

Porthcawl Comprehensive School

Healthcare Needs & Managing Medicines Policy



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Healthcare Needs & Managing Medicines Policy

1. Key Principles

At Porthcawl Comprehensive School, we believe that learners with healthcare needs should be properly supported so that they have full access to education, including trips and physical education.

We believe that:

- 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 learners 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 learners through the appropriate and lawful sharing of the individual learner's healthcare needs.
- Whenever appropriate, learners should be encouraged and supported to take responsibility for the management of their own healthcare needs.

2. School's Legal Requirements

Porthcawl Comprehensive School is committed to ensuring all learners with healthcare needs are entitled to a full education as set out in the Education Act 2002.

Porthcawl Comprehensive School also ensures this right extends to any learners defined as disabled under the Equality Act 2010

Section 175 of the Education Act 2002 places a duty on local authorities and governing bodies to make arrangements to ensure their functions are exercised with a view to safeguarding and promoting the welfare of children in school or another place of learning. This includes supporting children with healthcare needs.

Section 21(5) of the Education Act 2002 places a duty on governing bodies to promote the well-being of learners at the school as far as related to the matters mentioned in section 25(2) of the Children Act 2004, which includes physical and mental health and emotional well-being, education, training and recreation, and social well-being.

3. Roles and Responsibilities – *These are the roles and responsibilities of the following:*

3a. School

Governing body

The governing body of Porthcawl Comprehensive School must oversee the development and implementation of all arrangements connected with the Healthcare Needs policy including:

- 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 consider 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 Headteacher, member of staff or professional as appropriate.
- Working collaboratively with parents and other professionals to develop healthcare arrangements to meet the best interests of the learner.
- Developing and implementing effective arrangements to support learners with healthcare needs. This should include a policy on healthcare needs and where appropriate, IHPs for specified 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 infection prevention systems that fully reflects the procedures laid out in current guidance.

Headteacher

The Headteacher must ensure arrangements to meet the individual healthcare needs of learners are both developed and effectively implemented. This includes:

- Working with the governing body to ensure compliance with applicable statutory duties when supporting learners with healthcare needs, including duties under the Equality Act 2010.
- Ensuring the arrangements in place to meet a learner's healthcare needs are fully understood by all parties involved and acted upon and such actions maintained. In larger education establishments, it may be more practical to delegate the day-to-day management of a learner's healthcare needs to another member of staff. The Headteacher 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 education setting 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, the local authority, 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 the local authority whether activities for supporting learners with healthcare needs are appropriately covered by insurance and making staff aware of any limits to the activities that are covered.
- Ensuring all learners with healthcare needs are appropriately linked with the education setting's health advice service.
- Ensuring when a learner participates in a work experience placement or similar, that appropriate healthcare support has been agreed and put in place.
- Providing annual reports to the governing body on the effectiveness of the arrangements in place to meet the healthcare needs of learners.
- Ensuring all learners with healthcare needs are not excluded from activities they would normally be entitled to take part in without a clear evidence-based reason.
- Notifying the local authority when a learner is likely to be away from the education setting for a significant period, e.g. three weeks (whether in one go or over the course of the academic year) due to their healthcare needs.

- Being mindful of the Social Services and Well-being (Wales) Act 2014 and ensuring assistance to learners is provided using a comprehensive approach.

Teachers, support staff and other members of staff (e.g. catering or reception staff), designated members of staff who support learners with healthcare needs, school first aiders; and other professionals who support learners with healthcare needs.

Any staff member within Porthcawl Comprehensive School may be asked to provide support to learners with healthcare needs, including assisting or supervising the administration of medicines. This role is entirely voluntary. 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.

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

- Fully understand the education setting'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 education setting'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 education setting'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 education setting. This may include reporting any deterioration, concerns or changes to learner or staff routines.

3b. Parents/Carers

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

Parents and learners will, as far as possible:

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

3c. Learner

It is vital that learners are actively involved in the planning of support and management of healthcare needs. Where appropriate, learners should be encouraged and enabled to manage their own healthcare needs. This includes:

- informing a parent/carer or a staff member if they feel unwell;
- informing relevant staff members of any medication or healthcare needs, or changes;
- participation in drafting and agreeing individual healthcare plan (IHP), where appropriate;
- taking part in discussions around sharing/confidentiality of personal information;
- learning to take care when carrying medicines to and from school and not sharing with others.

3d. Local Authority

The school will work closely with the local authority to:

- 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.
- Arrange 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, local authorities should ensure appropriate agreements are in place for data sharing. This could be through working within the Wales Accord on Sharing Personal Information (WASPI) Information Sharing Protocols or Data Disclosure Agreements. Local authorities and health boards have WASPI coordinators who can support service providers to develop appropriate agreements.
- Make reasonable provision of counselling services for young people aged 11–18. Within school, this provision should complement the different approaches already in place to support the health, emotional and social needs of learners.
- Should 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, the local authority has a duty to plan to provide suitable education. If a learner is over that compulsory school age but under 18, the local authority may make such arrangements.

- Should provide support, advice, and guidance, including how to meet the training needs of education setting staff, so that governing bodies can ensure the support specified within the individual healthcare plan (IHP) can be delivered effectively.

3e. NHS Wales school health nursing service, health, and other professionals, third sector organisations and other specialist services

The school will work with the health service in order to access support and advice. This 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 specialist nurses. In addition, third sector voluntary bodies can provide advice and practical support. Proactively engaging with specialist services can provide practical help when writing and implementing IHPs. They can also provide training and awareness-raising resources, including video links.

4. Creating an Accessible Environment

Local authorities and governing bodies should ensure their education settings are inclusive and accessible in the fullest sense to learners with healthcare needs. This includes the following:

Physical access to education setting buildings

We will carry out accessibility planning and prepare an accessibility plan to ensure full access to school buildings.

Reasonable adjustments

We will make reasonable adjustments for learners who are disabled as defined by the Act. E.g. auxiliary aids, or services (with the appropriate number of trained staff).

Day trips and residential visits

We will ensure that we actively support all learners with healthcare needs to participate in trips and visits by making reasonable adjustments, thereby ensuring full participation from all learners. We will consider how to accommodate the sharing of personal information with third parties if necessary for off-site activities (in compliance with the Data Protection Act

1998 and in respecting the learner's right to privacy). This may include information about the healthcare needs of learners, what to do in an emergency and any additional support, medication or equipment needed.

Social interactions

We will ensure the involvement of learners with healthcare needs is adequately considered in structured and unstructured social activities, such as during breaks, productions, after-hours clubs, and residential visits.

We will make all staff aware of the social barriers learners with healthcare needs may experience and how this can lead to bullying and social exclusion.

Exercise and physical activity

The school will encourage learners to take part in physical activities. Staff will make appropriate adjustments to sports and other activities to make them accessible to all learners, including after-hours clubs and team sports.

Staff will be made fully aware of learners' healthcare needs and potential triggers. They will be trained in how to respond appropriately and promptly if made aware that a learner feels unwell.

We will always aim to put the emphasis on activities made accessible for all. Where this might not be possible, we will seek advice from healthcare or physical education professionals.

Staff will understand that it may be appropriate for some learners with healthcare needs to have medication or food with them during physical activity; such learners will be encouraged to take the medication or food when needed.

Food management

Where food is provided by or through the education setting, consideration must be given to dietary needs of learners, e.g. those who have diabetes, coeliac disease, allergies, and intolerances.

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.

Risk assessments

We will ensure that staff are aware of when a risk assessment is required and be aware of the risk assessment systems in place. Staff will start from the premise of inclusion and will build into them a process of seeking adjustments or alternative activities rather than separate provision.

In addition, there are duties under the Equality Act 2010 to prepare and implement accessibility strategies and plans. These strategies and plans deal with matters related to increasing participation by disabled learners.

5. Sharing information

Teachers, supply teachers and support staff will have access to the relevant information, particularly if there is a possibility of an emergency situation arising. We will aim to ensure that all information is kept up to date. Staff meetings/wellbeing briefings may be utilised to help ensure staff are aware of the healthcare needs of learners they have or may have contact with.

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 we will:

- make healthcare needs policies easily available and accessible, online and in hard copy.
- 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.
- ask parents to sign a consent form which clearly outlines with whom and how medical details will be shared.
- 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. Procedures and record keeping for the management of learners' healthcare needs

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

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.

We will complete new records when there are changes to medication or dosage. We will ensure that the old forms are clearly marked as being no longer relevant and stored in line with their information retention policy.

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

Parents will be asked to provide appropriate supplies of medication. Governing bodies should ensure the education setting's 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.

Supply of medication or devices

Education settings 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 (except for 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.

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.

Refrigeration

In instances where medication needs to be refrigerated, the refrigerator temperature will be regularly monitored to ensure it is in line with storage requirements. Refrigerated medicines will be stored in an airtight container and clearly labelled.

Emergency medication

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

If the emergency medication is a controlled drug it will 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 will be held centrally, not 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. Where staff administer emergency medication to a learner, this will be recorded.

Non-emergency medication

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

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.

Administration of medicines

We will ensure that the following procedures are adhered to:

- 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 will 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 will 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 will be administered by a member of staff. In other cases, it may need to be supervised in accordance with the IHP.
- Medication will only be administered by suitably trained staff. The movement and location of these trained staff should always be in conjuncture with the learners they support.
- Staff will 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.
- If a learner refuses their medication, staff will record this and follow their defined procedures informing parents as soon as possible. If a learner misuses any medication, their parents will be informed as soon as possible. We will ask parents to seek healthcare advice as appropriate. If parents cannot be contacted immediately, staff will consider seeking immediate healthcare advice.
- All staff supporting off-site visits will be made aware of learners who have healthcare needs. They will receive the required information to ensure they are able to facilitate an equal experience for the learner. This information may include health and safety issues, what to do in an emergency and any other additional necessary support that the learner requires, including medication and equipment.

8. Emergency procedures

The school's trained first-aiders deal with most emergency situations. Staff know who the nominated first aiders are and how to deal with common healthcare needs. In situations requiring emergency assistance, 999 will be called immediately. The trained first-aiders know the location of learners' healthcare records and emergency contact details. Where a learner has an IHP, this will clearly define what constitutes an emergency and explain what to do.

We will ensure that other learners in the school 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 will stay with the learner until a parent arrives. This includes accompanying them in an ambulance to hospital. The member of staff will have details of any known healthcare needs and medication.

9. Training

We will ensure that staff who volunteer or who are contracted to support those with healthcare needs are provided with appropriate training. This will be provided in the form of externally provided training and on-line training.

There are 12 members of staff who are trained to administer First Aid at Work.

The senior first-aider will oversee the training needs of the staff.

If a learner has complex needs, input will be provided by healthcare services and the local authority specialist services.

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. Therefore we will ensure that all staff have a basic understanding of common conditions to ensure recognition of symptoms and understand where to seek appropriate assistance.

The school nurse will provide annual training for staff in the recognition of symptoms of common conditions.

10. Qualifications and assessments

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

the hospital teacher or home teacher is most important, especially where the learner is moving from education setting or home to the hospital on a regular basis.

Awarding bodies may make special arrangements for learners with permanent or long-term disabilities and learning difficulties, or temporary disabilities and illnesses, who are taking public examinations such as GCSEs or A levels. Applications for special arrangements should be submitted by schools to the awarding bodies as early as possible. Full guidance on the range of special arrangements available and the procedures for making applications is given in the Joint Council for Qualifications' circulars 'Adjustments for candidates with disabilities and learning difficulties' (2016) and 'A guide to the special consideration process' (2016) which are both accessible from the Joint Council for Qualifications' website.

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

11. Education other than at school (EOTAS)

Where absences are anticipated or known in advance, we will liaise closely with the local authority in order to enable the EOTAS service to be provided from the start of absence.

12. School transport

Where appropriate, we will work with the local authority to arrange home-to-school transport for a learner or provide appropriately trained escorts for such journeys to facilitate the attendance of a learner.

13. Reviewing policies, arrangements and procedures

We will ensure that all policies, arrangements and procedures are reviewed regularly by the governing body.

We are aware that IHPs may require frequent reviews depending on the healthcare need – this will involve all key stakeholders including, where appropriate, the learner, parents, education and health professionals and other relevant bodies.

14. Insurance arrangements

The governing body will ensure an appropriate level of insurance is in place to cover the setting's activities in supporting learners with healthcare needs. The level of insurance will

appropriately reflect the level of risk. Additional cover may need to be arranged for some activities, e.g. off-site activities for learners with particular needs.

15. Complaints procedure

If the learner or parent is not satisfied with the school's health care arrangements they are entitled to make a complaint. The governing body publicises their formal complaints procedure on the school website including how complaints can be escalated from teacher to Headteacher, then to the governing body, and then to the local authority.

16. Individual healthcare plans (IHPs)

We will identify learners that require an IHP from enrolment forms, transition or other sources.

We are aware that, whilst not all learners with healthcare needs will require an IHP, 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.

The development of detailed IHPs may involve:

- the learner
- the parents
- input or information from previous school
- 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 school 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 governing body will ensure that the plans are reviewed at least annually or more frequently should there be new evidence that the needs of the learner have changed.

Where a learner has an ALN the IHP should be linked or attached to any individual education plan or Statement of SEN.

The learner’s role in managing their own healthcare needs

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

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

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

17. Unacceptable practice

We are aware that it is not acceptable practice to:

- prevent learners from attending school 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;
- 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.