

Healthcare Needs and Medication Policy

This Policy has been written to cover all sites belonging to Ysgol Plas Brondyffryn. This includes:

Ty'n Fron – Primary Site

Park Street – Secondary Site

Ty'r Ysgol – Secondary Site- SLD

Gerddi Glasfryn – Residential Site

Please note that whenever the term Brondyffryn or School appears it is therefore referring to all of the above sites.

1. Description of School and its Community

Ysgol Plas Brondyffryn is a Local Authority Residential Special School maintained by Denbighshire Education Authority. The school specialises in meeting the needs of children/young people with Autistic Spectrum Condition (ASC) and associated specific learning difficulties aged 3-19 years. As a Regional school, Ysgol Plas Brondyffryn welcomes children/young people from across North Wales and the closer counties of England. Our policies are relevant to all our children/young people regardless of county of residence.

The majority of the children/young people are from English speaking families. For most children/young people, Welsh is taught as a second language; however, education can be provided through the medium of Welsh if requested by the family and detailed in the Statement of Special Educational Needs. The majority of the children/young people are boys due to the higher prevalence of autism in males.

At YPB we are conscious of the need to maintain a low arousal environment which has been shown to be beneficial for individuals with ASC, reducing their anxiety and aiding concentration. To this end, we strive to keep all areas tidy and free from clutter; to make sure classroom displays are orderly and muted in colour; to communicate information in a clear and concise manner and to aim for a quiet and calm atmosphere. The approach varies on each site as dictated by the needs and abilities of the pupils and our aim is always to organise the environment as far as possible to promote independence in our young people.

To be completed by the school:

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Review Date	Autumn 2019
Signed (head teacher)	Jane Bryant
Signed (chair of governing body)	Alison Duncan
Information about this policy is available to parents/carers via	School website

To be completed by Denbighshire Education and Children's Services:

Policy developed by	Sue Davidson Paula Roberts
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1. Introduction

1.1 Overview

- 1.1.1 This policy has been produced using a model policy developed by Denbighshire Education and Children's Services in accordance with the Welsh Government **Statutory Guidance: Supporting Learners with Healthcare Needs. Guidance. Welsh Government 215/2017.**
- 1.1.2 This policy must be read with the overarching statutory guidance, which must be followed.
- 1.1.3 Local authorities and governing bodies **must** have regard to this statutory guidance when carrying out their duties in promoting the welfare of children who are pupils at the education setting, including meeting their healthcare needs. The guidance also applies to activities taking place off-site as part of normal educational activities.
- 1.1.4 Throughout this document references are made to healthcare plans. There are two types:

School based Individual Healthcare Plan (IHP):

This plan is instigated by the school when it is identified that a pupil has a healthcare need.

Medical Healthcare Plan:

This is a healthcare plan provided by a health professional.

1.2 Key policy statements

- 1.2.1 Pupils with healthcare needs should be properly supported so that they have full access to education, including trips and physical education.
- 1.2.2 If there are any concerns in the implementation of the policy relating to safeguarding, the school should follow their safeguarding procedures, and if need be take advice from the Education Safeguarding Officer or the Children and Family Services Gateway.
- 1.2.3 Governing bodies must ensure that arrangements are in place to support pupils with healthcare needs.
- 1.2.4 Governing bodies should ensure that education setting staff consult the relevant professionals, pupils and parents/carers to ensure the needs of the pupil with healthcare needs are properly understood and effectively supported.
- 1.2.1 Any staff member within the education setting may be asked to provide support to pupils with healthcare needs, including assisting or supervising the administration of medicines. This role is entirely voluntary. Staff members must receive sufficient and suitable training and achieve the necessary level of competence before they take on the responsibility. No staff member can be required to administer or supervise medication unless it forms part of

their contract, terms and conditions or a mutually agreed job plan (see page 6-11, national guidance).

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

***However, this should not affect the pupils' attendance. The School, Local Authority and Health Board must liaise with each other as soon as possible.**

1.3 Legislation and guidance

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

1.3.2 In addition the following guidance and policies have been referred to:

- Guidance on the use of emergency salbutamol inhalers in schools in Wales. Guidance. Welsh Government circular no: 015/2014 (<http://learning.gov.wales/resources/browse-all/use-of-emergency-salbutamol-inhalers-in-schools-in-wales/?skip=1&lang=en>)
- Guidance on the use of emergency adrenaline auto-injectors in schools in Wales (<https://learning.gov.wales/docs/learningwales/publications/171025-guidance-on-the-use-of-emergency-aais-en.pdf>)
- Model Safeguarding and Child Protection Policy for use within Denbighshire Schools (<https://www.denbighshire.gov.uk/en/resident/health-and-social-care/safeguarding.aspx>)
- Intimate care and Toileting Policy for Denbighshire Schools (<https://www.denbighshire.gov.uk/en/employee/information-for-school-employees/intimate-care-and-toileting/intimate-care-and-toileting.aspx>)

1.4 Formulation of this policy

1.4.1 Consultation was undertaken between Denbighshire County Council, school representatives (head teachers, SENCo's, governors), Unions, School Nurses and other partners in Betsi Cadwalader University Health Board. Views and opinions from this consultation exercise were collated, analysed and considered in formulating this policy. **The policy was reviewed in 2019.**

1.4.2 Description of Policy Formation and Consultation Process

This Policy has been formulated by a working party consisting of the Senior Leadership Team. Staff, governors and parents were consulted before the Policy was finalised and formally adopted by the Governing Body.

2. Roles and responsibilities

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

- Staff should understand and work within the principles of inclusivity.
- Lessons and activities should be designed in a way which allows those with healthcare needs to participate fully.
- Staff should understand their role in supporting pupils with healthcare needs and appropriate training should be provided.
- Staff should feel confident they know what to do in a healthcare emergency.
- Staff should be aware of the needs of their pupils through the appropriate and lawful sharing of the individual pupil's healthcare needs.
- Whenever appropriate, pupils should be encouraged and supported to take responsibility for the management of their own healthcare needs.

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

- Local authorities;
- Governing bodies;
- Head teachers;
- Teachers and support staff;
- Pupils and parents/carers;
- NHS Wales school health nursing services, third sector organisations and other specialist services.

2.3 If an illness is infectious or contagious parents/guardians are contacted and requested to collect the child/young person from school or Gerddi Glasfryn and to follow the guidelines from the National Public Health Service for Wales regarding the recommended periods of absence.

2.4 Based on these principles, the persons with the overall responsibility for managing healthcare needs are:

Lead member of staff for managing healthcare needs	Headteacher
Protocol in the absence of this person	SLT for each site including Care Manager

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

The National Minimum Care Standards for Residential Special Schools of 2003 requires that individual case files held at the school contain details of a child's/young person's medical health or developmental tests or examinations carried out while accommodated at the school.

3. Insurance

- 3.1 This school, by adopting this county model policy/national guidance is therefore covered by the local authority's insurance arrangements in respect of managing pupils' healthcare needs.

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

4.1 Individual Healthcare Plans

- 4.1.1 Where healthcare needs are complex, fluctuating, long term or where there is a high risk that an emergency intervention will be needed, an individual healthcare plan will be required (IHP). An IHP may be needed even if a medical condition is normally well controlled.
- 4.1.2 However, not all pupils with healthcare needs require an IHP and we have a process in place (see figure 1) to decide what interventions are most appropriate.
- 4.1.3 In most cases, especially concerning short-term illnesses such as those requiring a course of antibiotics, a detailed IHP may not be necessary. In such circumstances it may be sufficient to complete the form in Appendix 2.
- 4.1.4 A Personal Medical File is kept for every child of administered medication. At Gerddi Glasfryn, every child/young person has a Health Care Plan and Personal Medical File.

4.2 Development of the IHP

- 4.2.1 An IHP sets out what support is required by a pupil. It does not need to be long or complicated. When a pupil has continual or episodic healthcare needs, an IHP may be required.
- 4.2.2 If the pupils healthcare needs are complex and they are changing settings, then we will start preparation early to help ensure an IHP is in place at the start of the new term.
- 4.2.3 If any medication is required as part of an IHP, the medication consent form in Appendix 2 must also be completed.
- 4.2.4 Figure 1 outlines the process for identifying whether an IHP is needed.
- 4.2.5 In some cases e.g. short term antibiotics; at the end of stage 2 'gather information' stage it might be clear that an IHP is not needed. In this case it will not be necessary to progress to stage 3 and 4.

Stage 1: Identify pupils with healthcare needs:

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

**Stage 2: Gather information:**

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

**Stage 3: Establish if an IHP should be made:**

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

**Stage 4: If an IHP is needed:**

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

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

How we collect information about our pupils healthcare needs

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

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

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

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

4.3 Responsibilities for IHPs

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

4.4 Development and content

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

- the pupil
- the parents/carers
- input or information from previous education setting
- appropriate healthcare professionals
- social care professionals
- the head teacher and/or delegated responsible person for healthcare needs across the setting
- teachers, support staff and care staff including catering staff
- any individuals with relevant roles such as a first aid coordinator, a well-being officer, and SENCo.

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

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

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

4.4.5 A template IHP can be found in Appendix 3.

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

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

4.4.7 Where a pupil has an ALN the IHP will be linked or attached to any Statement of SEN/ individual education plan, or learning and skills plan (post 16). A personal evacuation plan and risk assessment may also be attached.

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

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

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

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

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

4.6.2 Our policy for medications is that they should always be stored centrally in a locked cabinet on each site. Individual cases of families requesting that pupils carry their own medication will be discussed separately. Where necessary, pupils will be allowed to carry their own medication and relevant devices, or be able to quickly access their medication. Some pupils will require an appropriate level of supervision.

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

4.7 Access to the IHP

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

4.7.2 IHPs will be stored in the Medical Rooms in Park Street and Primary and in the school office in Ty'r Ysgol. An electronic copy will be held on SIMS.

5. Review of a pupil's healthcare needs

5.1 Individual Healthcare Plans (IHP)

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

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

5.2 No IHP

- 5.2.1 For those pupils with a healthcare need without an IHP we will undertake a review in the pupil's Annual Review meeting.

6. Sharing and recording information

- 6.1 The governing body has ensured that we have clear communication arrangements in place in relation to the healthcare needs of pupils. This must be done in line with the [GDPR/Data Protection Act 2018](#) and the WASPI Information Sharing Policy.
- 6.2 Our managing healthcare needs policy and the information sharing policy is made available to parents/carers via the school website. Paper copies are available in English or Welsh on request.
- 6.3 To protect pupil confidentiality, we will agree with the pupil and parent/carer how we can share information about their healthcare needs. Parents/carers will be asked to sign a consent form which clearly details the bodies, individuals and methods through which the pupil's medical information will be shared (Appendix 2 and 3). Because sharing medical information can be a sensitive issue, we will involve the pupil in any decisions as appropriate.
- 6.4 We will share any information to ensure that teachers, supply teachers, any support staff and temporary staff are aware of the healthcare needs of pupils, including IHPs, particularly if there is a possibility of an emergency situation arising. This will include any changes to healthcare needs, IHPs and medication. The sharing and storing of information must comply with the [GDPR/Data Protection Act 2018](#) (<http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>) and not breach the privacy rights of or duty of confidence owed to the individuals. This will be done by:

On each site there is a noticeboard in the staff room to display information on pupils high-risk health needs, first aiders and certificates, emergency procedures, etc. Information is also shared with staff via SIMS and shared drives, and important updates on pupils' health needs are shared in staff meetings and briefings.

- 6.5 We will ensure that our pupils (or their friends) know who to tell if they feel ill, need support or changes to support them.
- 6.6 We will listen to concerns of pupils' (or their friends) if they feel ill at **any** point and consider the need for medical assistance (especially in the case of reported breathing difficulties).
- 6.7 If a pupil has said they feel ill, all appropriate staff should be made aware; e.g. a pupil had an asthma attack in morning, all other staff the pupil would see later that day need to be aware to look out for any signs of deterioration/further illness. This could include non-teaching staff such as lunchtime staff or reception staff, where appropriate.

- 6.8 We will keep a list of what information has been shared with whom and why, for the pupil or parent/carer to view on request. This can be accessed by looking at the pupils IHP created by the school and/or the medication consent form (Appendix 2 and 3).
- 6.9 When pupils are placed with other services for all/some of the time (e.g. pupil referral unit, sixth form education or resource provision) we will ensure that the appropriate healthcare needs information is shared in line with our information sharing policy and with the consent of the parent/carer and pupil.

7. Record keeping

- 7.1 IHPs will be stored in the Medical Rooms in Park Street and Primary and in the school office in Ty'r Ysgol. An electronic copy will be held on SIMS.
- 7.2 New paperwork will be completed whenever there are changes to an IHP, medication or dosage. We will ensure that the old forms are clearly marked as being no longer relevant and stored in line with our information retention policy.
- 7.3 The administration of all medication will be formally recorded using appendix 5. This includes: emergency medication, non-prescribed medication and controlled drugs.

8. Communication with parents/carers

- 8.1 Parents/Carers will be informed about their child's medication in the following ways:
- If a child has not had their routine medication parents will be informed of this and the reason why via telephone as soon as possible (recorded in the Communication Log) and by via a Medication Information slip.
 - If a child has had emergency medication administered parents will be informed of this and the reason why via telephone as soon as possible (recorded in the Communication Log) and by via a Medication Information slip.
 - Any communication should be on the same day and in writing so that the school has a written record.

9. Creating an accessible learning environment

The local authority and the governing body will ensure our school is inclusive and accessible in the fullest sense to pupils with healthcare needs. This includes the following (please refer to pages 11 – 13); this must be followed:

- Physical access to education setting buildings (this is the primary responsibility of the local authority);
- Reasonable adjustments - auxiliary or services (this is the primary responsibility of the governing body and school);
- Day trips and residential visit (this is the primary responsibility of the governing body and school);
- Social interactions (this is the primary responsibility of the governing body and school);
- Exercise and physical activity (this is the primary responsibility of the school);

- Food management (this is the primary responsibility of the school);
- Risk assessments (this is the primary responsibility of the school).

9.1 Qualifications, examinations and national curriculum assessments

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

9.1.1 This is detailed on page 18 of the WG guidance, however we have a **separate document (insert name)** describing the arrangements in this eventuality.

9.2 Education other than that at school (EOTAS)

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

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

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

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

9.3 Integration

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

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

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

9.3.3 We will work with the local authority to follow up with the pupil after reintegration.

9.4 School transport

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

9.4.2 Medication must be placed in secure zipped bag (provided by school) and handed to the passenger assistant on school transport. This is collected from the taxi in the morning by a member of staff and signed in at school. The reverse operation is carried out at the end of the day. Medication must NOT be placed in pupils' own bags.

10. Emergency procedures

- 10.1 We have a policy in place (First Aid Policy) for dealing with emergency situations. All staff know who is responsible for this policy, who our first aiders are and how to deal with common healthcare needs.
- 10.2 Any child/young person requiring emergency treatment will be taken to the Denbigh Infirmary Minor Injuries Unit or the Accident and Emergency department at Glan Clwyd Hospital. In such cases parents/guardians are informed as a matter of urgency.
- 10.3 If a child/young person needs to visit a GP while at Gerddi Glasfryn parents/guardians will be consulted. Staff accompanying the child/young person will be required to complete a temporary resident's form at the surgery. If medication is prescribed parental consent will be required prior to administration.
- 10.4 If a child/young person becomes poorly parents/guardians are informed and if not fit to attend lessons then parents/guardians are requested to collect the child/young person from the school or from Gerddi Glasfryn.
- 10.5 In situations requiring emergency assistance we will call 999.
- 10.6 The location of pupils' healthcare records and emergency contact details will be known to staff.
- 10.7 Other pupils in our school will be told what to do in an emergency, i.e. inform a member of staff immediately.
- 10.8 If a pupil needs to be taken to hospital, a staff member will stay with them until a parent/carer arrives. This includes accompanying them in the ambulance to the hospital. The member of staff will take the appropriate paperwork with them.

11. Training and staff allocation

- 11.1 The governing body will ensure that staff who volunteer or are contracted to support pupils with healthcare needs are provided with appropriate training and guidance.
- 11.2 This training will be sufficient to ensure that staff are competent, have confidence in their ability to support pupils and fulfil IHP requirements
The school will maintain accurate records of all staff trained in supporting pupils with medical needs and ensure that there are sufficient staff to meet the needs of pupils on each site.
- 11.3 The training will be rigorous to ensure that sufficient staff are competent to support a pupil's healthcare needs e.g. should the usual member of staff be absent.
- 11.4 Training may involve an input from the pupil and their parent/carers, but they will never be used as the sole provider of training.

- 11.5 If a pupil has a complex healthcare need, we will seek input and advice from the school nurse / specialist nurse / other healthcare professionals and the local authority in relation to training and support for staff. NOTE: schools are encouraged to organise specialist nurse training by cluster where possible.
- 11.6 All staff will be made aware of our Healthcare Needs and Medication Policy, common conditions (to ensure recognition of symptoms and understand where to seek appropriate assistance) and staff roles in carrying out healthcare arrangements. **State here how this is done e.g. training session (WG guidance says that this is needed in your policy).** **For example staff might receive training on the most common medical conditions.**
- 11.7 Our provision will be reviewed by the SLT and this will inform an annual training plan.
- 11.8 New and temporary staff will be made aware of the preventative and emergency measures that are in place so that they can recognise the need for intervention and act quickly. New staff follow an induction programme including this information and information about pupil healthcare needs is passed on to supply staff through Pupil Profiles.
- 11.9 The movement of trained staff will always be in conjunction with the pupils they support.
- 11.10 In the absence of sufficient trained staff the responsibility to ensure medications are safely administered passes to the SLT.
- 11.11 Staff will be asked to sign this policy to say that they have read, understood and will comply with it.
- 11.12 Training records will be maintained, Appendix 4.

12. Day trips and residential visits

- 12.1 In line with statutory duties, the governing body actively supports all pupils with healthcare needs to participate in trips and visits.
- 12.2 **The managing healthcare needs policy and all appendices should apply to the school trip in the same way as it would in school, this also includes section 13.17 about non-prescribed medication.**
- 12.3 We will contact parents/carers in advance by meeting/letter as appropriate which will advise them about planning their child's healthcare needs / medication for the trip/visit.
- 12.4 **All staff supporting a trip/residential visit, including any staff employed by an Independent Provider delivering the activity during the trip/residential visit, will be made aware of the pupil's healthcare needs, with consideration for the GDPR/Data Protection Act 2018 and respecting a pupil's right to privacy.** **They will receive the required information to ensure staff are able to provide an equal experience for the pupil. This information may include health and safety issues, what to do in an emergency and any other additional support, including medication and required equipment.**

- 12.5 During a trip/visit, any medication which may be needed by a pupil will be carried by the member of staff with the relevant training, or by the pupil if they are competent to self-administer.
- 12.6 Pupils who may require their medication will be in a group which includes the trained member of staff carrying the medication where possible.
- 12.7 If a child turns up to go on a trip without their medication or not enough medication in line with this policy then we will contact parents/carers to ask them to bring the medication to school. If this is not possible, we will have to consider whether it is safe for the child to attend the trip/visit e.g. is the medication for emergencies, life controlling. The head/delegated person will decide if it is safe for the pupil to attend.
- 12.8 When a pupil participates in a work experience placement or similar, appropriate healthcare support will be agreed and put in place.

13. Medication

Note: where medication is prescribed to be taken in frequencies which allow the daily course of medicine to be administered at home, parents/carers should seek to do so e.g. before and after school and in the evening. There will be instances where this is not appropriate.

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

Note: A Personal Medical File is kept for every child of administered medication.

13.1 Supply of medication/devices

13.1.1 Every child who requires regular or occasional medication (this includes homely remedies such as pain relief, creams, and antihistamines) will require a Personal Medical File.

13.1.2 On receipt of all the medication the "Record of Medication brought into/sent from school" should be completed and countersigned. Parents should send in only the required number of tablets/capsules for the pupil's stay.

13.1.3 Prescription medication should also bring the information leaflet for the prescribed medication into school. This will be photocopied by the school and the original returned home.

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

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

13.1.6 School and Gerddi Glasfryn will administer antibiotics if the first 3 doses of antibiotics have been administered at home and no record of side effects has been recorded. Parents/carers need to give written consent and supply all the necessary information.

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

Medication must:

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

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

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

13.2.2 All medication delivered to school must be accompanied by the "Request for School to administer Medication" form. A signed copy of this form should be kept in the child's/young person's Personal Medical File and a photocopy sent home to parents.

13.2.3 Medication should not be placed in day bags or suitcases. Medication must be carried in the zipped bags provided by school and handed to the passenger assistant who will hand it over to staff at the school site. At the end of the day school staff will hand the medical bag back to the passenger assistant. Both of these exchanges will be signed for.

13.2.4 Medical bags have double identification: photo and name and DOB.

13.2.5 Medication Hand-Over between school sites and Gerddi Glasfryn. A member of the Child Care Team on each bus is responsible for "medication hand-over". The nominated person must make sure that all medication being picked up or delivered is contained in a locked "medication case" for safe transportation. Medication to be handed over and received by the nominated member of staff.

13.2.6 All medication will be locked in the medical cabinets except for medication needing immediate access.

13.3 Storage

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

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

13.3.3 The head teacher will ensure secure and appropriate storage of medication.

13.3.4 The keys for medication cabinets, controlled drugs cabinets and medical fridges are to be kept in the office of each site to be used by the nominated staff from each site. A master key of each site is kept in the main office at Park Street.

Table 1 – storage of medication (including controlled drugs)

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

Medication type	Location
Non-emergency medication	<ul style="list-style-type: none"> • All non-emergency medication will be kept in a secure place with appropriate temperature or light controls. • All medication must be stored in the designated medication cabinets. These are located at the following places in each site: <ul style="list-style-type: none"> ○ Primary site – Medical Room ○ Secondary site – First Aid Room ○ Ty'r Ysgol – Downstairs Office ○ Gerddi Glasfryn – First Aid Room • If it is a controlled drug, additional security measures and controls are advisable. • All controlled drugs must be stored in the controlled drugs cabinet and not in any other medication cabinet. • All controlled drugs delivered to school must be recorded in the "Controlled Drugs Register" and must have a running balance of the medication being held in the controlled drugs cabinet at all times. • When bottles of liquid medication are received, staff will estimate the amount in the container to the best of their ability.
Refrigerated	<ul style="list-style-type: none"> • 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. <p>A lockable medical refrigerator should be considered if there is a need to store large quantities of medicine.</p> <p>These are located at the following places in each site:</p> <ul style="list-style-type: none"> • Secondary site – Medical Room • Gerddi Glasfryn- First Aid Room
Emergency medication	<ul style="list-style-type: none"> • Emergency medication must be readily available to pupils who require it at all times during the day or at off-site activities.

- | |
|--|
| <ul style="list-style-type: none"> • All staff will be made aware of the location of emergency medication. • Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors (pens) should be readily available to pupils and not locked away. This is particularly important to consider when outside of the education setting's premises, e.g. on trips. • If the emergency medication is a controlled drug it should be kept as securely as possible so as to minimise the risk of unauthorised access while also allowing quick access if this might be necessary in an emergency. For example, keys should not be held personally by a member of staff. • Where staff administer emergency medication to a pupil, this will be recorded. |
|--|

<p>Asthma inhalers will be stored in a clean dust free container.</p>

13.4 Access

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

13.4.2 We will inform all staff where pupils' medication is stored and how they can access it in accordance with the data protection act 1998 (see point 5).

13.5 Disposal

13.5.1 When no longer required, we will return medication to the parent/carers to arrange for their safe disposal. All medication is sent home daily or at the end of a residential stay.

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

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

13.6 Administration

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

13.6.2 Parents/carers must make a formal request with their written consent for the school for staff to administer ANY medication to their child, including when it forms part of an IHP. Appendix 2.

13.6.3 One consent form must be completed for each medication.

13.6.4 It is necessary for the head teacher to formally agree to the request to administer medication and the completed and signed paperwork must be in place before it can be administered. In the head teacher's absence a member of the SLT will take on this

responsibility. In the interim, parents/carers will be permitted to administer the medication themselves.

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

13.6.6 All medication only to be administered by nominated and trained staff. Each site has at least 2 nominated persons that are their nominated First Aiders and also have current Administration of Medication training. Other staff who have undertaken the Educare 'Administration of Medication' training are also able to administer medication.

13.6.7 When giving out medication the "Administration of Medication" form (Appendix 5) should be logged and countersigned.

13.6.8 Staff administering medication must remember this is not a mechanical task and must take time to think about what they are doing.

13.6.9 If the trained or approved members of staff who are usually responsible for administering medication to a pupil are not available, the pupil's IHP will set out how alternative arrangements to provide support will take place. Each site has nominated medication administrators who will administer and sign for the medication given as detailed in the Personal Medication File. In the absence of this person a senior manager should take on this responsibility.

Lead person to approve medication administration requests:	Head teacher
In head teacher/delegated persons absence named person to approve medication administration requests:	SLT

13.6.10 Medication must be administered in the presence of 2 people and two signatures will be recorded. NOTE this is not a legal requirement.

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

13.6.12 If the treatment is invasive or intimate we will follow our Personal Intimate Care Policy unless alternative arrangements are agreed, and this will be recorded in or attached to the pupils IHP.

13.6.13 All medication to be administered strictly in accordance with the administration sheet and instructions from the pharmacy. Medication should not be removed from the original container in which a pharmacist or dispensing doctor supplied it until the actual time of administration. Liquid medication should be administered via a medicines spoon, pot or oral syringe. When administering controlled drugs do so with care, double check picture

and name of the child. Make sure that the controlled drug is prescribed for that particular child/young person.

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

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

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

13.6.15 The member of staff administering medication will monitor that the drug has been taken.

13.6.16 The administration of all medication will be recorded using the form in Appendix 5. All medication administration to be recorded in black ink. Mistakes must be recorded in red ink.

13.6.17 First dose – it is recommended that the first dose of any new medication (except emergency medication) is not administered by the school in case of any adverse effects.

13.7 Self-medication

13.7.1 Unless there is an agreed plan for the pupil to self-medicate (16 years and above or Gillick competent), all medication will be administered by a member of staff. The formal request for a pupil to self-medicate (included in Appendix 2) from the parents / carers must be made before such practice is allowed. In other cases, it will be supervised in accordance with the IHP.

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

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

13.8 Change of dose / medication

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

13.8.1 If a change in dose is requested by a pupil, parent/carer or a health professional, the change must be confirmed in writing by the prescribing officer and a new medication consent form must be completed by the parent/carer before we will administer a change in dose to a pupil.

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

13.9 Adverse effects

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

13.10 Medication errors

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

13.10.2 If there has been an error in the medication administered staff must not alter the medication sheet.

13.10.3 Error to be recorded in the child's/young person's Personal Medical File. Review and assessment of the administration procedure to be carried out and preventative measures to be put in place. All staff to be aware of the procedure to follow.

13.11 Medication refusal or misuse

13.11.1 If a pupil refuses to take their medication, then they will not be forced to take it, unless in an emergency situation. If a young person refuses to take medication that has been removed from its packaging, it should be disposed of in a safe manner by transporting to a local pharmacy for destruction.

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

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

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

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

13.12 Covert medication

13.12.1 We do not condone concealing medication in food and/or drink and follow the Nursing and Midwifery Council (NMC) guidance on such issues. If the need arises where there might be cause to consider administering medication covertly to a child/young person this indicates a general problem with administering medication to that individual which needs to be addressed. SLT on the site will discuss with the GP and the pharmacist alternative medication that would negate the need for covert medication.

In certain circumstances a GP may advise that medication should be given covertly e.g. by 'crushing' and/or adding to food or drink. School will act upon this advice when confirmed in writing by the GP and the Care Plan and Medication Administration record have been updated. The child/young person or their parents must be formally informed of the GP's decision prior to this being put in practice.

13.12.2 Covert administration of medication will be done under strict guidelines and supervised with an appropriate timeline outlined. A consent form (appendix 9) must be completed, with consent from a health professional which clearly outlines the reasons and why it is in the best interest of the pupil.

13.13 Medication that has run out or expired

13.13.1 If a pupil's medication runs out or expires, it is the responsibility of the parent/carer to monitor and to replenish it. This is clearly stated in the medication consent form (Appendix 2); and parents/carers will be informed of this in our prospectus and website.

13.13.2 However, our safeguarding responsibilities and duties under the Social Services and Well-Being Act mean that it is good practice for us to regularly check the expiry dates of any medication stored in school. Medication dates and quantities will be checked when they are brought into school and when they are administered and the appropriate action taken.

13.14 Asthma and Anaphylaxis

13.14.1 Guidance on the use of emergency salbutamol inhalers in schools in Wales: Welsh Government circular no: 015/2014 (<http://learning.gov.wales/resources/browse-all/use-of-emergency-salbutamol-inhalers-in-schools-in-wales/?lang=en>) states that schools are now permitted to buy, hold and use 'emergency' inhalers in school. We do not at present hold an emergency inhaler.

13.14.2 Guidance on the use of emergency adrenaline auto-injectors in schools in Wales (<https://learning.gov.wales/docs/learningwales/publications/171025-guidance-on-the-use->

[of-emergency-aais-en.pdf](#)) states that schools are permitted to buy, hold and use emergency adrenaline auto-injectors in school. Separate policy will be written.

13.15 Controlled drugs

- 13.15.1 Drugs such as Ritalin are controlled by the misuse of drugs act. Therefore it is imperative that they are managed between the school and the parents/carers, including transportation to school.
- 13.15.2 Ideally controlled drugs will only be bought in to school on a daily basis by parents/carers, but certainly no more than a week's supply as indicated in the consent form (Appendix 2), with the exception where it is in the best interests of the child. We will always record the amount of medication handed over to us or back to the parent/carer.

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

- 13.16.1 The process for non-prescribed medication is the same as all other medication; but will be dealt with on an individual case by case. Any non-prescribed medication, should be provided by the parent/carer to the school in an untampered container/packet.
- 13.16.2 Pupils are not permitted to carry non-prescribed medication in school unless prior consent has been obtained (Appendix 2).
- 13.16.3 **Schools should NOT hold their own supply of non-prescribed medication to administer to pupils.**
- 13.16.4 Below is the agreed list of Homely Remedies that Ysgol Plas Brondyffryn will be able to administer with written parental consent, without medical prescription. Homely remedies must be supplied by parents/carers. Homely remedies will be agreed and recorded in the pupil's Personal Medical File, and will only be administered with parental written permission. Homely remedy medication administered will be recorded on a medication sheet. If symptoms persist then the parent will be contacted and a GP visit arranged. Check and record date of opening of homely remedy.
Check and record expiry date.
Check and record longevity of homely remedy once opened.

Only the named medicines are considered Homely Remedies by Ysgol Plas Brondyffryn. Parents are advised to purchase the named homely remedies. School will be unable to administer any other homely remedies:

Pain Relief / Temperature	Calpol or Ibuprofen syrup up to 13 years old Paracetamol or Ibuprofen from 13 to 19 years old
Mouth pain relief	Bonjela Teething Gel up to 16 years old Bonjela adult over 16 years old
Cough	Simple Linctus
Mild skin conditions	E45/ Aqueous Cream/ Sudocrem
Sun care	As provided by parents

14. Complaints procedure

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

14.2 Complaints should be directed in the first instance to the class teacher, but may be escalated from teacher to headteacher, then to the governing body, and then to the local authority.

14.3 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.

15. Reviewing the policy

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

APPENDIX 1

Ysgol Plas Brondyffryn 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 [insert phone 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 pupil and a brief description of symptoms.
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to [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.

APPENDIX 2

	<h3>Ysgol Plas Brondyffryn</h3>	
Request for school to administer medication		

Full Name	Address
Date of Birth	

Condition or illness	Medication (as labelled on container)	Date dispensed
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The above medication has been/has not been* prescribed by a doctor. It is in its original container as dispensed by the pharmacy and clearly labelled indicating contents, dosage and child's name in full.

(*please delete as appropriate)

Name of doctor	Address of surgery
Surgery phone number	

Medication and directions for use

Dosage and method	
Time of administration	
Special precautions	
Possible side effects	
Procedure to take in an emergency	
Other medication administered at home	
Pupil to self-administer medication under supervision from a stored location	Yes / No (please circle) <i>If yes, pupil must also sign declaration</i>
Pupil to carry and self-administer medication	Yes / No (please circle) <i>If yes, pupil must also sign declaration</i>

NB If the medication is to be given covertly (i.e. concealed in food or drink) you will need to complete a separate form with your GP recommending this.

Individual Healthcare Plans

Healthcare Plan from health professional attached if appropriate	Yes / No (please circle)
IHP created by school attached if appropriate	Yes / No (please circle)
Guidelines provided by health attached if appropriate e.g. patient information sheet	Yes / No (please circle)

Contact details

Name		Daytime phone	
Relationship to pupil			
Address			
In the best interests of the pupil the school might need to share information with school staff and other professionals about your child's healthcare needs e.g. nursing staff. Do you consent to this information being shared?			Yes / No (please circle)
<ul style="list-style-type: none"> • I accept that the school is not obliged to give medication to my child but will do so in accordance with the school policy. I have read and agree to the school giving medication in accordance with the school policy. I understand my parental/carer obligations under the guidelines. • The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to administer the medicine in accordance with the information given above and the school policy. • I will inform school of any new information from health professionals in regard to my child, e.g. if there are any changes in dosage or frequency or if it is stopped. I will ensure that this is in writing from the health professional. • I understand that it is my responsibility to replenish the medication supply in the school and collect expired or unused medication. • Where correct medication is not readily available on a given day and places the child at risk, the head teacher has the right to refuse to admit my child into the school until said medication is provided. • It is my responsibility to check medication expiry dates and how much dosage is left; and I understand that the school will not administer out of date medication. It is not the schools responsibility to inform or notify the parents/carers. • I consent for the information in the form to be shared with health professionals/emergency care. • If my child has received any emergency medication prior to school, I will inform the head teacher/delegated member of the school staff before school starts. 			

Signed (Parent/Guardian)		Date	
Signed (Pupil – self administration only)		Date	
Signed (Headteacher/ Head of Care)		Date	

HEAD TEACHER/DELEGATED PERSONS AGREEMENT TO ADMINISTER MEDICATION

It is agreed that (*insert pupil name*)_____ will receive (*medication and quantity*) _____
_____ at (*insert time*)_____

(Name of pupil)_____ will be given their medication / supervised while they take
their medication by (*insert name of member of staff*)_____

This arrangement will continue until (*e.g. end date of course of medication or until instructed by
parents/carers*)_____

Name (head teacher/delegated person): _____

Signed: _____ Date: _____

Individual Healthcare Plan in place; OR

Individual Healthcare Plan not required

Appendix 3

	<h3 style="color: blue;">Ysgol Plas Brondyffryn</h3>	
<h2 style="margin: 0;">Individual Healthcare Plan</h2>		

Section 10 of the policy will be followed when developing this IHP.

1. PUPIL INFORMATION

1.1 Pupil details

Pupil's name	
Date of birth	
Address	
Town	
Postcode	
Medical condition(s) <i>Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours.</i>	
Allergies	
Date	
Document to be updated/reviewed	
Review triggers	

1.2 Family contact information

Name			
Relationship			
Home phone number			
Mobile phone number			
Work phone number			
Email			

1.3 Essential information concerning this pupil's health needs

	Name	Contact details
Specialist nurse (if applicable)		
Key worker		
Consultant paediatrician (if applicable)		
GP		
Link person in education		
Class teacher		
Health visitor/ school nurse		
Other relevant teaching staff		
Other relevant non-teaching staff		
Head teacher		
Person with overall responsibility for implementing plan		
Person responsible for administering/supervising medication		
Arrangements for cover in these two people's absence		
Any provider of alternate provision		

This pupil has the following medical condition(s) requiring the following treatment.	
Medication administration	<p>Please complete parent/carer agreement for school to administer medication form (Appendix 2) and attach to this IHP.</p> <p>Form 1 =</p> <p>Form 2 =</p>

16.e Sharing information and record keeping

<p>In the best interests of the pupil the school might need to share information with school staff and other professionals about your child's healthcare needs e.g. nursing staff.</p> <p>Do you consent to this information being shared?</p>	<p>Yes / No (please circle)</p>
<p>What records will be kept about the pupil's healthcare needs, and how it will be communicated with others?</p>	

16. ROUTINE MONITORING (IF APPLICABLE)

Some medical conditions will require monitoring to help manage the pupil's condition.

What monitoring is required?	
When does it need to be done?	
Does it need any equipment?	
How is it done?	
Is there a target? If so what is the target?	

16. EMERGENCY SITUATIONS

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

What is considered an emergency situation?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (e.g. tests or rest) that are required?	

4. IMPACT OF MEDICAL CONDITION AND MEDICATION ON PUPIL'S LEARNING

(Impact statement to be jointly produced by health professional and a teacher)

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

5. IMPACT ON PUPIL'S LEARNING and CARE AT MEAL TIMES

	Time	Note
Arrive at school		
Morning break		
Lunch		
Afternoon break		
School finish		
Other		

- Please refer to home-school communication diary

- Please refer to school planner

6. CARE AT MEAL TIMES

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

7. PHYSICAL ACTIVITY

Are there any physical restrictions caused by the medical condition(s)?	
Is any extra care needed for physical activity?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

16. TRIPS AND ACTIVITIES AWAY FROM SCHOOL

What care needs to take place?	
When does it need to take place?	
If needed, is there somewhere for care to take place?	
Who will look after medication and equipment?	
Who outside of the school needs to be informed?	
Who will take overall responsibility for the pupil on the trip?	

16. SCHOOL ENVIRONMENT

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

16. EDUCATIONAL, SOCIAL & EMOTIONAL NEEDS

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

Is the pupil likely to need time off because of their condition?	
What is the process for catching up on missed work caused by absences?	
Does this pupil require extra time for keeping up with work?	
Does this pupil require any additional support in lessons? If so what?	
Is there a situation where the pupil will need to leave the classroom?	
Does this pupil require rest periods?	
Does this pupil require any emotional support?	
Does this pupil have a 'buddy' e.g. help carrying bags to and from lessons?	

11. STAFF TRAINING

Governing bodies are responsible for making sure staff have received appropriate training to look after a pupil with regard to healthcare administration, aids and adaptive technologies. School staff should be released to attend any necessary training sessions it is agreed they need.

What training is required?	
Who needs to be trained?	
Has the training been completed? Please sign and date.	

13. TRANSPORT TO SCHOOL

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

14. PERSONAL CARE

For pupils requiring intimate care as part of their IHP, please refer to the school's intimate care policy.

What arrangements have been put in place in relation to any personal care needs across the school day?	
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15. PLEASE USE THIS SECTION FOR ANY ADDITIONAL INFORMATION FOR THE PUPIL.

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We suggest the following are stored together:

- IHP from health
- Medication consent form (if applicable)
- Statement of SEN / individual education plan / learning and skills plan
- One page profile
- Risk assessment
- Personal evacuation plan

16. SIGNATURES

	Name	Signature	Date
Young person			
Parents/ carer			
Health professional			
School representative			
School nurse			

APPENDIX 4

Medication Information Slip
(to be created)

APPENDIX 5

Ysgol Plas Brondyffryn

Administration of Medication

	Ysgol Plas Brondyffryn					
	Administration of Medication					

Name		Date of birth		Drug allergies	
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Medication Dosage/Route Time	Date	Monday	Tuesday	Wednesday	Thursday	Friday

Amount in medication cabinet		Monday		Tuesday		Wednesday		Thursday		Friday	
	Expiry checked	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Amount given										
	Time										
	Given by										
	Amount left										
	Any reactions										
	Reason not taken										
	Parents informed										

Appendix 7:

	Ysgol Plas Brondyffryn			
	Medication Error Report			

Pupil's name		Site			
Class/Flat		Date		Time	
Staff reporting			Job title		
Staff responsible					

Type of error					
Incorrect pupil		Incorrect medication		Incorrect time	
Incorrect dose		Incorrect route		Medication expired	
Forgot medication		Other:			

Description of error

Possible causes or contributing factors					
Inexperienced staff		Failure to follow procedure		Illegible/wrong prescription	
Storage problems		Medical info unavailable		Other:	

Actions taken	By whom	Date	Time
Parents informed			

Actions by SLT		
Signed		Date

Appendix 8:

Unacceptable Practice

Supporting Learners with Healthcare Needs. Guidance. Welsh Government 215/2017. Page 27

THIS MUST BE FOLLOWED

It is not acceptable practice to:

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

Appendix 9:

	<h3 style="margin: 0;">Ysgol Plas Brondyffryn</h3>	
<h2 style="margin: 0;">Authorisation for school to administer covert medication</h2>		

Please take this form to your GP to complete and return to school

Full Name	Address
Date of Birth	
Medication (as labelled on container)	
This medication is necessary to treat:	
Method(s) of administration tried in the past	
These methods were rejected because	
Covert method of administration to be used:	
I have assessed the young person and confirm he/she lacks the capacity to consent and continues to need the above treatment.	
GP Name	Surgery stamp
Signed	
Date	

Appendix 10:

	Ysgol Plas Brondyffryn	
Medical Information		

Full Name	Address
Date of Birth	

Known allergies	Treatment

Current diagnoses/medical conditions (please list all)				
Condition	√	Medication(s)	Given at	
			Home	School
ADHD				
Sleep problems				
Epilepsy				
Asthma				

Any medications given at school or Gerddi Glasfryn require a completed Request to Administer Medication Form AND the original packaging with pharmacist's instructions

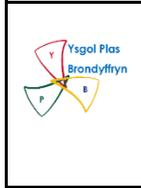
Known adverse reactions to medications	
Medication	Reaction

Record of Immunisations	
Vaccine	Date

Copy to be taken with pupil to hospital

Appendix 11:

Ysgol Plas Brondyffryn



Record of Medication brought into/sent from school

Name		Date of birth	
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Date	Medication	Quantity	To school from		Checked by	From school to		Quantity	Handed over by	Checked by (Gerddi)
			Home	Gerddi		Home	Gerddi			

Appendix 12:

	Ysgol Plas Brondyffryn			
	Record of Epileptic Seizures			

Name of pupil			
Date		Time	
Person reporting			
Staff involved			
Site and location			
Regular prescribed medication, dosage and frequency			
Length of seizure		Number of seizures	
Antecedent events/ warning signs			
Any illness?		High temperature?	
Care plan checked		Date of plan	
Description of seizure (include information on falls, loss of consciousness, incontinence, body movements)			
Medication given		Time	
Medication given by		Signature	
Behaviour after seizure			
Parent informed			
Ambulance called		Time	
Other information/any injuries/outcome			