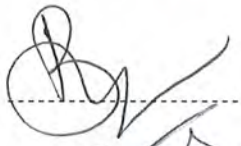
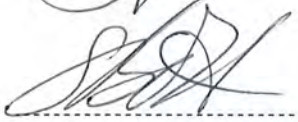
Y PANT

# Healthcare Needs Policy - Managing Medicines?

Date adopted 16 OCT 2025

Headteacher's signature 

Chair of Governor's signature 

*Your policy must be produced in line with the Welsh Government's 'Supporting Learners with Healthcare Needs' statutory guidance: http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en, page references are set out below. This link also provides template forms and useful contacts. Please make your policy available online wherever possible, containing no confidential or personal information. For the purposes of this template, the term 'school' refers to maintained nursery, primary, secondary and special schools, and pupil referral units (PRUs).*

**Policy:** Healthcare Needs Policy for Y Pant School

**Date of issue: 11/9/25** **Review date: 11/9/26**
**School's full address and post code: Y Pant School**
**School's phone number (including area code): 01443 562250**
**School's email address: admin@ypantcomprehensive.rctcbc.cymru**
**Website address for this policy: https://ypant.co.uk/**
**Name of person responsible for maintaining this policy: Mr R Young**

## 1. Key principles

Aims and Commitment

Our school supports the premise that a cooperative and proactive approach is needed to ensure that effective and individual support is provided to learners with healthcare needs and that this ensures minimal disruption to their education. We are committed to working with the local authority and understand that the governing body remain legally responsible and accountable for fulfilling their statutory duties.

Key commitments in our school include:

- Learners with healthcare needs should be properly supported so that they have full access to education, including trips and physical education.
- Our governing body must ensure that arrangements are in place to support learners with healthcare needs.
- The governing body should ensure that education setting staff consult the relevant professionals, learners and parents to ensure the needs of the learner with healthcare needs are properly understood and effectively supported.

Key principles

All staff at our school understand the important principles that should be considered when developing these arrangements. These include:

- Staff understand and work within the principles of inclusivity
- Lessons and activities are designed in a way which allows those with healthcare needs to participate fully
- Staff understand their role in supporting learners with healthcare needs and have appropriate training
- Staff feel confident they know what to do in a healthcare emergency
- Staff are aware of the needs of their learners through the appropriate and lawful sharing of the individual learner's healthcare needs

- Whenever appropriate, learners are encouraged and supported to take responsibility for the management of their own healthcare needs.

**2. School's legal requirements**

Our school is aware of its legal requirements in regard to supporting learners with healthcare needs. This legislation includes:

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 children with healthcare needs.

Section 21(5) of the Education Act 2002 places a duty on governing bodies to promote the well-being of learners at our 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 well-being, education, training and recreation, and social well-being.

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**

**School Governing bodies**

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

- complying with applicable statutory duties, including those under the Equality Act 2010 (e.g. the duty to make reasonable adjustments in respect of learners with healthcare needs if they are disabled, as outlined above)
- having a statutory duty to promote the well-being of learners. Our school considers how we can meet these needs, including providing learners access to information and material aimed at promoting spiritual and moral well-being and physical and mental health (Article 17 of the UNCRC)
- considering how we 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 the headteacher, member of staff or professional as appropriate
- working collaboratively with parents and other professionals to develop healthcare arrangements to meet the best interests of the learner
- developing and implementing effective arrangements to support learners with healthcare needs. This includes this policy on healthcare needs and where appropriate, Individual Health Care Plans (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[1].

**Headteachers**

The headteacher ensures arrangements to meet the healthcare needs of their learners are sufficiently developed and effectively implemented. This includes:

- 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 or delegate the day to day management of a learner's healthcare needs to another member of staff. The headteacher directly supervises 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, or person-centred planning[2]
- extending awareness of healthcare needs across our school in line with the learner's right to privacy. This includes support, catering and supply staff, governors, parents and other learners
- appointing a named member of staff who is responsible for learners with healthcare needs, liaising with parents, learners, the home tuition service, the local authority, the key worker and others involved in the learner's care
- ensuring trained staff are available to implement the arrangements set out in all IHPs, including contingency plans for emergency situations and staff absence
- having the overall responsibility for the development of IHPs
- ensuring that learners have an appropriate and dignified environment to carry out their healthcare needs, e.g. private toilet areas for catheterisation
- checking with the local authority whether particular activities for supporting learners with healthcare needs are appropriately covered by insurance and making staff aware of any limits to the activities that are covered
- ensuring all learners with healthcare needs are appropriately linked with the education setting's health advice service

[1] www.wales.nhs.uk/sitesplus/888/home

[2] learning.gov.wales/docs/learningwales/publications/150909-reviews-toolkit-en.pdf

- ensuring when a learner participates in a work experience placement or similar, that appropriate healthcare support has been agreed and put in place
- providing annual reports to the governing body on the effectiveness of the arrangements in place to meet the healthcare needs of learners
- ensuring all learners with healthcare needs are not excluded from activities they would normally be entitled to take part in without a clear evidence-based reason
- notifying the local authority when a learner is likely to be away from the education setting for a significant period, e.g. three weeks (whether in one go or over the course of the academic year) due to their healthcare needs. Ultimately, what qualifies a period of absence as 'significant' in this context depends upon the circumstances and whether the setting can provide suitable education for the learner. Shorter periods of absence may be significant depending upon the circumstances
- being mindful of the Social Services and Well-being (Wales) Act 2014. Our school is fully aware of this approach and ensure assistance to learners is provided using a holistic approach.

**Teachers and support staff**

Any staff member within our school may be asked to provide support to learners with healthcare needs, including assisting or supervising the administration of medicines. This role is entirely voluntary, unless it forms part of their contract, terms and conditions or a mutually agreed job plan.

In addition to the training provided to staff that have volunteered or are contracted to support learners with healthcare needs, our school ensures that staff:

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

- are aware of bullying issues and emotional well-being regarding learners with healthcare needs, and are prepared to intervene in line with 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 need is affecting the learner in our school. This may include reporting any deterioration, concerns or changes to learner or staff routines.

**Parents/carers and Learners**

Parents and learners should:

- receive updates regarding healthcare issues/changes that occur within the education setting
- be involved in the creation, development and review of an IHP where appropriate. . 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 or method of administration
- provide relevant in-date medicines, correctly labelled, with written dosage and administration instructions
- ensure a nominated adult is contactable at all times and all necessary forms are completed and signed
- inform school if their child has/had an infectious disease or condition while in attendance.

**Local authorities**

Our school works collaboratively with the local authority and ensures that education provision is available to learners, and makes reasonable adjustments to ensure disabled children and young people are not at a substantial disadvantage compared with their peers. In practical terms this means adjustments must be planned and implemented in advance to prevent any disadvantage.

The local authority must make arrangements to promote cooperation between various bodies or persons, with a view to improving, among other things, the well-being of children in relation to their physical and mental health, their education, training and recreation[3]. When making these arrangements, local authorities should ensure appropriate agreements are in place for data sharing. Where a learner of compulsory school age is unable to receive a suitable education for any period because of their health, the local authority has a duty to plan to provide suitable education[4].

[3] Section 25 of the Children Act 2004 www.legislation.gov.uk/ukpga/2004/31/section/25
[4] Section 19 of the Education Act 1996 at www.legislation.gov.uk/ukpga/1996/56/section/19

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

Healthcare and practical support is provided in our school by a number of organisations and this includes:

- advice on the development of IHPs
- assisting in the identification of the training required for our 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.

Health advice and support is also provided by specialist health professionals such as GPs, paediatricians, speech and language therapists, occupational therapists, physiotherapists, dieticians and diabetes specialist nurses.

**4. Creating an accessible environment**

Our school and governing body ensures that it is inclusive and accessible in the fullest sense to learners with healthcare needs. This includes the following.

- **Physical access to education setting buildings**
  A duty is placed on local authorities to produce a written accessibility strategy for all schools they are responsible for under the Equality Act 2010[5]. Similarly, individual schools must carry out accessibility planning and are under a duty to prepare an accessibility plan following the same principles as the strategies prepared by the local authorities so that learners disabled learners are able to take advantage of education and benefits, facilities or services provided or offered by our school.

- **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) are provided by our school when necessary.

- **Day trips and residential visits**
  The governing body ensures our school actively supports all learners with healthcare needs to participate in trips and visits and are aware of their legal requirements (see 'Annex 1: Outline of legal framework').

  Staff are aware of how a learner's healthcare needs may impact on participation, and seek to accommodate any reasonable adjustments which would increase

[5] www.legislation.gov.uk/ukpga/2010/15/contents

the level of participation by the learner[6]. Staff consider how to accommodate the sharing of personal information with third parties if necessary for off-site activities (in compliance with the Data Protection Act 1998 and in respecting the learner's right to privacy). This may include information about the healthcare needs of learners, what to do in an emergency and any additional support, medication or equipment needed.

- **Social interactions**
  The governing body ensures that 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.

- **Exercise and physical activity**
  Our school fully understands the importance of all learners taking part in physical activities and staff make appropriate adjustments for sports and other activities to make them accessible to all learners, including after-hours clubs and team sports.

  Staff are aware of learners' healthcare needs and potential triggers. They know how to respond appropriately and promptly if made aware that a learner feels unwell. They seek guidance when considering how participation in sporting or other activities may affect learners with healthcare needs.

  Separate 'special provisions' for particular activities is avoided, with an emphasis instead on activities made accessible for all. Where this is not possible, advice from healthcare or physical education professionals and the learner is sought.

  Staff 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 are encouraged to take the medication or food when needed.

- **Food management**
  Our school gives consideration to the dietary needs of learners, e.g. those who have diabetes, coeliac disease, allergies and intolerances.

  Where a need occurs, our school provides a menu to parents and learners, with complete lists of ingredients and nutritional information. Gluten and other intolerances or allergens are clearly marked. The catering team works collaboratively with staff and parents to ensure this. Consideration is given to availability of snacks. Sugar and gluten-free alternatives are always made available. As some conditions require high calorific intake, there is access to glucose-rich food and drinks.

[6] The duty to make reasonable adjustments under the Equality Act may apply depending on the circumstances.

Food provided for trips reflect the dietary and treatment needs of the learners taking part. Food provided for snacks in classroom settings also takes the dietary and treatment needs of these learners into account.

- **Risk assessments**
  Staff are clear when a risk assessment is required and are aware of the risk assessment systems in place. Our school is aware that there are duties under the Equality Act 2010 to prepare and implement accessibility strategies and plans[7]. These strategies and plans deal with matters related to increasing participation by disabled learners. See Annex 1: Outline of legal framework' for more details.

## 5. Sharing information

The Governing body ensures healthcare needs arrangements, which are supported by clear communication with staff, parents and other key stakeholders to ensure full implementation. All information is kept up to date by designated staff. All information-sharing techniques such as staff notice boards and school intranets are agreed by the learner and parent in advance of being used, to protect confidentiality.

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

- where suitable, and following appropriate consent, a notice board in a staff room used to display information on high-risk health needs, first aiders and certificates, emergency procedures, etc. At all times the learner's right to privacy is taken into account
- our school's staff meetings are utilised to help ensure staff are aware of the healthcare needs of learners they have or may have contact with. This information is stored safely on our school's information management systems.

**Parents and learners** are active partners at our school, and parents are made fully aware of the care their children receive. Parents and learners are also made aware of their own rights and responsibilities. To achieve this our school:

- make healthcare needs policies easily available and accessible, online and in hard copy
- provide the learner/parents with a copy of our information sharing policy. This states 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 their learner's medical information will be shared. Sharing medical information can be a sensitive issue and the learner should be

[7] Schedule 10 to the Equality Act 2010. For guidance on the previous similar statutory duties: gov.wales/dcells/publications/publications/circularsindex/04/disabledaccess/nafwc1504-e.pdf?lang=en

involved in any decisions. Our school keeps a list of what information has been shared with whom and why, for the learner/parent to view on request
- consider including a weblink to the healthcare needs policies in relevant communications sent to parents, and within the learner's IHP
- include student councils, 'healthy schools' and other learner groups in the development of the setting's healthcare needs arrangements, where appropriate
- consider how friendship groups and peers may be able to assist learners, e.g. they could be taught the triggers or signs of issues for a learner, know what to do in an emergency and who to ask for help. This is discussed with the learner and parents first and they decide if information can be shared.

**6. 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. Our 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.

1. Contact details for emergency services
2. Parental agreement for educational setting to administer medicine
3. Head of educational setting agreement to administer medicine
4. Record of medicine stored for and administered to an individual learner
5. Record of medicines administered to all learners by date
6. Request for learner to administer own medicine
7. Staff training record – administration of medicines
8. Medication incident report

New records should be completed when there are changes to medication or dosage. The learning setting should ensure that the old forms are clearly marked as being no longer relevant and stored in line with their information retention policy.

**7. Storage, access and the administration of medication and devices**

The governing body ensures that our 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. 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.

**Storage, access and disposal**

While all medicines are stored safely, the type and use of the medication will determine how this takes place. The learners know where their medication is stored and how to access it.

- **Refrigeration**
  Some medicines need to be refrigerated. The refrigerator temperature is regularly monitored to ensure it is in line with storage requirements. Medicines may be kept in a refrigerator containing food, but would be in an airtight container and clearly labelled. A lockable medical refrigerator is used if there are large quantities of medicine.

- **Emergency medication**
  Emergency medication is readily available to learners who require it at all times during the day or at off-site activities. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors (pens) are available to learners and not locked away. This is always considered when outside of our 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 administrate emergency medication to a learner, this should be recorded.

- **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.

- **Disposal of medicines**
  When no longer required, medicines are returned to parents to arrange safe disposal. Sharp boxes are always used for the disposal of needles and other sharp instruments, and disposed of appropriately.

**Administration of medicines**

- Where the learner is under 16, assistance or administration of prescribed or non-prescribed medicines requires written parental consent, unless Gillick competence is recorded. The administration of all medication should be recorded.

- Where medication is prescribed to be taken in frequencies which allow the daily course of medicine to be administered at home, parents should seek to do so, e.g. before and after school and in the evening. There will be instances where this is not appropriate.
- Learners under 16 should never be given aspirin or its derivatives unless prescribed to them.
- Unless there is an agreed plan for the learner to self-medicate (16 years and above or Gillick competent), all medication should be administered by a member of staff. In other cases, it may need to be supervised in accordance with the IHP.
- Medication is only administered by suitably trained staff. The movement and location of these trained staff should always be in conjunction with the learners they support.
- 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[8]. This should be agreed and reflected in the IHP and risk assessment.
- The education setting should have an intimate care policy[9]. It should be followed, unless alternative arrangements have been agreed, and recorded in the learner's IHP.
- 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)[10].
- 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.

## 8. Emergency procedures

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[8] gov.wales/docs/dcells/publications/150114-keeping-learners-safe.pdf

[9] 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.

[10] 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

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

Where a learner has an IHP, the staff understands what constitutes an emergency and explains what to do. Staff are aware of emergency symptoms and procedures.

Other learners in our school 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.

**9. Training**

The governing body ensure staff who volunteer or who are contracted to support those with healthcare needs are provided with appropriate training and their policies clearly set out how a sufficient number of these staff will be identified and supported.

When assisting learners with their healthcare needs, our school is aware that for many interventions no specialist training is required and the role of staff is to facilitate the learner to meet their own healthcare needs.

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

Training provided is 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 are not solely relied upon to provide training about the healthcare needs of their child.

If a learner has complex needs, input is needed from healthcare services and the local authority who will be able to advise and signpost to further training and support.

All staff, irrespective of whether they have volunteered to assist or support learners with healthcare needs, may come into contact with learners who have healthcare needs. All staff have a basic understanding of common conditions to ensure recognition of symptoms and understand where to seek appropriate assistance.

Our policy includes 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 are made aware of what preventative and emergency measures are in place so staff can recognise the need for intervention and react quickly.

## 10. Qualifications and assessments

Efficient and effective liaison is imperative when learners with healthcare needs are approaching assessments, including those undertaking examinations in hospital or at home. The coursework element may help learners to keep up with their peers. The home and hospital teachers may be able to arrange for concentration on this element to minimise the loss of learning while they are unable to attend.

Awarding bodies may make special arrangements for learners with permanent or long-term disabilities and learning difficulties, or temporary disabilities and illnesses, who are taking public examinations such as GCSEs or A levels. Applications for special arrangements are submitted by schools to the awarding bodies early so that their needs can be met. See *Adjustments for candidates with disabilities and learning difficulties* (2016)[11] and *A guide to the special consideration process* (2016)[12], which are both accessible from the Joint Council for Qualifications' website[13].

Adjustments, adaptations or additional time for learners taking the National Reading and Numeracy Tests are based on normal classroom practice for particular needs. Teachers are expected to use their professional judgement to support learners. Guidance is provided in the current *National Reading and Numeracy Tests – Test administration handbook*[14].

## 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.

A learner who is unable to attend school because of their healthcare needs will have their educational needs identified, and receive educational support quickly so they continue to be provided with suitable education. This means education suitable to the age, ability, aptitude of the learner and any additional learning needs (ALN) they may have. The nature of the provision is responsive, reflecting the needs of what may be a changing health status.

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[11] www.jcq.org.uk/exams-office/access-arrangements-and-special-consideration/regulations-and-guidance/access-arrangements-and-reasonable-adjustments-2016-2017

[12] www.jcq.org.uk/exams-office/access-arrangements-and-special-consideration/regulations-and-guidance/a-guide-to-the-special-consideration-process-2016-2017

[13] www.jcq.org.uk/exams-office/access-arrangements-and-special-consideration

[14] learning.gov.wales/resources/browse-all/national-reading-and-numeracy-tests-administration-handbook/?lang=en

In the case of a short absence (likely to last for less than 15 school days) our school will provide work to be completed at home, if the learner's condition permits, and support the learner to catch up on their return. The local authority 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. Our school will liaise with the relevant service, submit an appropriate request for individual or group tuition which will then be considered by EOTAS panel.

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

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. It may be necessary to give particular consideration to a learner who is on a course leading to qualifications.
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.

Close liaison between home/EOTAS teachers and mainstream teachers underpins the provision of an effective educational programme for the learners. However, parents also act as a valuable link and school will liaise effectively with them. Learners with complex healthcare needs may be discharged from hospital with a written care plan. Where this happens, the written care plan should be integrated into any IHP.

Our school 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. 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

There are statutory duties in relation to learners travelling to the place where they receive their education or training[15]. Further information is provided in Rhondda Cynon Taff's Starting Schools Booklet which is available on the Council website[16].

## 13. Creation and management of IHPs

Our school understands that the IHP shows how the learner's needs can be met. An IHP is easily accessible to all who need to refer to it, while maintaining the required levels of privacy. Each plan should capture key information and actions required to support the learner effectively. The development of detailed IHPs will involve:

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

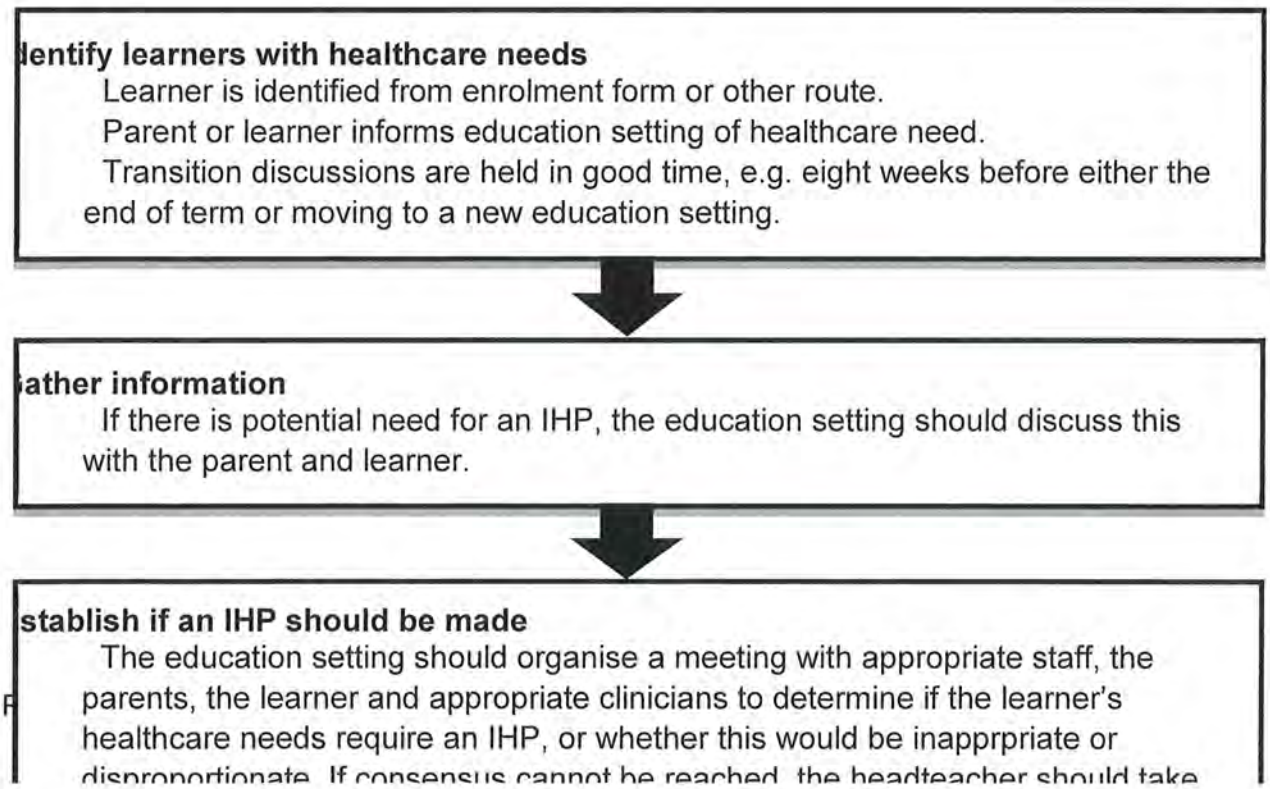
While the plan is tailored to each individual learner, it may include:

- details of the healthcare need and a description of symptoms
- specific requirements such as dietary requirements, pre-activity precautions (e.g. before physical education classes)
- medication requirements, e.g. dosage, side effects, storage requirements, arrangements for administration
- an impact statement (jointly produced by a healthcare professional and a teacher) on how the learner's healthcare condition and/or treatment affects their learning and what actions are required to mitigate these effects
- actions required
- emergency protocols and contact details
- the role the education setting can play, e.g. a list of things to be aware of
- review dates and review triggers
- roles of particular staff, e.g. a contact point for parents, staff responsible for administering/supervising medication, and arrangements for cover in their absence
- consent/privacy/sensitive information-sharing issues
- staff training needs, such as with regard to healthcare administration, aids and adaptive technologies
- record keeping – how it will be done, and what information is communicated to others
- home-to-school transport – this is the responsibility of the local authority, who may find it helpful to be aware of the learner's IHP and what it contains, especially in respect of emergency situations.

[15] The Learner Travel (Wales) Measure 2008.
[16] Available at gov.wales/docs/det/publications/140616-ltog-en.pdf

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 will take the lead, but responsibility for ensuring it is finalised and implemented rests with the designated person in school.

IHPs set out what support is required by a learner. Our Governing body ensures their healthcare needs policy includes information on who has overall responsibility for the development of the IHPs. IHPs are essential where healthcare needs are complex, fluctuating, long term or where there is a high risk that an emergency intervention will be needed. However, not all learners with healthcare needs require an IHP and there should
be a process in place to decide what interventions are most appropriate. The following diagram outlines the process for identifying whether an IHP is needed.



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

However, when a learner has continual or episodic healthcare needs, then an IHP 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.

governing body ensures that the plans are reviewed at least annually or more frequently should there be new evidence that the needs of the learner have changed. They should be developed with the best interests of the learner in mind and ensure 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).

All relevant staff (including temporary staff) are aware of the healthcare needs of their learners, including changes to IHPs. IHPs will likely contain sensitive or confidential

information. The sharing and storing of information complies with the Data Protection Act 1998 and does not breach the privacy rights of or duty of confidence owed to the individuals.

Learners who are competent to do so are encouraged to take responsibility for managing their own medicines and procedures. This is reflected within the learner's IHP. Where possible, learners are allowed to carry their own medication and relevant devices, or be able to quickly access their medication. Some learners may require an appropriate level of supervision. If a learner refuses to take their medicine or carry out a necessary procedure, staff should not force them to do so, but follow our school's arrangements, which is agreed in the IHP. Parents will be informed as soon as possible so that an alternative arrangement can be considered and health advice should be sought where appropriate.

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.

**14. Insurance arrangements**

The governing body at our school ensures that an appropriate level of insurance is in place to cover the setting's activities in supporting learners with healthcare needs. The level of insurance appropriately reflects the level of risk. Additional cover may need to be arranged for some activities, e.g. off-site activities for learners with particular needs.

**15. Complaints procedure**

If the learner or parent is not satisfied with our health care arrangements they are entitled to make a complaint. The governing body publicises their formal complaints procedure[17], including how complaints can be escalated from teacher to headteacher, then to the governing body, and then to the local authority. The complaints procedure is summarised in their policy for supporting learners with healthcare needs.

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. Reviewing policies, arrangements and procedures**

The governing body ensures all policies, arrangements and procedures are reviewed regularly by our school. IHPs require frequent reviews depending on the healthcare need – this should involve all key stakeholders including, where appropriate, the learner, parents, education and health professionals and other relevant bodies.

**17. Good Practice**

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

- 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

[17] Section 29 of the Education Act 2002 at www.legislation.gov.uk/ukpga/2002/32/section/29

- learners are able to easily access their inhalers or other medication when and where necessary
- learners with the same condition accesses the correct treatment for them
- 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)
- learners with healthcare needs are kept in school for all activities, including lunch, unless this is suitably specified in their IHP
- learners who become ill or need assistance will be accompanied by someone who is able to monitor them
- 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
- 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
- learners are not prevented from drinking, eating or taking toilet or other breaks whenever needed in order to manage their healthcare needs effectively
- 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
- 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
- learners have to leave the classroom or activity if they need to administer non-personal medication or consume food in line with their health needs
- 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.

## Annex 1: Outline of legal framework

Within the educational context, various duties are placed on both schools and local authorities that are relevant to the safeguarding and welfare of learners. The main provisions are outlined in the sections below. This outline is not an exhaustive list of the relevant legislation, and nor is each section an authoritative statement or description of the laws themselves.

### Statutory duties on governing bodies of maintained schools

In discharging their functions relating to the conduct of our school, governing bodies of maintained schools (including maintained nursery schools) must promote the well-being of learners at our school. (Section 21(5) of the Education Act 2002). This duty relates to all learners, including those with healthcare needs.

- Governing bodies of maintained schools (including maintained nursery schools) must make arrangements for ensuring that their functions relating to the conduct of our school are exercised with a view to safeguarding and promoting the welfare of children (i.e. those under 18) who are learners at our school (see section 175(2) of the Education Act 2002).
- Governing bodies are also subject to duties under the Equality Act 2010 – see below.

## Statutory duties on local authorities

- Local authorities have general functions in relation to providing education for their area (see in particular sections 13 to 14, 15A, 15B of the Education Act 1996).
- A local authority must make arrangements for the provision of suitable education (at school or otherwise) for children of compulsory school age who may not otherwise receive it for any period due to illness, exclusion from school or otherwise (see 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 (see section 19(4) of the Education Act 1996). In determining what arrangements to make under section 19(1) or (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 (i.e. those under 18 – see section 175(1) of the Education Act 2002).
- Local authorities in Wales have a duty under section15 of the Social Services and Well-being (Wales) Act 2014 to provide services in their area with the purpose of preventing or delaying the development of people's needs for care and support and a range of related purposes.
- Local authorities must make arrangements to promote cooperation between various persons and bodies. This includes a health board and NHS trust within the local authority area. The arrangements are to be made with a view to:

  – improving the well-being of children within the area
  – improving the quality of care and support for children provided in the area
  – protecting children who are experiencing or at risk of abuse, neglect and other harm (see section 25 of the Children Act 2004).
- The Education (School Premises) Regulations 1999 S.I. 1999/2 set out requirements (LA responsibility) regarding facilities at maintained schools. These include requirements regarding accommodation for medical examination, treatment of learners and the care of sick or injured learners (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. Some learners with healthcare needs may be disabled for the purposes of that Act; others may not be. There are various duties under the Equality Act 2010 which are relevant in the context of learners with healthcare needs who are also disabled.

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

- increasing the extent to which disabled learners can participate in our schools' curriculums
- improving the physical environment of our 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 our schools
- improving the delivery to disabled learners of information which is readily accessible to learners who are not disabled.

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

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

## Common law

As part of the common law, those responsible for the care and supervision of children, including teachers and other school staff in charge of children, owe a duty of care to act as any reasonably prudent parent would when taking care of their own children. A person who is responsible for the care and supervision of children should do what is reasonable for the purpose of safeguarding or promoting the child's welfare. However, this is subject, for example, to a court order prohibiting certain steps being taken in relation to that child without the court's consent (section 3(5) of the Children Act 1989).

## 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 Data Protection Act 1998 regulates the processing of personal data, which includes the holding and disclosure of it.

The Learner Travel (Wales) Measure 2008 places duties on local authorities and governing bodies in relation to home–school transport.

The Misuse of Drugs Act 1971 and regulations deals with restrictions (e.g. concerning supply and possession) on drugs which are controlled. Learners may be prescribed controlled drugs.

## Annex 2: Form templates

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
- Form 2 – Parental agreement for education setting to administer medicine
- Form 3 – Headteacher/head of setting agreement to administer medicine
- Form 4 – Record of medicine stored for and administered to an individual learner
- Form 5 – Record of medicines administered to all learners – by date
- Form 6 – Request for learner to carry/administer their own medicine
- Form 7 – Staff training record – administration of medicines
- Form 8 – Medication/healthcare incident report

- Form 9 – Education Individual Healthcare Plan (Template) (IHP)

These forms are downloadable as Word documents from learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en to enable schools or settings to personalise them.

## Form 1: Contacting emergency services

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

1. State your telephone number.

2. Give your location as follows [insert your address].

3. State that the postcode is [insert your address].

4. Give the exact location in the education setting [insert a brief description].
5. Give your name.
6. Give the name of the learner and a brief description of symptoms.
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to [name location].
8. Don't hang up until the information has been repeated back.

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

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

## Form 2: Parental agreement for education setting to administer medicine

**Y Pant School needs your permission to give your child medicine. Please complete and sign this form to allow this.**

| | |
|---|---|
| Name of education setting | |
| | |
| | |

Name of child

Date of birth

Group/class/form

Healthcare need

**Medicine**

Name/type of medicine
(as described on the container)

Date dispensed / / Expiry date / /

Agreed review date to be initiated by [name of member of staff]

| | |
|---|---|
| Dosage and method | |
| Timing | |
| Special precautions | |
| Are there any side effects that the setting needs to know about? | |

Self-administration (delete as appropriate) **Yes/No**

| | |
|---|---|
| Procedures to take in an emergency | |

**Contact details**

| | |
|---|---|
| | |
| | |

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to [*agreed member of staff*]

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

Date / / Signature(s) .....

## Form 3: Headteacher/head of setting agreement to administer medicine

Name of setting

It is agreed that [name of learner] ..... will receive

[quantity or quantity range and name of medicine] .....

every day at ..... [time medicine to be administered, e.g. lunchtime/afternoon break]

[Name of learner] ..... will be given/supervised while

they take their medication by [name of member of staff] .....

This arrangement will continue until [either end date of course of medicine or until

instructed by parents/carers] .....

Date

Signed .....

[The headteacher/head of setting/named member of staff]

## Form 4: Record of medicine stored for and administered to an individual learner

| | |
|---|---|
| Name of setting | |
| Name of learner | |
| Date medicine provided by parent | |
| Group/class/form | |
| Quantity received | |
| Name and strength of medicine | |
| Expiry date | |
| Quantity returned | |
| Dose and frequency of medicine | |

Staff signature .....

Signature of parent/carer .....

| | | | |
|---|---|---|---|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|---|---|---|---|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|---|---|---|---|
| Date | | | |

| | | | |
|---|---|---|---|
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

## Form 5: Record of medicines administered to all learners – by date

Name of setting

| Date | Learner's name | Time | Name of medicine | Dose given | Any reactions | Signature of staff | Print name |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

## Form 6: Request for learner to carry/administer their own medicine

This form must be completed by the parent/carer.

**If staff have any concerns discuss this request with healthcare professionals.**

| | |
|---|---|
| Name of setting | |
| Learner's name | |
| Group/class/form | |
| Address | |
| Name of medicine | |
| Carry and administer | ☐ |
| Administer from stored location | ☐ |
| Procedures to be taken in an emergency | |

**Contact information**

| | |
|---|---|
| Name | |
| Daytime telephone no. | |
| | |

Relationship to learner

I would like my child to administer and/or carry their medicine.

Signed parent/carer ..... Date

I agree to administer and/or carry my medicine. If I refuse to administer my medication as agreed, then this agreement will be reviewed.

Learner's signature..... Date

## Form 7: Staff training record – administration of medicines

Please ensure that the Education Workforce Council registration is updated accordingly.

| | |
|---|---|
| Name of setting | |
| Name | |
| Type of training received | |
| Date of training completed | / / |
| Training provided by | |
| Profession and title | |

I confirm that [name of member of staff] ..... has received the training detailed above and is competent to carry out any necessary treatment.

I recommend that the training is updated [please state how often] .....

Trainer's signature ..... Date

I confirm that I have received the training detailed above.

Staff signature ..... Date

Suggested review date

## Form 8: Medication/healthcare incident report

Learner's name _____

Home address _____ Telephone no. _____

Date of incident _____ Time of incident _____

_____

**Correct medication and dosage:**

_____

**Medication normally administered by:**

Learner □
Learner with staff supervision □
Nurse/school staff member □

_____

**Type of error:**

Dose administered 30 minutes after scheduled time □

Omission □ Wrong dose □ Additional dose □

Wrong learner □

Dose given without permissions on file □ Dietary □

Dose administered by unauthorised person □

**Description of incident:**

_____

**Action taken:**

□ Parent notified: name, date and time_____

□ School nurse notified: name, date and time_____

□ Physician notified: name, date and time_____

□ Poison control notified □ Learner taken home □ Learner sent to hospital

□ Other: _____

**Note:**

## Form 9: EDUCATION INDIVIDUAL HEALTHCARE PLAN (IHP)

An Individual Healthcare Plan identifies the necessary measures to safeguard and promote the welfare of a child or young person with a physical health need in an education setting. This will include regular interventions as well as what to do in an emergency.

This plan should be written in partnership with the parents/carers and supported by relevant healthcare professionals.

| | |
|---|---|
| Setting/School/FEI name: | |
| Group/Class/Course: | |

| | |
|---|---|
| Child/Young Person's name: | DoB: |
| Address: | |

| Contact names of family/carers/Social Worker (CLA) | Contact Numbers: |
|---|---|
| | Work:<br>Home:<br>Mobile: |
| | Work:<br>Home:<br>Mobile: |
| | Work:<br>Home:<br>Mobile: |

| **KEY CONTACTS** |
|---|

| GP Name & GP Surgery: | Contact Number: |
|---|---|
| | |

| NHS health professionals contacts: | | | |
|---|---|---|---|
| Job Title: | Name: | Contact Number: | Healthcare Plan Provided? Yes/No/N/A |
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| | | | |
| | | | |

## MEDICAL DIAGNOSIS OR HEALTH CONDITION

| Medical diagnosis or health condition (diagnosed/confirmed) | Description of main symptoms as experienced by the child or young person named in this IHP. | Is this referenced in th |
|---|---|---|
| | 1. | |
| | 2. | |
| | 3. | |
| | 4. | |

| Medical diagnosis or health condition (diagnosed/confirmed) | Description of main symptoms as experienced by the child or young person named in this IHP. | Is this referenced in th |
|---|---|---|
| | 1. | |
| | 2. | |
| | 3. | |
| | 4. | |

| Medical diagnosis or health condition (diagnosed/confirmed) | Description of main symptoms as experienced by the child or young person named in this IHP. | Is this referenced in th |
|---|---|---|
| | 1. | |
| | 2. | |
| | 3. | |
| | 4. | |

## DAILY CARE REQUIREMENTS

| Does the learner have any dietary requirements? If yes, describe what is required whilst the lea |
|---|
| |

| Are there any activities which require additional consideration or precautions? |
|---|
| |

| |
|---|
| |

| Is medication required to be administered? Please give details below |
|---|
| Please specify if supervised self-administration or administration by staff member |
| |

| Actions required in relation to the medical diagnosis or health condition and associated symptor (Refer to healthcare plan provided by health professional, if available) | | |
|---|---|---|
| What needs to be done | When | By who |
| | | |
| | | |
| | | |
| | | |

| Actions required in relation to the medical diagnosis or health condition and associated symptor (Refer to healthcare plan provided by health professional, if available) | | |
|---|---|---|
| What needs to be done | When | By who |
| | | |
| | | |
| | | |
| | | |

| Actions required in relation to the medical diagnosis or health condition and associated symptor (Refer to healthcare plan provided by health professional, if available) | | |
|---|---|---|
| What needs to be done | When | By who |
| | | |
| | | |
| | | |
| | | |

| Is there any further information that should be reported regarding the above actions that needs ' awareness of the condition, development, including the view of the child/young person) |
|---|
| |

| Are there training needs associated with actions described above? |
|---|

| Who needs training? | What training is required? | Who will deliver the tr |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**IN CASE OF AN EMERGENCY**

| Emergency contacts (if different from above): | Contact Numbers: |
|---|---|
| 1. | |
| 2. | |
| 3. | |

| Emergency Protocol for …….: |
|---|
| Description of the emergency situation:<br><br>ON-SITE:<br>Steps to be taken & by who<br><br>OFF-SITE:<br>Steps to be taken & by who: |

**REVIEW OF IHP**

| Are there any events which should trigger a review of this IHP? If yes, list below | |
|---|---|
| What event(s): | Who to contact: |
| | |
| | |
| | |
| Planned review dates: | By who: |
| | |
| | |

**OTHER INFORMATION**

| Any other information: |
|---|
| Has the Transport Department been informed of the existence of the IHP (if the learner has bee |
| Does the learner have an Individual Development Plan for identified ALN? |
| Does the learner have a Manual Handling Plan? |

**SIGNATURES**

| Name: | Signature: |
|---|---|
| Parents: | |
| Head/Nominated Person: | |