****Healthcare Needs Policy for

Pendoylan Childcare

**Date of issue**: Autumn 2024 **Review date**: Autumn 2026

**School’s full address and post code:** Pendoylan, Cowbridge, CF717UJ

**School’s phone number (including area code):** 01446 760272

**School’s email address:** pendoylanps@valeofglamorgan.gov.uk

**Website address for this policy:** Pendoylan.com

**Name of person responsible for maintaining this policy:** Mrs P Vaughan

( Responsible Individual)

**1. Key principles**

Aims and Commitment

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

Key commitments in our Childcare include:

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

Key principles

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

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

**2. Childcare’s legal requirements**

The Childcare is aware of its legal requirements in regard to supporting children with healthcare needs. This legislation includes:

The principles of the United Nations Convention on the Rights of the Child (UNCRC) and The Equalities Act 2010

**3. Roles and** **responsibilities**

**Childcare** **Governing bodies**

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

* complying with applicable statutory duties, including those under the Equality Act 2010 (e.g. the duty to make reasonable adjustments in respect of children with healthcare needs if they are disabled, as outlined above)
* having a statutory duty to promote the well-being of children. Our Childcare considers how we can meet these needs, including providing children access to information and material aimed at promoting spiritual and moral well-being and physical and mental health (Article 17 of the UNCRC)
* considering how we can support children 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 children are clear and understood by all those involved, including any appropriate delegation of responsibilities or tasks to the Responsible Individual, 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 children with healthcare needs. This includes this policy on healthcare needs and where appropriate, Individual Health Care Plans (IHPs) for particular children
* 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, 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 children 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 children

**Responsible Individual**

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

* working with the governing body to ensure compliance with applicable statutory duties when supporting children with healthcare needs, including duties under the Equality Act 2010
* ensuring the arrangements in place to meet a learner’s healthcare needs are fully understood by all parties involved and acted upon, and such actions maintained or delegate the day to day management of a learner’s healthcare needs to another member of staff. The RI directly supervises this arrangement as part of the regular reporting and supervision arrangements
* ensuring the support put in place focuses on and meets the individual learner’s needs, or person-centred planning[[1]](#footnote-1)
* extending awareness of healthcare needs across the Childcare in line with the learner’s right to privacy. This includes support, catering and supply staff, governors, parents and other children
* ensuring trained staff are available to implement the arrangements set out in all IHPs, including contingency plans for emergency situations and staff absence
* having the overall responsibility for the development of IHPs
* ensuring that children have an appropriate and dignified environment to carry out their healthcare needs, e.g. private toilet areas for catheterisation
* checking with the local authority whether particular activities for supporting children with healthcare needs are appropriately covered by insurance and making staff aware of any limits to the activities that are covered
* ensuring all children with healthcare needs are appropriately linked with the education setting’s health advice service
* ensuring all children with healthcare needs are not excluded from activities they would normally be entitled to take part in without a clear evidence-based reason
* being mindful of the Social Services and Well-being (Wales) Act 2014. The Childcare is fully aware of this approach and ensure assistance to children is provided using a holistic approach.
* Based on these principles, the persons with the overall responsibility for managing healthcare needs are:

|  |  |
| --- | --- |
| Lead member of staff for managing healthcare needs  | Mrs P VaughanResponsible Individual |
| Protocol in the absence of this person  | Mrs A DaviesChildcare Manager |

**Staff**

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

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

* fully understand the Childcare’s healthcare needs policies and arrangements
* are aware of which children have more serious or chronic healthcare needs, and, where appropriate, are familiar with these children’ 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 Childcare’s emergency procedures and be prepared to act in an emergency
* ask and listen to the views of parents, which should be taken into consideration when putting support in place
* ensure children (or their friends) know who to tell if they feel ill, need support or changes to support
* listen to concerns of children if they feel ill at any point and consider the need for medical assistance (especially in the case of reported breathing difficulties)
* make sure children 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 children 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 children with healthcare needs, and are prepared to intervene in line with Childcare’s policy
* are aware that healthcare needs can impact on a learner’s ability to learn and provide extra help when needed
* keep parents informed of how the healthcare need is affecting the learner in the Childcare. This may include reporting any deterioration, concerns or changes to learner or staff routines.

**Parents/carers and Children**

Parents and children should:

* receive updates regarding healthcare issues/changes that occur within the setting
* be involved in the creation, development and review of an IHP where appropriate. . The parent and learner may be best placed to provide information about how their healthcare needs affect them. They should be fully involved in discussions about how the child’s healthcare needs will be met in the setting, and contribute to the development of, and compliance with, their IHP
* provide Childcare with sufficient and up-to-date information about healthcare needs, including any guidance regarding the administration of medicines and/or treatment from healthcare professionals.
* inform Childcare of any changes such as type of medication, dosage or method of administration
* provide relevant in-date medicines, correctly labelled, with written dosage and administration instructions
* ensure a nominated adult is contactable at all times and all necessary forms are completed and signed
* inform Childcare if their child has/had an infectious disease or condition while in attendance.

**Local authorities**

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

The local authority must make arrangements to promote cooperation between various bodies or persons, with a view to improving, among other things, the well-being of children in relation to their physical and mental health, their education, training and recreation[[2]](#footnote-2). When making these arrangements, local authorities should ensure appropriate agreements are in place for data sharing and transition into the statutory school age setting.

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

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

* + advice on the development of IHPs
	+ assisting in the identification of the training required for the Childcare to successfully implement IHPs
	+ supporting staff to implement a learner’s IHP through advice and liaison with other healthcare, social care and third sector professionals.

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

**4*.* Creating an accessible environment**

The Childcare and governing body ensures that it is inclusive and accessible in the fullest sense to children with healthcare needs. This includes the following.

* **Physical access to education setting buildings**

A duty is placed on local authorities to produce a written accessibility strategy for all Schools they are responsible for under the Equality Act 2010[[3]](#footnote-3). Similarly, individual Schools must carry out accessibility planning and are under a duty to prepare an accessibility plan following the same principles as the strategies prepared by the local authorities so that children disabled children are able to take advantage of education and benefits, facilities or services provided or offered by the Childcare.

* **Reasonable adjustments ‒ auxiliary aids or services**

The Equality Act 2010 places a duty on establishments to make ‘reasonable adjustments’ for children who are disabled as defined by the Act. In regard to these children, auxiliary aids or services (with the appropriate number of trained staff) are provided by our Childcare when necessary.

* **Day trips and residential visits**

The governing body ensures the Childcare actively supports all children with healthcare needs to participate in trips and visits and are aware of their legal requirements (see ‘Annex 1: Outline of legal framework’).

Staff are aware of how a learner’s healthcare needs may impact on participation, and seek to accommodate any reasonable adjustments which would increase the level of participation by the learner[[4]](#footnote-4). Staff consider how to accommodate the sharing of personal information with third parties if necessary for off-site activities (in compliance with the Data Protection Act 1998 and in respecting the learner’s right to privacy). This may include information about the healthcare needs of children, what to do in an emergency and any additional support, medication or equipment needed.

* **Social interactions**

The governing body ensures that the involvement of children with healthcare needs is adequately considered in structured and unstructured social activities, such as during breaks, breakfast club, productions, after-hours clubs and trips.

* **Exercise and physical activity**

The Childcare fully understands the importance of all children taking part in physical activities and staff make appropriate adjustments for them to participate.

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

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

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

* **Food management**

The Childcare gives consideration to the dietary needs of children, e.g. those who have diabetes, coeliac disease, allergies and intolerances.

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

* **Risk assessments**

Staff are clear when a risk assessment is required and are aware of the risk assessment systems in place. The Childcare is aware that there are duties under the Equality Act 2010 to prepare and implement accessibility strategies and plans[[5]](#footnote-5). These strategies and plans deal with matters related to increasing participation by disabled children. See Annex 1: Outline of legal framework’ for more details.

**5*.* Sharing information**

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

**All staff** have access to the relevant information, particularly if there is a possibility of an emergency situation arising. This includes:

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

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

* + make healthcare needs policies easily available and accessible, online and in hard copy
	+ provide the learner/parents with a copy of our information sharing policy. This states the type of bodies and individuals with whom the learner’s medical information may be shared
	+ ask parents to sign a consent form which clearly details the bodies, individuals and methods through which their learner’s medical information will be shared.

**6*.* Procedures and record keeping for the management of children’ healthcare needs** Please see Annex 2 for relevant templates for record keeping for the management of children’ healthcare needs. The Childcare has created procedures which state the roles/responsibilities of all parties involved in the identification, management and administration of healthcare needs. The following documentation is collected and maintained, where appropriate.

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

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

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

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

**Supply of medication or devices**

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

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

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

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

**Storage, access and disposal**

While all medicines are stored safely, the type and use of the medication will determine how this takes place.

* **Refrigeration**

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

* + **Emergency medication**

Emergency medication is readily available to children who require it at all times during the day or at off-site activities. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors (pens) are available to children and not locked away. This is always considered when outside of the Childcare premises, e.g. on trips. A learner who has been prescribed a controlled drug may legally have it in their possession, if they are competent to do so, and they must not pass it to another learner or other unauthorised person. Monitoring may be necessary. Where staff administrate emergency medication to a learner, this should be recorded.

* + **Non-emergency medication**

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

* + **Disposal of medicines**

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

**Administration of medicines**

* + Where the learner is under 16, assistance or administration of prescribed or non-prescribed medicines requires written parental consent, unless Gillick competence is recorded. The administration of all medication should be recorded.
	+ Where medication is prescribed to be taken in frequencies which allow the daily course of medicine to be administered at home, parents should seek to do so, e.g. before and after Childcare and in the evening. There will be instances where this is not appropriate.
	+ Children under 16 should never be given aspirin or its derivatives unless prescribed to them.
	+ Unless there is an agreed plan for the learner to self-medicate (16 years and above or Gillick competent), all medication should be administered by a member of staff. In other cases, it may need to be supervised in accordance with the IHP.
	+ Medication is only administered by suitably trained staff. The movement and location of these trained staff should always be in conjunction with the children they support.
	+ Staff should check the maximum dosage and the amount and time of any prior dosage administered.
	+ Certain medical procedures may require administration by an adult of the same gender as the learner, and may need to be witnessed by a second adult. The learner’s thoughts and feelings regarding the number and gender of those assisting must be considered when providing intimate care. There is no requirement in law for there to be more than one person assisting[[6]](#footnote-6). This should be agreed and reflected in the IHP and risk assessment.
	+ The education setting should have an intimate care policy[[7]](#footnote-7). It should be followed, unless alternative arrangements have been agreed, and recorded in the learner’s IHP.
	+ If a learner refuses their medication, staff should record this and follow their defined procedures informing parents as soon as possible. If a learner misuses any medication, their parents should be informed as soon as possible. The education setting should ask parents to seek healthcare advice as appropriate. If parents cannot be contacted immediately, staff will seek immediate healthcare advice.
	+ Staff involved in the administration of medication should be familiar with how children consent to treatment. Further information on this from the Welsh Government can be found in the *Patient Consent to Examination and Treatment ‒ Revised Guidance* (NHS, 2008)[[8]](#footnote-8).
	+ All staff supporting off-site visits will be made aware of children who have healthcare needs. They receive the required information to ensure staff are able to facilitate an equal experience for the learner. This information may include health and safety issues, what to do in an emergency and any other additional necessary support that the learner requires, including medication and equipment.

 **8*.* Emergency procedures**

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

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

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

**9. Training**

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

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

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

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

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

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

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

**13. Creation and management of IHPs**

The Childcare understands that the IHP shows how the learner’s needs can be met. An IHP is easily accessible to all who need to refer to it, while maintaining the required levels of privacy. Each plan should capture key information and actions required to support the learner effectively. The development of detailed IHPs will involve close liason with the Early Years Lead ANL Officer in the Vale plus:

* the parents
* input or information from previous setting
* appropriate healthcare professionals
* social care professionals
* the Responsible individual for healthcare needs across the setting
* Childcare manager & staff
* any individuals with relevant roles such as a first aid coordinator, a well-being officer, and Early Years ALN Lead Officer from the LA

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

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

The aim of the plan is to capture the steps which need to be taken to help a learner manage their condition and overcome any potential barriers to participating fully in education. Those devising the plan will take the lead, but responsibility for ensuring it is finalised and implemented rests with the designated person in Childcare.

IHPs set out what support is required by a learner. Our Governing body ensures their healthcare needs policy includes information on who has overall responsibility for the development of the IHPs. IHPs are essential where healthcare needs are complex, fluctuating, long term or where there is a high risk that an emergency intervention will be needed. However, not all children with healthcare needs require an IHP and there should

be a process in place to decide what interventions are most appropriate. The following diagram outlines the process for identifying whether an IHP is needed

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

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

The aim of the plan is to capture the steps which need to be taken to help a learner manage their condition and overcome any potential barriers to participating fully in education. Those devising the plan should agree who will take the lead, but responsibility for ensuring it is finalised and implemented rests with designated staff at Childcare.

governing body ensures that the plans are reviewed at least annually or more frequently should there be new evidence that the needs of the learner have changed. They should be developed with the best interests of the learner in mind and ensure that we as a Childcare, with specialist services (if required), assess the risks to the learner’s education, health and social well-being.

Where a learner has ALN the IHP will be linked or attached to any individual development plan or Statement of ALN.

All relevant staff (including temporary staff) are aware of the healthcare needs of their children, including changes to IHPs. IHPs will likely contain sensitive or confidential information. The sharing and storing of information complies with the Data Protection Act 1998 and does not breach the privacy rights of or duty of confidence owed to the individuals.

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

**14. Insurance arrangements**

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

**15. Complaints procedure**

If the learner or parent is not satisfied with our health care arrangements they are entitled to make a complaint. The governing body publicises their formal complaints procedure[[9]](#footnote-9), including how complaints can be escalated from Childcare Manager to the Responsible Individual then to the governing body, and then to the local authority. The complaints procedure is summarised in their policy for supporting children with healthcare needs.

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

**16. Reviewing policies, arrangements and procedures**

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

**17. Good Practice**

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

* children are not prevented from attending Childcare due to their healthcare needs, unless their attending the setting would be likely to cause harm to the learner or others
* children with the same condition accesses the correct treatment for them
* the views of the parents and health professionals are taken into account (although these views may be queried with additional opinions sought promptly where required)
* children who become ill or need assistance will be accompanied by someone who is able to monitor them
* request adjustments or additional time for a child occurs in a timely manner.
* children are not prevented from drinking, eating or taking toilet or other breaks whenever needed in order to manage their healthcare needs effectively
* parents are not required or to feel obliged, to attend the setting, trip or other off-site activity to administer medication or provide healthcare support to the learner, including for toileting issues

**Annex 1: Outline of legal framework**

**The Equality Act 2010**

Disability is a protected characteristic under the Equality Act 2010. Some children with healthcare needs may be disabled for the purposes of that Act; others may not be. There are various duties under the Equality Act 2010 which are relevant in the context of children with healthcare needs who are also disabled.

The responsible body of a setting must not discriminate, harass or victimise disabled children and in some cases, other particular persons. The responsible body is also subject to a duty to make reasonable adjustments (section 85 of the Equality Act 2010).Local authorities must prepare and implement an accessibility strategy in relation to maintained settings for which they are the responsible body. This is a strategy for (over a particular period):

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

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

* The Social Services and Well-being (Wales) Act 2014 (‘the 2014 Act’) is a single act that brings together local authorities’ duties and functions in relation to improving the well‑being of people who need care and support, and carers who need support. The Act provides the statutory framework to deliver the Welsh Government’s commitment to integrated social services departments with a strong family orientation.
* From a Welsh policy and delivery perspective, the 2014 Act seeks to ensure that care and support provided to young people is delivered in accordance with the principles outlined in the UNCRC.

**Common law**

As part of the common law, those responsible for the care and supervision of children, including Childcare staff in charge of children, owe a duty of care to act as any reasonably prudent parent would when taking care of their own children. A person who is responsible for the care and supervision of children should do what is reasonable for the purpose of safeguarding or promoting the child’s welfare.

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

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

adults should think about the best interests of children and young people when making choices that affect them (Article 3)

children who have any kind of disability should have the care and support required so that they can lead full and decent lives (Article 23)

**Other relevant provisions**

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

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

**Signed Headteacher:**  **Date: 10/9/24**

**Signed Chair of Governors: Date: 10/9/24**

**Annex 2: Form templates**

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

* Form 1 ‒ Contacting emergency services
* Form 2 ‒ Parental agreement for education setting to administer medicine
* Form 3 ‒ Head of setting agreement to administer medicine
* Form 4 ‒ Record of medicine stored for and administered to an individual learner
* Form 5 ‒ Staff training record ‒ administration of medicines
* Form 6 ‒ Medication/healthcare incident report

These forms are downloadable as Word documents from

[learning.gov.wales/resources/browse-all/supporting-children-with-healthcare-needs/?lang=en](http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en) to enable Childcares or settings to personalise them.

**Form 1: Contacting emergency services**

**Request for an Ambulance**

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

1. School telephone number.- 01446 762072
2. Give your location as follows Pendoylan Church in wales Primary, Pendoylan Cowbridge
3. State that the postcode is CF717UJ
4. Give your name.
5. Give the name of the child and a brief description of symptoms.
6. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to [name location].
7. 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 setting.

**Form 2: Parental agreement for Childcare setting to administer medicine**

**Pendoylan Childcare needs your permission to give your child medicine. Please complete and sign this form to allow this.**

 / /

Name of education setting

Name of child

Date of birth

Group/class/form

Healthcare need

**Medicine**

Name/type of medicine

(as described on the container)

 / /

 / /

Date dispensed Expiry date

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

Dosage and method

Timing

Special precautions

Are there any side effects that

the setting needs to

know about?

Procedures to take in an emergency

**Contact details**

Name

Daytime telephone no.

Relationship to child

Address

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

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

 / /

Date Signature(s) ………………………………………….........

**Form 3: Childcare Manager agreement to administer medicine**

Pendoylan Childcare

Name of setting

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

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

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

break]

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

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

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

instructed by parents/carers] …………………………………………………………………….

Date

Signed ………………………………………………

[Childcare manager/ Deputy Manager]

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

Name of setting

Pendoylan Childcare

Name of learner

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature ………………………………………………………

Signature of parent/carer ……………………………………………………………

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

**Form 5: Staff training record ‒ administration of medicines**

Pendoylan Childcare

Name of setting

Name

Type of training received

 / /

Date of training completed

Training provided by

Profession and title

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

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

Trainer’s signature ……………………………………….. Date

I confirm that I have received the training detailed above.

Staff signature ……………………………………………. Date

Suggested review date

**Form 6: Medication/healthcare incident report**

Learner’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of incident \_\_\_\_\_\_\_\_\_\_\_\_ Time of incident \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Correct medication and dosage:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication normally administered by:** Learner □

Learner with staff supervision □

Nurse/school staff member □

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of error:**

Dose administered 30 minutes after scheduled time □

Omission □ Wrong dose □ Additional dose □

Wrong learner □

Dose given without permissions on file □ Dietary □

Dose administered by unauthorised person □

**Description of incident:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Action taken:**

□ Parent notified: name, date and time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ School nurse notified: name, date and time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Physician notified: name, date and time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:**

1. [learning.gov.wales/docs/learningwales/publications/150909-reviews-toolkit-en.pdf](http://learning.gov.wales/docs/learningwales/publications/150909-reviews-toolkit-en.pdf) [↑](#footnote-ref-1)
2. Section 25 of the Children Act 2004 [www.legislation.gov.uk/ukpga/2004/31/section/25](http://www.legislation.gov.uk/ukpga/2004/31/section/25) [↑](#footnote-ref-2)
3. [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents) [↑](#footnote-ref-3)
4. The duty to make reasonable adjustments under the Equality Act may apply depending on the circumstances. [↑](#footnote-ref-4)
5. Schedule 10 to the Equality Act 2010. For guidance on the previous similar statutory duties: [gov.wales/dcells/publications/publications/circularsindex/04/disabledaccess/nafwc1504-e.pdf?lang=en](http://gov.wales/dcells/publications/publications/circularsindex/04/disabledaccess/nafwc1504-e.pdf?lang=en) [↑](#footnote-ref-5)
6. [gov.wales/docs/dcells/publications/150114-keeping-learners-safe.pdf](http://gov.wales/docs/dcells/publications/150114-keeping-learners-safe.pdf) [↑](#footnote-ref-6)
7. Intimate care can be defined as any care which involves washing or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some learners are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as day-to-day tasks such as help with washing, toileting or dressing. It also includes supervision of learners involved in intimate self-care. [↑](#footnote-ref-7)
8. Please note this circular will be revised in spring 2017. The current version can be accessed at [www.wales.nhs.uk/sites3/page.cfm?orgid=465&pid=11930](http://www.wales.nhs.uk/sites3/page.cfm?orgid=465&pid=11930) [↑](#footnote-ref-8)
9. Section 29 of the Education Act 2002 at [www.legislation.gov.uk/ukpga/2002/32/section/29](http://www.legislation.gov.uk/ukpga/2002/32/section/29) [↑](#footnote-ref-9)