

# Healthcare Needs Policy

This policy sets out Flintshire County Council's approach and provision for managing learners Healthcare Needs in Schools and Pupil Referral Units in Flintshire



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### Accessible Formats

This document is available in English and Welsh in Microsoft Word and pdf formats in Arial font size 12 as standard. Other accessible formats including large print, Braille, BSL DVD, easy-read, audio and electronic formats, and other languages can be made available upon request.

**To request a copy of this document in an accessible format contact:**  
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# 1. Key Principles

Flintshire County Council is committed to ensuring that learners with healthcare needs are properly supported so that they have full access to education. The Council aims to create inclusive cultures and communities where children, parents and staff feel equally valued. The commitment to these principles of equality and inclusion is highlighted in the Education & Youth Policy Framework for Children with Additional Needs (revised August 2022).

Healthcare issues affect each learner individually therefore, the Council is committed to ensuring arrangements focus on meeting the needs specific to the learner and how this impacts on their education, attainment and well-being. The Council will ensure arrangements properly support learners and minimise disruption or barriers to their education. Arrangements will also consider any wider safeguarding duties, while seeking to ensure all learners can access and enjoy the same opportunities.

Many learners will have a short-term healthcare need at some point. With appropriate support they should be able to regularly attend and take part in most activities. However, some learners may have significant or long-term healthcare needs affecting their cognitive or physical abilities, their behaviour or their emotional state, which may require additional support.

Governing Bodies of Flintshire schools and Pupil Referral Units will ensure consideration is given to flexible delivery of the curriculum to help learners reintegrate with school during periods of absence, e.g. through suitable part-time study, alternative provision from Flintshire County Council and phased returns. A collaborative approach when making decisions around support is crucial.

## 2. Legal Requirements

Flintshire County Council has general functions in relation to providing education in the local authority and will 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.

For young persons (i.e. those who are over compulsory school age, but under the age of 18), Flintshire County Council have a power (rather than a duty) to make such arrangements in those circumstances (section 19(4) of the Education Act 1996). In determining what arrangements to make in the case of any child or young person, the Council will have regard to any guidance given by the Welsh Ministers.

Flintshire County Council will make arrangements for ensuring the education functions are exercised with a view to safeguarding and promoting the welfare of children (Education Act 2002).

Flintshire County Council has a duty under section 15 of the Social Services and Well-being (Wales) Act 2014 to provide services across the authority with the purpose of preventing or delaying the development of people's needs for care and support and a range of related purposes.

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 2014 Act seeks to ensure that care and support provided to young people is delivered in accordance with the principles outlined in the United Nations Convention on the Rights of the Child (UNCRC). Flintshire County Council is committed to the UNCRC as the underpinning basis for its policies concerning children and young people.

Flintshire County Council has a duty under section 15 of the 2014 Act to provide preventative services across the local authority. The purpose of these services would be to prevent or delay people developing a need for care and support.

The Council must will make arrangements to promote cooperation between various partners including Betsi Cadwalader University Health Board (BCUHB) and Public Health Wales within the locality. The arrangements will be made with a view to:

- improving the well-being of children within Flintshire
- improving the quality of care and support for children provided in Flintshire
- Protecting children who are experiencing or at risk of abuse, neglect and other harm (see section 25 of the Children Act 2004).

## 2. Legal Requirements *(continued...)*

The Education (School Premises) Regulations 1999 set out requirements regarding facilities at maintained schools. These include requirements regarding accommodation for medical examination, treatment of learners and the care of sick or injured learners.

Local authorities also have duties under 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 Governing 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).

Flintshire County Council will prepare and implement an Accessibility Strategy in relation to schools for which they are the responsible body. This is a strategy for:

- increasing the extent to which disabled learners can participate in the schools' curriculums
- improving the physical environment of the schools for the purpose of increasing the extent to which disabled learners are able to take advantage of education and benefits, facilities or services provided or offered by the schools
- Improving the delivery to disabled learners of information which is readily accessible to learners who are not disabled.

The Governing 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. 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. 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).

The Council and school governing bodies are also subject to the statutory duties in response to children and young people with additional learning needs as outlined in the Additional Learning Needs and Education Tribunal (Wales) Act 2018 (ALNET) and the Additional Learning Needs Code for Wales 2021. Other relevant provisions include:

- The Data Protection Act 1998
- The Learner Travel (Wales) Measure 2008
- The Misuse of Drugs Act 1971

## 3. Roles and Responsibilities

### 3.1 Flintshire County Council:

Flintshire County Council's Education and Youth Portfolio will ensure education provision is available to learners, and will:

- make reasonable adjustments to ensure disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory. For example, learners should not be disadvantaged when leaving primary school and beginning secondary school. In practical terms this means adjustments must be planned and implemented in advance to prevent any disadvantage. Discussions around the responsibility for provision should not impact on the delivery of service, as delays could be detrimental to the education and well-being of the learner.
- 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. When making these arrangements, Flintshire County Council will ensure appropriate agreements are in place for data sharing.
- 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.
- will work with education settings to ensure learners with healthcare needs receive a suitable education. Where a learner of compulsory school age would not receive a suitable education for any period because of their health, Flintshire County Council has a duty to make arrangements to provide suitable education. If a learner is over that compulsory school age but under 18, the local authority may make such arrangements.
- will provide support, advice and guidance, including how to meet the training needs of education setting staff, so that governing bodies can ensure the support specified within the individual healthcare plans (IHP) can be delivered effectively.

## 3. Roles and Responsibilities

### 3.2 Governing bodies

Governing Bodies and Management Committees in Flintshire will oversee the development and implementation of arrangements in schools and Pupil Referral Units, which will include:

- complying with applicable statutory duties, including those under the Equality Act 2010 (e.g. the duty to make reasonable adjustments in respect of learners with healthcare needs if they are disabled, as outlined above)
- having a statutory duty to promote the well-being 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 well-being 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 arrangements 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. Roles and Responsibilities

### 3.3 Head teachers

The head teachers of schools and Pupil Referral Units in Flintshire will ensure arrangements to meet the healthcare needs of their learners are sufficiently developed and effectively implemented which will include:

- working with their governing body to ensure compliance with applicable statutory duties when supporting learners with healthcare needs, including duties under the Equality Act 2010 (as included within the Strategic Equality Plan / Accessibility Plan)
- 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. 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
- appointing a named member of staff who is responsible for learners with healthcare needs, liaising with parents, learners, the home tuition service, Flintshire County Council, the key worker and others 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, e.g. private toilet areas for catheterisation
- checking with Flintshire County Council 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 – refer Insurance Arrangements, section 13 for contact details.
- ensuring all learners with healthcare needs are appropriately linked with the school's health advice service
- ensuring when a learner participates in a work experience placement or similar, that appropriate healthcare support has been agreed and put in place
- 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 Flintshire County Council when a learner is likely to be away from the school for a significant period, e.g. three weeks (whether in one go or over the course of the academic year) due to their healthcare needs. Ultimately, what qualifies a period of absence as 'significant' in this context depends upon the circumstances and whether the school can provide suitable education for the learner. Shorter periods of absence may be significant depending upon the circumstances
- being mindful of ALNET and the Social Services and Well-being (Wales) Act 2014. The school is aware of the legislation and ensure assistance to learners is provided using a holistic approach.



## 3. Roles and Responsibilities

### 3.4 Teachers and Support Staff and all other members of staff (this may include catering staff and relevant contractors)

Any staff member at a Flintshire School or Pupil Referral Unit may be asked to provide support to learners with healthcare needs, including assisting or supervising the administration of medicines on a voluntary basis.

Whilst it may form part of the job role for some employees (e.g. teaching assistants) staff members must receive sufficient and suitable training and achieve the necessary level of competence before they take on the responsibility. In addition to the training provided to staff that have volunteered or are contracted to support learners with healthcare needs, Head teachers will ensure that staff:

- fully understand the 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 the 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 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 need is affecting the learner in the school. This may include reporting any deterioration, concerns or changes to learner or staff routines.

## 3. Roles and Responsibilities

### 3.5 Working with Others: NHS Wales school health nursing service, health and other professionals, third sector organisations and other specialist services

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

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

Health advice and support can also be provided by specialist health professionals such as GPs, paediatricians, speech and language therapists, occupational therapists, physiotherapists, dieticians and diabetes/asthma 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. Individual Healthcare Plans

### 4.1 Introduction

Individual Healthcare Plans (IHP's) set out what support is required by a learner. Governing bodies of schools and Pupil Referral Units should ensure 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.

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

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

## 4. Individual Healthcare Plans

### 4.2 Roles and Responsibilities in the Creation and Management of IHPs

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

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

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

- details of the healthcare need and a description of symptoms
- specific requirements such as dietary requirements, pre-activity precautions (e.g. before physical education classes)
- medication requirements, e.g. dosage, side effects, storage requirements, arrangements for administration
- an impact statement (jointly produced by a healthcare professional and a teacher) on how the learner's healthcare condition and/or treatment affects their learning and what actions are required to mitigate these effects
- 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.

The aim of the plan is to capture the steps which need to be taken to help a learner manage their condition and overcome any potential barriers to participating fully in education. Those devising the plan should agree who will take the lead, but responsibility for ensuring it is finalised and implemented rests with the education setting. Many third sector organisations have produced condition-specific template IHPs that could be used.

Governing Bodies / Management Committees of Schools and Pupil Referral Units should ensure the plans are reviewed at least annually or more frequently should there be new evidence that the needs of the learner have changed. They should be developed with the best interests of the learner in mind and ensure the education setting, with specialist services (if required), assess the risks to the learner's education, health and social well-being.

Where a learner has additional learning needs (ALN) the IHP should be linked or attached to any individual education plan, Individual Development Plan (IDP), Statement of Special Educational Need or learning and skills plan.

## 4. Individual Healthcare Plans

### 4.3 Coordinating Information with Healthcare Professionals, the Learner and Parents

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

### 4.4 Confidentiality

It is important that relevant staff (including temporary staff) are aware of the healthcare needs of their learners, including changes to IHPs. IHPs will likely contain sensitive or confidential information. The sharing and storing of information must comply with the Data Protection Act 1998 and the General Data Protection Regulation (GDPR) from 25th May 2018.

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

## 5. Creating an Accessible Environment

Flintshire County Council will plan ahead to achieve accessibility to its schools and Pupil Referral Units for people with a disability by ensuring:

- The Flintshire Admissions Policy for pupils with a disability is the same admissions policy as that for pupils without a disability. Refer to the 'Guide to Education Services 2022':  
<https://www.flintshire.gov.uk/en/PDFFiles/Lifelong-Learning/Schools/School-Admissions/Guide-to-Education-Services-2023.pdf>
- That all new buildings are built to a standard that makes them accessible to users with a disability.
- That existing buildings will be made accessible for individual pupils with a disability, if reasonable to do so, before they are admitted to a new school (as long as sufficient notice is given for this to be realistic)
- The LA will continue to work toward making school buildings accessible.
- That pupils with a disability will be provided with appropriate equipment upon receipt of evidence provided by a qualified Physiotherapist or Occupational Therapist and completion of a form countersigned by the service manager
- That pupils with a disability will be provided with an appropriate curriculum
- That pupils are enabled to communicate with others through having regard to the recommendations by North East Wales Sensory Support Service (NEWSSS) and Speech and Language Therapy Service (SALT) (NHS).

Flintshire County Council will continue to work toward making school buildings accessible in the fullest sense to learners with healthcare needs. This includes the following:

### 5.1 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 environments of schools for the purpose of increasing the extent to which disabled learners are able to take advantage of education and benefits, facilities or services provided or offered by the schools'* (Schedule 10, Equality Act 2010).

This strategy must relate to a prescribed period, be consulted upon, available for inspection and kept under review. 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. Flintshire County Council's revised Accessibility Strategy will be online from January 2018.

## 5. Creating an Accessible Environment

### 5.2 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) must be provided.

Flintshire County Council places a responsibility on schools and PRUs to purchase specialist equipment for learners where the item cost is £100 or less. Where the cost is in excess of this, the relevant agencies will make financial contributions proportionate to the purpose/use of the piece of equipment. Flintshire County Council has entered into a working arrangement with the Community Equipment Store (NEWCES) and BCUHB to ensure that where possible, specialist equipment is recycled and refurbished where appropriate.

### 5.3 Day Trips and Residential Visits

Governing bodies should ensure the education setting actively supports all learners with healthcare needs to participate in trips and visits. Governing bodies must be aware of their legal requirements to make reasonable adjustments to trips and residential visits ensuring full participation for all learners. Staff in Schools and Pupil Referral Units 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 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.

The North Wales Outdoor Education Service utilise the Evolve online system for the purpose of managing risks on educational visits, which is utilised by schools and Pupil Referral Units in Flintshire. For further information visit:

[https://evolve.edufocus.co.uk/evco10/evchome\\_public.asp?domain=flintshirevisits.org](https://evolve.edufocus.co.uk/evco10/evchome_public.asp?domain=flintshirevisits.org)

### 5.4 Social Interactions

Governing bodies of schools / Pupil Referral Units should ensure the involvement of learners with healthcare needs is adequately considered in structured and unstructured social activities, such as during breaks, breakfast club, productions, after-hours clubs and residential visits.

The school / PRU should ensure 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.

## 5. Creating an Accessible Environment

### 5.5 Exercise and Physical Activity

Schools / Pupil Referral Units 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 hour's clubs and team sports.

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

Separate 'special provisions' for particular activities should be avoided, with an emphasis instead on activities made accessible for all. Where this might not be possible, advice from healthcare or physical education professionals and the learner should be sought. This may include the Disability Sport Wales Development Officer for Flintshire; for further information visit <http://www.disabilitysportwales.com/flintshire/>

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.

### 5.6 Food Management

Where food is provided by or through the school / Pupil Referral Unit, consideration must be given to dietary needs of learners, e.g. those who have diabetes, coeliac disease, allergies and intolerances. The schools chosen caterer must accommodate for learner's individual needs in line with the school's Primary Medical Diets Policy / Secondary Medical Diets Policy and will do so as part of an ongoing dialogue with individual schools / Pupil Referral Units, learners and parents.

Where a need occurs, education settings 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 made available. As some conditions require high calorific intake, there should always be access to glucose-rich food and drinks.

Food provided for trips must reflect the dietary and treatment needs of the learners taking part. Food provided for snacks in classroom settings should also take the dietary and treatment needs of these learners into account. While 'Healthy School' and 'no sweets' policies are recognised as important, learners with healthcare needs may need to be exempted from these policies. Learners needing to eat or drink as part of their condition should not be excluded from the classroom or put in isolation.



## 5. Creating an Accessible Environment

### 5.7 Risk Assessments

Head teachers 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.

## 6. 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 confidentiality.

Flintshire County Council, schools and Pupil Referral Units will communicate information effectively and confidentially, including with:

**6.1 Teachers, supply teachers and support staff (this may include catering staff and relevant contractors)** will 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 setting and may include:

- where suitable, and following appropriate consent, a noticeboard in a staff room used to display information on high-risk health needs, first aiders and certificates, emergency procedures, etc. It should be noted that not all staff use their staff room, that the size of some educational settings could make this form of information-sharing impractical, and that at all times the learner's right to privacy must be taken into account
- the school / Pupil Referral Units secure intranet area and staff meetings being utilised to help ensure staff are aware of the healthcare needs of learners they have or may have contact with.

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

- make healthcare needs policies easily available and 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 their learner's medical information will be shared. Sharing medical information can be a sensitive issue and the learner should be involved in any decisions. Education settings 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 student councils, 'healthy schools' and other learner groups in the development of the setting's healthcare needs arrangements, where appropriate
- consider how friendship groups and peers may be able to assist learners, e.g. they could be taught the triggers or signs of issues for a learner, know what to do in an emergency and who to ask for help. The education setting should discuss with the learner and parents first and decide if information can be shared.

## 6. Sharing Information

### 6.3 Healthcare Professionals

Flintshire County Council has an Information sharing Protocol in place which covers the sharing of health related information within schools and PRUs.

## 7. Procedures and Record Keeping for the Management of Learners Healthcare Needs

Schools / Pupil Referral Units in Flintshire will ensure appropriate procedures are in place which state the roles and responsibilities of all parties involved in the identification, management and administration of healthcare needs.

All administration of medication must be recorded on the appropriate forms. The following documentation should be 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

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.

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.

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 that 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.

## 8. Storage, Access and Administration of Medication and Devices

Governing bodies of schools / Pupil Referral Units in Flintshire should ensure their policy is clear regarding the procedures to follow for managing medicines and devices. Storage, access and administration procedures will always be contextual to the education setting and the requirements of the learner. However, the following general principles should be reflected.

### 8.1 Supply of Medication or Devices

Schools and Pupil Referral Units should not store surplus medication. Parents should be asked to provide appropriate supplies of medication. These should be in their original container, labelled with the name of the learner, medicine name, dosage and frequency, and expiry date. Education settings should only accept prescribed medicines and devices that:

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

Where non-prescribed medicine is held by the education setting, e.g. liquid paracetamol, it should:

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

### 8.2 Storage, access and disposal

While all medicines should be stored safely, the type and use of the medication will determine how this takes place. It is important for learners to know where their medication is stored and how to access it.

### 8.3 Refrigeration

Some medicines need to be refrigerated. The refrigerator temperature will need to be regularly monitored to ensure it is in line with storage requirements. Medicines can be kept in a refrigerator containing food, but should be in an airtight container and clearly labelled. A lockable medical refrigerator should be considered if there is a need to store large quantities of medicine.

## 8. Storage, Access and Administration of Medication and Devices

### 8.4 Emergency Medication

Emergency medication must be readily available to learners who require it at all times during the day or at off-site activities. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors (pens) should be readily available to learners and not locked away.

This is particularly important to consider when outside of the schools / Pupil Referral Units premises, e.g. on trips. If the emergency medication is a controlled drug it should be kept as securely as possible so as to minimise the risk of unauthorised access while also allowing quick access if this might be necessary in an emergency. For example, keys should not be held personally by a member of staff.

A learner who has been prescribed a controlled drug may legally have it in their possession, if they are competent to do so, and they must not pass it to another learner or other unauthorised person. Monitoring may be necessary. Where staff administer emergency medication to a learner, this should be recorded.

### 8.5 Non-Emergency Medication

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

### 8.6 Disposal of medicines

When no longer required, medicines should be returned to parents to arrange safe disposal. Sharp boxes must always be used for the disposal of needles and other sharp instruments, and disposed of appropriately.

## 8. Storage, Access and Administration of Medication and Devices

### 8.7 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 should only be 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. This should be agreed and reflected in the IHP and risk assessment.
- The School / Pupil Referral Units should have an intimate care policy. 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 need to consider seeking immediate healthcare advice.
- Staff involved in the administration of medication should be familiar with how learners consent to treatment. Further information on this from the Welsh Government can be found in the Guide to Consent for Examination or Treatment – Revised Guidance (July 2017)
- All staff supporting off-site visits should be made aware of learners who have healthcare needs. They should 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.

## 9. Emergency Procedures

Governing bodies / Management Committees of Schools and Pupil Referral Units in Flintshire 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 emergency assistance, 999 should be called immediately. The location of learners' healthcare records and emergency contact details should be known to staff.

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

Other learners in the school / Pupil Referral Units 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.

Refer to Flintshire County Council's School Guide to Managing on Site and Off Site Emergencies updated Nov 2020 for further information.



## 10. Training

Governing bodies of Schools / Pupil Referral Units in Flintshire must ensure staff who volunteer or who are contracted to support those with healthcare needs, are provided with appropriate training. Head teachers will ensure records of all training undertaken by staff will be maintained which include the following details: date and name of training, trainer, staff attended and any certification. Training must be kept up-to-date.

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

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

Training provided should be sufficient to ensure staff are competent, have confidence in their ability to support learners and fulfil IHP requirements. Crucially this training should involve input from the learner and parents, who often play a major role in providing information on how needs can be met. However, parents should not be solely relied upon to provide training about the healthcare needs of their child. If a learner has complex needs, input may be needed from healthcare services and the local authority who will be able to advise and signpost to further training and support.

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

New and temporary staff should especially be made aware of what preventative and emergency measures are in place so staff can recognise the need for intervention and react quickly.

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

## 11. Education Other Than At School (EOTAS)

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

Flintshire County Council have a duty (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 their education setting because of their healthcare needs should have their educational needs identified, and receive educational support quickly so they continue to be provided with suitable education. This means education suitable to the age, ability, aptitude of the learner and any additional learning needs (ALN) they may have. The nature of the provision should be responsive, reflecting the needs of what may be a changing health status.

In the case of a short absence (likely to last for less than 15 school days) the 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.

Flintshire County Council 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. Flintshire County Council will provide as many lessons as the learner's condition allows, and as is beneficial, taking into account what is suitable for the learner. Consideration will be given to a learner who is on a course leading to qualifications.

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 absence.

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.

Flintshire County Council's EOTAS Policy for learners with healthcare needs includes arrangements for the service and the way it is staffed, the timing of the provision, and a named person who parents, hospital teachers and others should contact.

## 12. School Transport

Flintshire County Council is required to determine whether the provision of transport for pupils of statutory school age is necessary to facilitate the attendance at a designated school of the pupil concerned. If such transport is deemed necessary, then the transport must be provided free of charge. Statutory Transport Provision Flintshire County Council provides free transport for children of compulsory school age (i.e.5-16yrs) as follows:

- Where a child receiving primary education lives over two miles from the nearest appropriate school;
- Where a child receiving secondary education lives over three miles from the nearest appropriate school.

The Council also provides free transport for pupils of statutory school age:

- where the route to school is considered to be hazardous by the LA in consultation with the Environment Directorate;
- where transport to a named school is identified in a pupil's Statement of Special Educational Needs/ Individual Development Plan. This would normally be on medical or educational grounds and would be deemed essential in the context of other criteria identified in the Transport Policy
- where a child requires transport on medical grounds and no suitable public transport exists.

For full details of the policy:

<http://www.flintshire.gov.uk/en/PDFFiles/Lifelong-Learning/Schools/School-Transport/Transport-Eligibility-Criteria-.pdf>

## 13. Insurance Arrangements

Governing Bodies / Management Committees of maintained education settings in Flintshire should ensure an appropriate level of insurance is in place to cover the setting's activities in supporting learners with healthcare needs. The package of Insurance Covers purchased via the Flintshire County Council Risk and Insurance Team will provide suitable coverage for standard school activities. Additional cover may need to be arranged for some activities, e.g. off-site activities for learners with particular needs.

For further information contact the Insurance Officer on (01352) 702242.

## 14. Complaints

Flintshire County Council do not have a statutory role in resolving complaints about schools as the statutory responsibility rests with the school's Governing Body. The procedure below outlines how a parent / carer can make a complaint to their child's school in Flintshire. If a parent / carer has a problem with a school, they should attempt to resolve it through an informal discussion with the relevant member of staff. If it cannot be resolved informally, the school will have a formal complaints procedure that can be followed.

**Stage A:** Raise the concern with the teacher (or designated person as advised by the school) within 10 school days.

If the issue is not resolved:

**Stage B:** Write to the head teacher (or designated person) within 5 school days. (If the complaint is about the head teacher - move to Stage C). The school office can be contacted to arrange a meeting or telephone conversation with the head teacher. The head teacher / designated person will investigate the complaint and contact the parent with the outcome within 10 school days of the school receiving the parent's letter.

If the Complaint is not resolved:

**Stage C:** The parent / carer should make a complaint to the school's Governing body within 5 school days. The parent / carer should ensure the complaint to the Governing Body is in writing and addressed to the Chair of Governors at the school address. If the complaint is about the Chair of Governors, the letter should be written to the Vice Chair of Governors. The parent will be informed of the outcome within 10 school days.

All timescales are targets and are flexible, however, it is in everyone's best interest to resolve a complaint as soon as possible. The school will work with the parent /carer to ensure that the time allowed to deal with the concern or complaint is reasonable and helps to achieve and answer to the problem.

If you the complaint is still not resolved:

Only after following the complaints stages 1-3, if the parent / carer believes the school's Governing Body has acted 'unreasonably' the parent / carer as a last resort can:

- write to the Chief Officer for Education and Youth
- telephone the Customer Services Team on 01352 703020
- email [customerservices@flintshire.gov.uk](mailto:customerservices@flintshire.gov.uk)

There are some issues which need to be dealt with outside the formal schools complaints procedure:

- Admission to or exclusion from school
- Statements of Special Educational Needs (SEN)/ Local Authority Individual Development Plans (IDP)

If the parent's complaint is related to any of the above issues, they can:

- telephone the Customer Services Team on 01352 703020
- email [customerservices@flintshire.gov.uk](mailto:customerservices@flintshire.gov.uk)
- Contact the named officer for the Statement of SEN/Local Authority IDP
- Senior Learning Adviser – Engagement (Exclusions/EOTAS)

## 15. Unacceptable Practice

Flintshire County Council is state that it is not acceptable practice to:

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

## 16. Reviewing Policies, Arrangements and Procedures

School and Pupil Referral Units In Flintshire will review their Healthcare Needs Policy and Intimate Care Policy every 3 years or sooner if any amendments occur in legislation, or in consideration of changes in working practices. IHPs may require frequent reviews depending on the healthcare need – this should involve all key stakeholders including, where appropriate, the learner, parents, Education and Health professionals and other relevant bodies.

The Council's Healthcare Needs policy will be reviewed every 3 years by the Directorate Management Team (DMT) in consultation with the primary and secondary head teacher's Federations.

**Declaration:** This policy was approved by: Chief Officer, Education & Youth on:



**Signed:** Claire Homard

**Date:** 06.12.22