7.5 Hygiene and infection control

- All staff should be familiar with normal procedures for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressing or equipment.

## 7.6 Disposal of medications

- Medications should always be returned to the parent to be disposed of. If this is not possible any unused medications should be returned to a local pharmacy.
- Medications should not be disposed of in sinks or toilets.
  - When no longer required, medicines are returned to parents to arrange safe disposal.
  - Some medications (i.e. for diabetes) are pre-assembled and contain a needle. Sharps boxes are essential for the disposal of needles and these can be obtained by contacting your local pharmacy or speaking to the education setting nurse.

## 7.7 Emergency medications

- **Emergency medication**

Emergency medication is readily available to learners who require it at all times during the day or at off-site activities. This medication will often be stored in a secured area within the Nurse's room. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors (pens) are available at all times. This is always considered when outside of the school premises, e.g. on trips. A learner who has been prescribed a controlled drug may legally have it in their possession, if they are competent to do so, and they must not pass it to another learner or other unauthorised person. Monitoring may be necessary. Where staff administer emergency medication to a learner, this should be recorded. Staff are able to easily access emergency medication for every individual pupil.

- Emergency medications (i.e. epi pen, buccal midazolam) must have an IHP, or other specific care plan (such as an Epilepsy Care Plan), written by the appropriate Healthcare Professional and detailing how to administer it and what to do in the event of an emergency.
- The location of emergency medications should be easily known and accessible to all staff but not accessible to other children and young people.
- Emergency medications must not be used for another learner displaying the same symptoms. If there are concerns an ambulance must be called. Medication can only be given to the learner it is intended for.
- Staff should receive training in how to administer any emergency medications. If a learner forgets their emergency medications the parent must either bring it in immediately or the learner must go home.
- Parents and GP must always be informed if emergency medications have been given and records should be retained at school.

## **8. Emergency Procedures**

8.1. Governing Bodies should ensure a policy is in place for handling emergency situations. Staff should know who is responsible for the policy, nominated first aiders and how to deal with common healthcare needs. In situations requiring assistance, 999 should be called immediately. The location of learners' healthcare records and emergency contact details should be known to staff.

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

8.3. Other learners in school should also know what to do in general terms in an emergency, such as to inform a member of staff immediately. If a learner needs to be taken to hospital, a staff member should stay with the learner until a parent arrives. This includes accompanying them in an ambulance to hospital. The member of staff should have details of any known healthcare needs and medication.

8.4. Learners should not be taken to hospital in staff cars unless there are extreme reasons. If this is necessary, another adult must accompany the learner and staff member. Staff must have public liability vehicle insurance.

See Emergency Situations Policy

## **9. Training**

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

9.2 When assisting learners with their healthcare needs, it should be recognised that for many interventions no specialist training is required and the role of staff is to facilitate the learner to meet their own healthcare needs.

9.3 IHPs may reflect complex needs requiring staff to have specific information and training. This training may also be in the use of aids such as hearing aids (staff should be shown how to change batteries) and various adaptive technologies. If these have been instigated by health professionals, they can be asked to provide suitable for education settings as well as learners and families.

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

9.5 If a learner has complex needs input may be needed from the nursing team on site, healthcare services and the Local Authority who will be able to advise and signpost to further training and support.

9.6 All staff, irrespective of whether they have volunteered to assist or support learners with healthcare needs, may come into contact with learners who have healthcare needs. It is therefore advisable that all staff have a basic understanding of common conditions to ensure recognition of symptoms and understand where to seek appropriate assistance. For further information with regard to common condition see Cardiff Local Authority's Healthcare Toolkit.

9.7 Policies should include a procedure on how to raise awareness of common conditions, a healthcare needs policy and staff roles in carrying out arrangements. New and temporary staff should especially be made aware of what preventative and emergency measures are in place so staff can recognise the need for intervention and react quickly.

9.8 If the trained staff who are usually responsible for administering medication are not available, the IHP should set out alternative arrangements. This also needs to be addressed in risk assessment and planning of off-site activities.

## **10. Assessments**

This section is currently not applicable for our school due to the developmental needs of the current cohort at Ty Gwyn.

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

Local authorities have a duty (sections 19(1) and 19(4) of the Education Act 1996) to make arrangements for the provision of suitable education for all children and young people of compulsory school age.

11.1 A learner who is unable to attend their school because of their healthcare needs should have their educational needs identified, and receive educational support quickly so they continue to be provided with

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

11.2 In the case of a short absence (likely to last for less than 15 school days) the school will liaise with the parents / guardians of the learner and will direct parents to the school website for lesson activities available for their child, if this is appropriate for the child. Contact with families will be made by either the class teacher or the family centre. The local authority will make arrangements for learners in cases where it is clear that the learner is likely to be absent from school for a significant period, e.g. more than 15 school days, whether consecutive or cumulative over the course of an academic year. However, the local authority might still need to make arrangements if a shorter absence is anticipated, depending upon the circumstances. The school will liaise with the relevant service, submit an appropriate request for individual or group tuition which will then be considered by EOTAS panel.

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

11.4 Cooperation between education, health and administration staff in hospital is essential. The aim should be to achieve the greatest possible benefit for the learner's education and health, which should include the creation of an atmosphere conducive to effective learning. Parents can also be a valuable link.

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

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

The local authority has a written policy regarding EOTAS for learners with healthcare needs, including arrangements for the service and the way it is staffed, the timing of the provision, and a named person who parents, EOTAS tutors and others should contact.

Ty Gwyn has a key role to play in the successful integration after diagnosis or reintegration of learners with healthcare needs. We are proactive in working with all agencies, including involving other learners in supporting transition. Staff are advised in a timely manner to assist the learner's return. The support is considered by key parties, including the parent and learner and reflected in the IHP or other relevant care plans. When a learner is discharged from hospital, appropriate information should be provided for parents, which is then shared with our school. We will liaise with the EOTAS Service as appropriate. Those working closely with the learner will be available to give advice as necessary on appropriate ways to best support the learner.

## **12. School Transport**

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

### **13. Reviewing Policies, Arrangements and Procedures**

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

### **14. Insurance Arrangements**

14.1 Governing Bodies should ensure an appropriate level of insurance is in place to cover the school's activities in supporting learners with healthcare needs. The level of insurance should appropriately reflect the level of risk. Additional cover may need to be arranged for some activities or healthcare procedures for learners with particular needs. For further guidance refer to Cardiff's Local Authority Toolkit – *Supporting learning with healthcare needs* (April 2017).

### **15. Complaints Procedures**

Refer to the school's complaints procedure policy

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

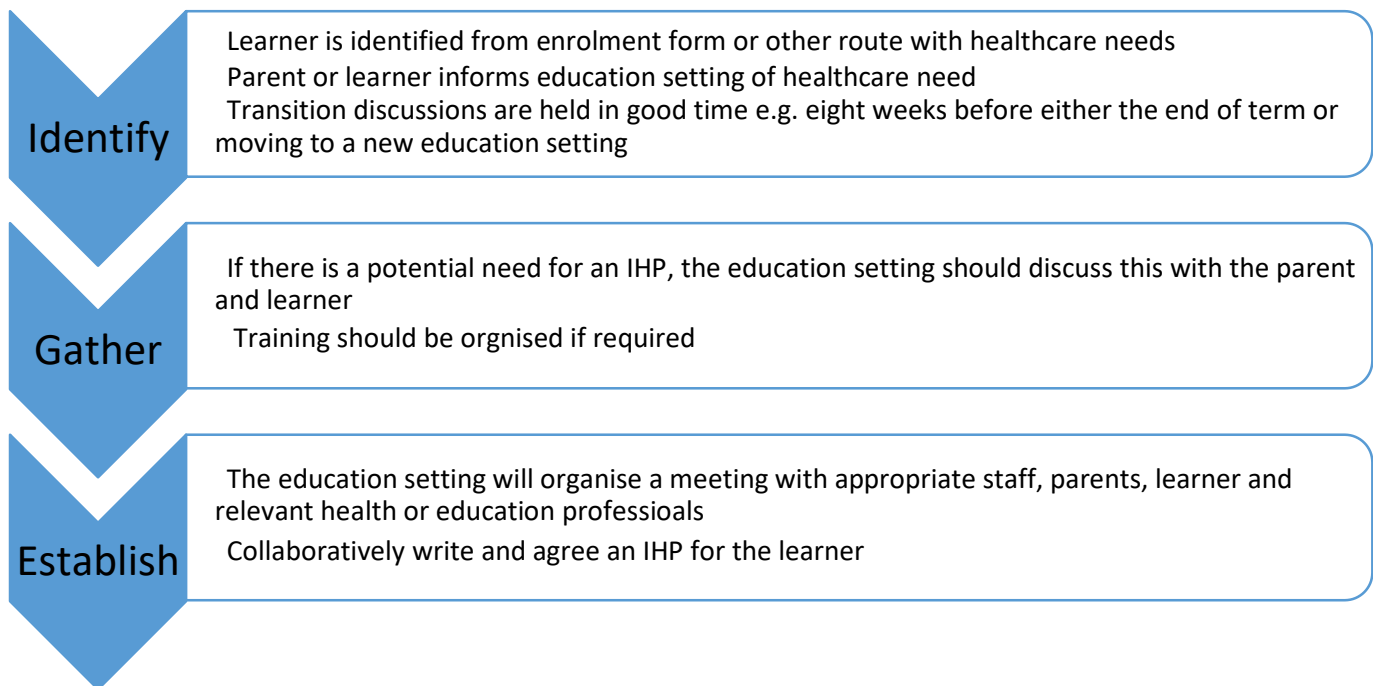
### **16. Individual Healthcare Plans (IHP)**

Ty Gwyn, through a Service Level Agreement (SLA) between the health authority and the Local Authority buys the services of a dedicated nursing team and associated clinical guidance/supervision. Delegated responsibility for Individual Healthcare Plans, including specific care plans (such as Epilepsy, Feeding and Stoma plans) is given to the nursing team as part of the SLA.

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

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

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



#### **If an IHP should be made**

- The education setting, through the school nursing team and under the guidance of the appropriate healthcare professionals, parents and the learner, should develop the IHP in partnership.
- The education setting should identify appropriate staff to support the learner, including identifying any training needs and the source of training, and implement training.
- The education setting should circulate the IHP to all appropriate individuals.
- The education setting should set an appropriate review date and define any other triggers for review.

The aim of the plan is to capture the steps which need to be taken to help a learner overcome any potential barriers to participating fully in education. Pupils are unable to manage their own condition, therefore staff are able to monitor and inform appropriate staff of problems as and when required. Those devising the plan will take the lead, but responsibility for ensuring it is finalised and implemented rests with the designated person in school.

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

16.2.1 IHPs do not need to be complex but they should explain how the learner's needs can be met. An IHP should be easily accessible to all who need to refer to it, while maintaining the required levels of privacy. Each plan should capture key information and actions required to support the learner effectively.

16.2.2 A health professional must take a lead role in writing a Health Care Plan; this could be the school nurse, specialist nurse, special needs health visitor or consultant. Their knowledge of the condition, medication, emergency procedures and the learner is paramount. This should be completed involving the:

- ✓ The learner (where possible).
- ✓ Parent/carer.
- ✓ Input or information from previous education setting.
- ✓ Appropriate healthcare professionals.

- ✓ Social care professions.
- ✓ Head teacher and/or delegated responsible individual for healthcare needs across the setting
- ✓ Teacher and support staff, including catering staff if necessary.
- ✓ Any individual with relevant roles such as a first aid coordinator, a wellbeing officer and ALNCo (Additional Learning Needs Coordinator).
- ✓ Setting staff who have agreed to administer medication or be trained in emergency procedures.

**An individual healthcare plan (IHP) may include:**

- ✓ The medical condition: its triggers, signs, symptoms and treatments and how it is managed on a day to day basis, in particular during setting hours.
- ✓ The learner's needs: including medication (dose, side effects and storage) and other treatments; time; facilities; equipment; testing; access to food and drink where this is used to manage their condition; dietary requirements; and environmental issues e.g. crowded corridors, travel time between lessons.
- ✓ Specific support for the learner's educational, social and emotional needs.
- ✓ The level of support needed (some learners will be able to take responsibility for their own healthcare needs) including in an emergency.
- ✓ Who will provide this support, their training needs and expectations of their role.
- ✓ Who in school needs to be aware of the learner's healthcare needs and the support they require.
- ✓ Protocol for exchanging information between education and health (if necessary).
- ✓ Written permission from parents and the Head Teacher for the administration of medicines by staff or self-administration by the learner during school hours.
- ✓ Separate arrangements or procedures required for school trips or other activities outside of the normal setting timetable that will ensure the learner can participate e.g. risk assessments.
- ✓ Where confidentiality issues are raised by the parent/child/young person, the designated individuals to be entrusted with information about the child's condition.
- ✓ Home to school transport – this is the responsibility of the Local Authority.
- ✓ Emergency procedures including whom to contact, and contingency arrangements. Some learners may have an emergency health care plan prepared by their lead clinician that could be used to inform the development of their individual health care plan.
- ✓ An impact statement jointly produced by healthcare professional and a teacher on how the learner's healthcare condition and/or treatment affects their learning and what actions are required to mitigate these effects.
- ✓ Review date.

16.2.3 If the plan needs revising the school and health professional should meet with the parents and a new plan written and signed by all parties.

16.2.4 The plan should also be made available to all staff coming into contact with the learner.

16.2.5 If the learner's condition is degenerative or life threatening, the plan should reflect these additional needs and should provide sufficient information to school staff. The plan should include details of the condition, what to do and who to contact in an emergency. More frequent reviews will be required for those with conditions that are technologically dependent or potentially life limiting.

16.2.6 In most cases, especially concerning short term illnesses such as those requiring a course of antibiotics, a detailed IHP will not be necessary. In such circumstances it may be sufficient to record the



name of medication, dosage, time administered and any possible side effects. These procedures should be conformed in writing with the learner (where appropriate), the parents and school.

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

The aim of the plan is to capture the steps which need to be taken to help a learner manage their condition and overcome any potential barriers to participating fully in education. Those devising the plan should agree who will take the lead, but responsibility for ensuring it is finalised and implemented rests with designated staff at school. These plans are reviewed at least annually or more frequently should there be new evidence that the needs of the learner have changed. They should be developed with the best interests of the learner in mind and ensure that we as a school, with specialist services (if required), assess the risks to the learner's education, health and social well-being.

Where a learner has an ALN the IHP will be linked or attached to any individual development plan (IDP). If required, every new pupil to the school, upon entry, will have a IHP (Individual Health Care Plan) which will be reviewed annually.

All administration of medication is recorded on the appropriate forms. If a learner refuses their medication, staff record this and follow the defined procedures where parents will be informed of this non-compliance as soon as possible and ensure they comply with the Data Protection Act 1998.

### **16.3 Coordinating information with healthcare professional and the learner and parents**

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

### **16.4 Confidentiality**

It is important that relevant staff (including temporary staff) are aware of the healthcare needs of their learners, including changes to IHPs. IHP will likely contain sensitive or confidential information. The sharing, and storing of information must comply with the Data Protection Act 1998 and not breach the privacy rights of or duty of confidence owed to the individuals.

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

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

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

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

### **Good Practice**

The school and governing body will ensure that good practice will be promoted and are committed to ensuring that:

1. learners are not prevented from attending school due to their healthcare needs, unless their attending the setting would be likely to cause harm to the learner or others
2. learners are able to easily access their inhalers or other medication when and where necessary
3. learners with the same condition accesses the correct treatment for them
4. the views of the learner or their parents and health professionals are taken into account (although these views may be queried with additional opinions sought promptly where required)
5. learners with healthcare needs are kept in school for all activities, including lunch, unless this is suitably specified in their IHP or other specific care plan
6. learners who become ill or need assistance will be accompanied by someone who is able to monitor them
7. a learner is not penalised 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
8. request adjustments or additional time for a learner occurs in a timely manner. Consideration will also be given to adjustments or additional time needed in mock examinations or other tests (N/A)
9. learners are not prevented from drinking, eating or taking toilet or other breaks whenever needed in order to manage their healthcare needs effectively
10. parents are not required or to 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
11. a parent does not have to give up work or other commitments because the education setting is failing to support a learner's healthcare needs
12. unnecessary barriers to a learner's participation in any aspect of their education, including trips, e.g. by requiring a parent to accompany the learner

### **17. Unacceptable Practice**

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

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

- Expect or cause a parent to give up work or other commitments because school is failing to support a learner's healthcare needs.
- Request adjustments or additional time for a learner at a late stage. They should be applied for in good time. Consideration should also be given to adjustments or additional time needed in mock examinations or other tests

Please refer to the 'Unacceptable Practice' section in the Welsh Government's 'Supporting Learners with Healthcare Needs' statutory guidance.

## **Annex 1: Outline of Legal Framework**

There are various duties on schools and Local Authorities which are relevant to safeguarding the welfare of children and young people with healthcare needs in the educational context. The main provisions are outlined below.

This is not an exhaustive list of the law relevant to this subject. Nor is it an authoritative statement or description of the law, which only courts can give. The descriptions below are summaries of the main relevant provisions. For any particular duty, there will be further statutory provisions and there may be case law (and possibly such developments after the issue of this guidance), affecting the meaning of the provisions (e.g. defining terms), or how a function is to be exercised (e.g. matters to which the person exercising the function must have regard). It should not be relied upon as a substitute for seeking legal advice or reading the actual provisions. Legislation can be found at [www.legislation.gov.uk](http://www.legislation.gov.uk) though it is not all in revised and up to date form.

### **General**

As part of the common law, those responsible for the care and supervision of children and young people, including teachers, and other staff in charge of children, owe a duty of care to act as any reasonably prudent parent would in relation to their own children.

A person without parental responsibility for a child or young person, but with the care of that child, may do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare. This is subject, for example, to a court order prohibiting certain steps being taken in relation to that child or young person without the Court's consent (**Section 3(5) of the Children Act, 1989**)<sup>5</sup>.

## **Statutory Duties on Governing Bodies of Maintained Schools**

- In discharging their functions relating to the conduct of the school, Governing Bodies of maintained schools (including maintained nursery schools) must promote the wellbeing of pupils at the school (**Section 21(5) of the Education Act, 2002**)<sup>6</sup>.
- ~~Governing bodies of~~ maintained schools (including maintained nursery schools) must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children and young people (i.e. those under 18) who are pupils at the school (**Section 175(2) of the Education Act, 2002**). In considering what arrangements are required, the governing body is to have regard to any guidance by the Welsh ministers<sup>7</sup> (**Section 175(4) of the Education Act, 2002**). Governing bodies are also subject to duties under the **Equality Act, 2010**<sup>8</sup> – see the section below for more details.

## Statutory duties on Local Authorities

- Local Authorities have general functions in relation to providing education for their area (*in particular sections 13 to 14, 15A, 15B of the **Education Act, 1996***)<sup>9</sup>.
- A Local Authority must make arrangements for the provision of suitable education (at school or otherwise), for children of compulsory school age who may now otherwise receive it for any period due to illness, exclusion from school or otherwise (*Section 19(1) of the **Education Act, 1996***). For young persons (i.e. those who are over compulsory school age but under the age of 18), local authorities have a power (rather than a duty), to make such arrangements in those circumstances (*Section (4) of the **Education Act, 1996***). In determining what arrangements to make under *Section 19(1) or 19(4)*, in the case of any child or young person, the local authority must have regard to any guidance given by the Welsh ministers.
- A Local Authority must make arrangements for ensuring that their education functions are exercised with a view to safeguarding and promoting the welfare of children and young people (i.e. under 18 years old), (*Section 175(1) of the **Education Act, 2002***).

In considering what arrangements are required, the local authority is to have regard to any guidance given by the Welsh Ministers (see footnote 3 on previous page), (*Section 175 (4) of the **Education Act, 2002***). Some of this guidance is issued under *Section 175(4)* –it is marked in bold font.

- Local Authorities have general duty to safeguard and promote the welfare of children and young people in need within their area (and so far as consistent with that, to promote the upbringing of those children by their families) by providing a range and level of services appropriate to those children's needs (*Section 17 of the **Children Act 1989***).
- Local Authorities must make arrangements to promote cooperation between various persons and bodies, including a local health board for an area within the Local Authority's area and an NHS Trust providing services in the area. The arrangements are to be made with a view to:
  - Improving the wellbeing of children and young people within the area;
  - Improving the quality of care and support for children and young people provided in the area (when amendments made by the **Social Services and Wellbeing (Wales) Act, 2014** come into force)<sup>10</sup>.
  - Protecting children and young people who are experiencing or at risk of, abuse and other harm (when those amendments come into force), (*Section 25 of the **Children Act, 2004***)<sup>11</sup>.
- **The Education (School Premises) Regulations, 1999, S.I. 1999/2**<sup>12</sup> set out requirements (for which local authorities are responsible) regarding facilities at maintained schools. These include requirements regarding accommodation for medical examination and treatment of pupils and the care of sick or injured pupils (*Regulation 5*).
- Local authorities also have duties under the **Equality Act, 2010** – see below.

## The Equality Act, 2010

Disability is a protected characteristic under the **Equality Act, 2010**<sup>13</sup>. Some learners with healthcare needs may be disabled for the purposes of that Act; others may not be. There are various duties under the **Equality Act, 2010** which are relevant in the context of learners with healthcare needs who are disabled.

The responsible body of a school must not discriminate, harass nor victimise disabled pupils and in some cases, other particular persons. The responsible body is also subject to a duty to make reasonable adjustments (*Section 85 of the Equality Act, 2010*).

Local Authorities must prepare and implement an accessibility strategy in relation to schools for which they are the responsible body. This is a strategy for (over a particular period):

- a) Increasing the extent to which disabled pupils can participate in the schools' curriculums;
- b) Improving the physical environment of the schools for the purpose of increasing the extent to which disabled pupils are able to take advantage of education and benefits, facilities or services provided or offered by the schools;
- c) Improving the delivery to disabled pupils of information which is readily accessible to pupils who are not disabled (*paragraph 1 of Schedule 10 to the Equality Act, 2010*).

The responsible body of a school must prepare and implement an accessibility plan. Such a plan involves the same content as an accessibility strategy except that it relates to the particular school (*Paragraph 3 of Schedule 10 to the Equality Act, 2010*).

In relation to a maintained school and maintained nursery, the responsible body is the Local Authority or the Governing Body. In relation to a pupil referral unit, it is the local authority.

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

### **Social Services and Well-being (Wales) Act 2014**

- The Social Services and Well-being (Wales) Act 2014 ('the 2014 Act') is a single act that brings together local authorities' duties and functions in relation to improving the well-being of people who need care and support, and carers who need support. The Act provides the statutory framework to deliver the Welsh Government's commitment to integrated social services departments with a strong family orientation.
- From a Welsh policy and delivery perspective, the 2014 Act seeks to ensure that care and support provided to young people is delivered in accordance with the principles outlined in the UNCRC.
- Local authorities in Wales have a duty under section 15 of the 2014 Act to provide preventative services in their area. The purpose of these services would be to prevent or delay people developing a need for care and support.
- The 2014 Act was developed using the 'people model' which focuses on providing sustainable social services to people (being children, adults and carers) in line with their unique needs. This means that children are not treated in isolation but instead as part of families and communities. This has allowed the 2014 Act to provide a cohesive and more integrated care system.
- Well-being and the outcomes people wish to achieve are at the centre of the legislation; the definition of well-being in the Act, and the well-being statement, both recognise that securing rights and entitlements is key to ensuring that children can speak for themselves or have someone who can do it for them so that they are involved in the decisions that affect their life.

### **United Nations Convention on the Rights of the Child (UNCRC)**

The Welsh Government is committed to the UNCRC as the underpinning basis for its policies concerning children and young people. The approach outlined in this document is based upon and consistent with UNCRC provisions, which include that:

- children have a right to an education (Article 28)
- adults should think about the best interests of children and young people when making choices that

- affect them (Article 3)
- children who have any kind of disability should have the care and support required so that they can lead full and decent lives (Article 23)
- every child has the right to say what they think in all matters affecting them, and to have their views taken seriously (Article 12).

## **Other relevant Provisions**

The **Learner Travel (Wales) Measure, 2008**<sup>14</sup> places duties on local authorities and governing bodies in relation to home-school transport.

The **Data Protection Act, 1998**<sup>15</sup> regulates the processing of personal data, which includes the holding and disclosure of it.

The **Misuse of Drugs Act, 1971**<sup>16</sup> and regulations made, deal with restrictions (for example, concerned with supply and possession), on drugs which are controlled. Learners may be prescribed controlled drugs.

## **Appendix 3:2**

### **Useful relevant legislation for England and Wales**

The legislation listed below can be referred to clarify the main provisions relevant to children and young people with healthcare needs.

- ❖ **Children and Families Act, 2014 (Section 100)**<sup>17</sup> - places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.
- ❖ **Section 21 of the Education Act, 2002**<sup>18</sup> – provides that governing bodies of maintained schools must, in discharging their functions in relation to the conduct of the school, promote the wellbeing of pupils at the school.
- ❖ **Section 175 of the Education Act, 2002** – provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.
- ❖ **Section 3 of the Children Act, 1989**<sup>19</sup> – provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.
- ❖ **Section 17 of the Children Act, 1989** – gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.
- ❖ **Section 10 of the Children Act, 2004**<sup>20</sup> – provides that the local authority must make arrangements to promote cooperation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board, with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.
- ❖ **Equality Act, 2010**<sup>21</sup> – the key elements are as follows:
  - They **must not** discriminate against, harass or victimise disabled children and young people

- They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

❖ **Education Act, 1996, Chapter 1 (Special Educational Needs)<sup>22</sup>**

❖ **Care Standard Act, 2000<sup>23</sup>**

❖ **Health and Safety at Work Act, 1974, Section 2<sup>24</sup>** - and the associated regulations, provides that it is the duty of the employer (local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

❖ **Misuse of Drugs Act, 1971<sup>25</sup>** – and associated regulations the supply, administration; possession and storage of certain drugs are controlled. Schools may have a child who has been prescribed a controlled drug.

❖ **Medicines Act, 1968<sup>26</sup>** – specifies the way that medicines are prescribed, supplied and administered within UK and places restrictions on dealings with medicinal products, including their administration.

### **Other Relevant Legislation**

❖ **Every Child Matters, 2003<sup>27</sup>**

❖ **UN Convention on the Rights of the Child, 1989<sup>28</sup>**

❖ **Management of Health and Safety at Work Regulations, 1999<sup>29</sup>**

❖ **Control of Substances Hazardous to Health Regulations, 2002<sup>30</sup>**

❖ **The Regulatory Reform (fire safety) Order, 2005<sup>31</sup>**

❖ **Chronically Sick and Disabled Persons Act, 1970<sup>32</sup>**

## Annex 2: Form templates

- <sup>1</sup> Control of Substances Hazardous to Health (COSHH) Regulations (2002) amended as required [www.hse.gov.uk](http://www.hse.gov.uk)
- <sup>2</sup> [gov.wales/docs/dcells/publications/150114-keeping-learners-safe.pdf](http://gov.wales/docs/dcells/publications/150114-keeping-learners-safe.pdf)
- <sup>3</sup> Intimate care can be defined as any care which involves washing or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some learners are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as day-to-day tasks such as help with washing, toileting or dressing. It also includes supervision of learners involved in intimate self-care.
- <sup>4</sup> Please note this circular will be revised in spring 2017. The current version can be accessed at [www.wales.nhs.uk/sites3/page.cfm?orgid=465&pid=11930](http://www.wales.nhs.uk/sites3/page.cfm?orgid=465&pid=11930)
- <sup>5</sup> **Children Act, 1989** - <http://www.legislation.gov.uk/ukpga/1989/41/contents/enacted>
- <sup>6</sup> **Education Act, 2002** - <http://www.legislation.gov.uk/ukpga/2002/32/contents>
- <sup>7</sup> This power is now vested in the Welsh Ministers, rather than the National Assembly for Wales, by virtue of paragraph 30 of Schedule 11 to the **Government of Wales Act, 2006** - <http://www.legislation.gov.uk/ukpga/2006/32/contents>
- <sup>8</sup> **Equality Act, 2010** - <http://www.legislation.gov.uk/ukpga/2010/15/contents>
- <sup>9</sup> **Education Act, 1996** - <http://www.legislation.gov.uk/ukpga/1996/56/contents>
- <sup>10</sup> **Social Services and Well-Being (Wales) Act, 2014** - <http://www.legislation.gov.uk/anaw/2014/4/contents/enacted>
- <sup>11</sup> **Children Act, 2004** - <http://www.legislation.gov.uk/ukpga/2004/31/contents>
- <sup>12</sup> **Education (School Premises) Regulations, 1999, S.I. 1999/2** - <http://www.legislation.gov.uk/uksi/1999/2/contents/made>
- <sup>13</sup> **Equality Act, 2010** - <http://www.legislation.gov.uk/ukpga/2010/15/contents>
- <sup>14</sup> **Learner Travel (Wales) Measure, 2008** - <http://www.legislation.gov.uk/mwa/2008/2/contents>
- <sup>15</sup> **Data Protection Act, 1998** - <http://www.legislation.gov.uk/ukpga/1998/29/contents>
- <sup>16</sup> **Misuse of Drugs Act, 1971** - <http://www.legislation.gov.uk/ukpga/1971/38/contents>
- <sup>17</sup> <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>
- <sup>18</sup> <http://www.legislation.gov.uk/ukpga/2002/32/contents>
- <sup>19</sup> <http://www.legislation.gov.uk/ukpga/1989/41/contents>
- <sup>20</sup> <http://www.legislation.gov.uk/ukpga/2004/31/contents>
- <sup>21</sup> <http://www.legislation.gov.uk/ukpga/2010/15/contents>
- <sup>22</sup> <http://www.legislation.gov.uk/ukpga/1996/56/part/IV>
- <sup>23</sup> <http://www.legislation.gov.uk/ukpga/2000/14/contents>
- <sup>24</sup> <http://www.legislation.gov.uk/ukpga/1974/37/section/2>
- <sup>25</sup> <http://www.legislation.gov.uk/ukpga/1971/38/contents>
- <sup>26</sup> <http://www.legislation.gov.uk/ukpga/1968/67>
- <sup>27</sup> <https://www.education.gov.uk/consultations/downloadableDocs/EveryChildMatters.pdf>
- <sup>28</sup> [http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC\\_PRESS200910web.pdf](http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC_PRESS200910web.pdf)
- <sup>29</sup> <http://www.legislation.gov.uk/uksi/1999/3242/regulation/1/made>
- <sup>30</sup> <http://www.legislation.gov.uk/uksi/2002/2677/contents/made>
- <sup>31</sup> <http://www.legislation.gov.uk/uksi/2005/1541/contents/made>
- <sup>32</sup> <http://www.legislation.gov.uk/ukpga/1970/44/contents/enacted>



Education settings may wish to use or adapt the forms listed below according to their particular policies on supporting learners with healthcare needs.

- Form 1 – Contacting emergency services
- Appendix 1 – Parental Agreement and Headteacher Agreement to administer medication
- Appendix 2 – Record log – Administration of medication log
- Appendix 3 – Permission to administer medication on school trip.
- Appendix 4 – Template of epilepsy care plan
- Appendix 5 – Template of feeding care plan
- Appendix 6 – Permission to administer topical cream



## **Contacting Emergency Services (Form 1)**

Request for an ambulance

**Dial 999, ask for ambulance and be ready with the following information**

1. Your telephone number: **02920 838560**
2. Give your location as follows: **Ty Gwyn School, Vincent Road, Ely, Cardiff**
3. State that the post code is: **CF5 5AQ**
4. Give exact location in the school/setting (insert brief description)
5. Give your name
6. Give name of child/age/date of birth/address, and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to:
8. Inform medical team and parents

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

**Put a completed copy of this form by the telephone**



## PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICATION (Appendix 1)

**\*\*\*Medication will only be administered following completion and return of this form\*\*\***

Name of Child .....

Date of Birth .....

Class Name .....

Medical Condition .....

**Medicine (must be provided in original packaging with dispensing label intact)**

Type of medicine ..... Route .....

Expiry Date .....

Date Dispensed .....

Dosage .....

Time .....

Special instructions for administration .....

.....

.....

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

Name of Parent/Guardian .....

Signed ..... Date .....



## RECORD LOG – ADMINISTRATION OF MEDICATION

(Appendix 2)

NAME OF PUPIL: -----

Nursing Staff Informed Yes/No

Name of medicine: ----- Dosage: -----

Any Reactions: .....

Any other instructions:

[illegible]



**PERMISSION TO ADMINISTER MEDICATION ON SCHOOL TRIP (Appendix 3)**

Dear Parent/Guardian

It is necessary for a member of staff in your child's class team to administer their medication whilst on school trips. **Nursing staff are not permitted to dispense medication for education staff to administer.**

If you are happy to give your consent to this could you please sign and return the permission slip below, together with your child's medication in **original packaging with dispensing label intact.** Please note, without consent and correctly labelled medication, **staff will not be able to administer medication.**

-----

**PERMISSION TO ADMINISTER MEDICATION ON SCHOOL TRIP**

Name of child: ----- Class: -----

***I give my permission for medication to be administered on a school trip, and enclose my child's medication in its original packaging and dispensing label:***

Signed ----- (Parent/Guardian)

Date: -----

Name of medicine: -----

Dosage to be administered: -----

**\*\*As per label instructions\*\***

Time medication should be administered: -----

Any other instructions: -----



## SCHOOL Epilepsy Care Plan REGIME

Copies to go to: Parents

**CONFIDENTIAL**

Roald Dahl Children's Epilepsy Nursing Service

JEC

**BUCCAL MIDAZOLAM**

**CARE PLAN**

INDIVIDUAL CARE PLAN TO BE COMPLETED BY OR IN CONSULTATION WITH THE PRESCRIBING MEDICAL PRACTITIONER  
(please use language appropriate to the lay person)

NAME OF CHILD:	
DATE OF BIRTH	PRESCRIBING WEIGHT
SEIZURE CLASSIFICATION AND/OR DESCRIPTION OF SEIZURES WHICH MAY REQUIRE BUCCAL MIDAZOLAM	

**OTHER USEFUL INFORMATION:**

**MIDAZOLAM TREATMENT PLAN**

1. WHEN SHOULD BUCCAL MIDAZOLAM BE ADMINISTERED? (Note here should include whether it is after a certain length of time or number of seizures)

2. INITIAL DOSAGE: HOW MUCH BUCCAL MIDAZOLAM IS GIVEN INITIALLY? (Note recommended number of milligrams for this person)

**Buccal midazolam s pre-filled syringe to be divided between each cheek.**

3. WHAT IS THE USUAL REACTION(S) TO BUCCAL MIDAZOLAM?

**Stops seizure and makes child sleepy.**

4. IF THERE ARE DIFFICULTIES IN THE ADMINISTRATION OF BUCCAL MIDAZOLAM. WHAT ACTION SHOULD BE TAKEN?

**Wipe away saliva and call 999.**

5. CAN A SECOND DOSE OF BUCCAL MIDAZOLAM BE GIVEN?

**Not at home or at school for the duration of the day.**



6. WHEN SHOULD 999 BE DIALLED FOR EMERGENCY HELP?

**If sustains a serious injury or has any difficulty breathing.**

7. WHO SHOULD ADMINISTER THE BUCCAL MIDAZOLAM?

**Parents and trained carers**

8. WHO/WHERE NEEDS TO BE INFORMED?

PARENT/GUARDIAN

TEL...

9. **PRECAUTIONS** – UNDER WHAT CIRCUMSTANCES SHOULD BUCCAL MIDAZOLAM NOT BE USED? (E.g. other medication already administered in the last ..... minutes)

**ALL OCCASIONS WHEN BUCCAL MIDAZOLAM IS ADMINISTERED MUST BE RECORDED (see back page)**

**THIS PLAN HAS BEEN AGREED BY THE FOLLOWING:**

PRESCRIBING MEDICAL PRACTITIONER

(BLOCK CAPITALS)

Signature

**For enquiries regarding this care plan please contact:**

**Bethan Jones & Rhiannon Murphy**

**Paediatric Epilepsy Nurse Specialists**

**02921 843460**

**A record must be kept of all persons trained to administer buccal midazolam**

**AUTHORISED PERSON(S) TRAINED TO ADMINISTER BUCCAL MIDAZOLAM:**

NAME (BLOCK CAPITALS)

Signature

	Date
NAME (BLOCK CAPITALS)	Signature
	Date
NAME (BLOCK CAPITALS)	Signature
	Date
NAME (BLOCK CAPITALS)	Signature
	Date
NAME (BLOCK CAPITALS)	Signature
	Date
NAME (BLOCK CAPITALS)	Signature
	Date
NAME (BLOCK CAPITALS)	Signature
	Date
NAME (BLOCK CAPITALS)	Signature
	Date
CLIENT/PARENT/GUARDIAN (BLOCK CAPS)	Signature
	Date
EMPLOYER OF THE PERSON(S) AUTHORISED TO ADMINISTER BUCCAL MIDAZOLAM	Signature

	Date
HEAD OF SCHOOL/UNIT (BLOCK CAPS)	Signature
	Date
COPIES TO BE HELD BY .....  DATE FOR REVIEW OF PLAN .....  COPY HOLDERS TO BE NOTIFIED OF ANY CHANGES BY .....	
<p style="text-align: center;"><b>This form should be updated every 12 months or when dosage is changed</b></p>	

**RECORD OF USE OF BUCCAL MIDAZOLAM**

Date				
Recorded By				
Type of Seizure				
Length and/or Number of Seizures				
Initial Dosage				
Outcome				

Second Dosage (If Any)				
Outcome				
Observations				
Parent/Guardian Informed				
Prescribing Medical  Practitioner Informed				
Other Information				
Witness				
Re-order Buccal  Midazolam				
Name of Person Re-  Ordering				
Date				



## SCHOOL TUBE FEEDING REGIME (Appendix 5)

Date

NAME  
D.O.B

Feeding method

Type of feed

Total volume requirement (home and school):

Volume to be given at school:

### REGIME IN SCHOOL

FREQUENCY OF WEIGHT MONITORING

SIGNED:

Please inform Katie McCormick, Community Paediatric Dietitian (Tel: 20907620) if weight is crossing centiles or if feed is not being tolerated on a regular basis



## PERMISSION TO ADMINISTER TOPICAL CREAM (Appendix 6)

Dear Parent/Guardian

If you think your child may require staff to administer a topical cream or lip care cream as part of their personal care at any time, could you please **complete the form below and return to school.**

These creams do not need to be prescribed but we ask that you name the brand that you will be sending into school and ensure it is in the **original packaging labelled clearly with your child's name on.**

Thank you for your co-operation.

Name of child:

-----

I give my permission for the following cream

To be administered as part of my child's personal care

-----

Frequency of application :

-----

Signed ----- (Parent/Guardian)

Print Name ----- Date .....