



Healthcare Needs Policy

March 2026

Date Approved: 11/3/26
Signed: _____

D Harris
SMEET

Healthcare Needs Policy

Date of issue: May 2018 Reviewed date: January 2023 Next review: January 2026
Next review date: January 2029

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Key principles

At Melin Primary School we have high expectations that encourage good habits, promote ambition and positive attitudes to learning. This will enable the children to grow to be literate, numerate, digitally competent and independent life-long learners. They will be happy, healthy, safe and contribute creatively and ethically to their community, Wales and the world.

Melin Primary School respects the Rights of the Child and firmly believes that it contributes positively to both the four purposes of our curriculum, but also our vision as a school. This policy supports these aims through the following rights:

- Article 1 Everyone under 18 has all these rights.
- Article 3 All adults should always do what is best for you.
- Article 23 If you are disabled, either mentally or physically, you have the right to special care and education to help you develop and lead a full life.
- Article 28 You have the right to education.
- Article 29 You have the right to education which tries to develop your personality and abilities as much as possible and encourages you to respect other people's rights and values and to respect the environment

Healthcare issues affect each learner individually and support from the education setting may have an impact on their quality of life and future chances. Therefore, the governing body and Headteacher of Melin Primary School will ensure arrangements are focused on meeting the needs specific to the learner and consider how this impacts on their education, attainment and well-being.

Arrangements will give learners and parents confidence that provision that we offer in school is suitable and effective.

2. School's legal requirements

Key points

- Learners with healthcare needs should be properly supported so that they have full access to education, including trips and physical education.

- Governing bodies must ensure that arrangements are in place to support learners with healthcare needs.
- Governing bodies should ensure that education setting staff consult the relevant professionals, learners and parents to ensure the needs of the learner with healthcare needs are properly understood and effectively supported.

All learners with healthcare needs are entitled to a full education. In addition to the duties set out above (Education Act 2002), consideration must also be given to whether the learner is defined as disabled under the Equality Act 2010. Governing bodies must comply with the duties of this Act, including those within an education context. For example, reasonable adjustments for disabled learners must be made and disabled learners must not be discriminated against when making admission arrangements. In drafting this statutory guidance and advice, the Welsh Ministers have had regard to the UNCRC – the contents reflect the rights contained in the convention

3. Roles and responsibilities - outline the roles and responsibilities of the following:

3a). School

Our governing body has a duty to comply with statutory duties, including those under the Equality Act (2010) and to promote the well-being of learners. They will ensure that 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 the delegation of responsibilities or tasks to a headteacher, member of staff or professionals as appropriate. The Governing Body will also develop and implement effective arrangements to support learners with healthcare needs. This includes IHPs for particular learners and ensuring arrangements for their development, monitoring and review are in place.

The Governing body will ensure that 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. It will ensure that staff with responsibility for supporting learners with healthcare needs are appropriately trained.

The headteacher will work with the Governing Body to ensure compliance with applicable statutory duties when supporting learners with healthcare needs, including duties under the Equality Act (2010). The headteacher will also ensure that the arrangements that are in place to meet a learner's healthcare needs are fully understood by all parties involved with the child and are acted upon, and that such actions are maintained. The support put in place should focus on and meet the individual learner's needs.

The learner's have a right to privacy and the headteacher should extend awareness of healthcare needs across the education setting with regard to catering, supply staff, governors parents and other learners appropriately. The headteacher should also ensure 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.

The headteacher has overall responsibility for the development of IHPs and should ensure that the learners needs are met in an appropriate and dignified environment. They will ensure that learners with healthcare needs are not excluded from activities they would normally be entitled to take part in without a clear evidence-based reason.

Any staff member within the education setting 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.

Support staff and other members of school staff should fully understand the education setting's healthcare needs policies and arrangements. They would be 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.

Staff members should be 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 assistance in a medical emergency takes place. They should fully understand the setting's emergency procedures and be prepared to act in an emergency.

Staff should ensure that learners (or their friends) know who to tell if they feel ill, need support or changes to support. They should listen to concerns of learners if they feel ill at any point and consider the need for medical assistance. Staff should ensure that learners with healthcare needs are not excluded from activities they wish to take part in without clear evidence-based reason, including any external trips/visits. This includes ensuring that learners have access to their medication and that an appropriately trained member of staff is present to assist where required.

Staff should be aware that healthcare needs can impact on a learner's ability to learn and provide extra help when required. Learners who have been absent should be supported and assisted in catching up on missed work – this may involve working with parents and specialist services. Staff should keep parents informed of how healthcare needs are affecting the learner in the education setting. This may include reporting on any deterioration, concerns or changes to learner or staff routines.

Parents and Learners

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 should:

- 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 contactable at all times 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.

3d). Local authority

The school will work with the LA to ensure legal duties and requirements are met in regard to learners with healthcare needs. This includes liaison with external agencies and appropriate representatives of the Local Authority.

3e). NHS Wales school health nursing service, health and other professionals, third sector organisations and other specialist services (pages 10-11)

Healthcare and practical support can be found from a number of organisations, all of which will be worked with to meet the needs of the child effectively.

Melin Primary School has access to a health advice service through the local health board and the Local Authority. The scope and type of support the service can offer may include:

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

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

Our Local authority and governing body will ensure that our 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

The school has a written accessibility plan under the Equality Act 2010. The document, in relation to our sites, addresses:

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

The strategy relates to a prescribed period, has been consulted upon, is available for inspection and kept will be kept under review.

Reasonable adjustments – auxiliary aids or services

The Equality Act 2010 places a duty on the school to make 'reasonable adjustments' for learners who are disabled as defined by the Act. In regard to these learners, auxiliary aids or services (with the appropriate number of trained staff) will be provided, as reasonable and implemented by the school.

Day trips and residential visits

Our Governing Body ensures the education setting actively supports all learners with healthcare needs to participate in trips and visits. The Governing Bodies is aware of its legal requirements to make reasonable adjustments to trips and residential visits ensuring full participation from all learners.

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

Social interactions

Governing bodies should ensure the involvement of learners with healthcare needs is adequately considered in structured and unstructured social activities, such as during breaks, breakfast club, productions, after-hours clubs and residential visits. The education setting should make all staff aware of the social barriers learners with healthcare needs may experience and how this can lead to bullying and social exclusion. A proactive approach is needed to remove any barriers.

Exercise and physical activity

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

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

Separate 'special provisions' for particular activities will be avoided, with an emphasis instead on activities made accessible for all. Where this might not be possible, advice from healthcare or physical education professionals and the learner will be sought. Staff understand that it may be appropriate for some learners with healthcare needs to have medication or food with them during physical activity; such learners should be encouraged to take the medication or food when needed.

Food management

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

Where a need occurs, the school will in partnership with the Authority, in advance, provide menus to parents and learners, with complete lists of ingredients and nutritional information. This is especially important when carbohydrate counting is required. Consideration is given to availability of snacks. Sugar and gluten-free alternatives will always be made available. As some conditions require high calorific intake, there will be access to glucose-rich food and drinks.

Food provided for trips reflects the dietary and treatment needs of the learners taking part. Food provided for snacks in classroom settings also takes the dietary and treatment needs of these learners into account. 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 will not be excluded from the classroom or put in isolation.

Risk assessments

Staff are clear when a risk assessment is required and are aware of the risk assessment systems in place. They start from the premise of inclusion and have built into them a process of seeking adjustments or alternative activities rather than separate provision.

In addition, there are duties under the Equality Act 2010 for the school 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 (this including catering staff and relevant contractors) have access to the relevant information, particularly if there is a possibility of an emergency situation arising. This is done when suitable, and following appropriate consent, using the noticeboard in a staff room on each site and in the kitchen display board which is used to display information on high-risk health needs, first aiders and certificates. It will also include emergency procedures relevant for pupils and the site as a whole.

Parents and learners should be active partners, and to achieve this the school makes parents fully aware of the care their children receive. Parents and learners are also made aware of their own rights and responsibilities. To help achieve this the school:

- makes healthcare needs policies easily available and accessible, electronically and in hard copy
- provide the learner/parents with a copy of their information sharing policy on the school website. This should state the type of bodies and individuals with whom the learner's medical information may be shared
- parents sign a consent form which clearly details the bodies, individuals and methods through which their learner's medical information will be shared. The school keeps a list of what information has been shared with whom and why, for the learner/parent to view on request via the chronology in the pupils' file
- considers 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 following documentation is collected and maintained, where appropriate.

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

New records are completed when there are changes to medication or dosage. The school ensures 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

Supply of medication or devices

The school will 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.

Melin Primary School will 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).

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

Some medicines need to be refrigerated. The refrigerator temperature will need to be regularly monitored by the first aiders 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 using either the staff room fridge in Key Stage Two or the Office fridge in the Foundation Phase site.

Emergency medication

Emergency medication must be readily available to learners who require it at all times during the day or at off-site activities. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors (pens) should be readily available to learners in either their classroom or the school office on each site.

When outside of the school's premises, e.g. on trips, 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. Emergency medication should be held by the group leader in which the child is placed.

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

Non-emergency medication

All non-emergency medication should be kept in a secure place on each site office with appropriate temperature or light controls. If it is a controlled drug, additional security measures and controls are advisable such as lockable cupboards.

Disposal of medicines

When no longer required, medicines will 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

- Where the learner is under 16, assistance or administration of prescribed or non-prescribed medicines requires written parental consent, unless Gillick competence is recorded. The administration of all medication should be recorded.
- Where medication is prescribed to be taken in frequencies which allow the daily course of medicine to be administered at home, parents should seek to do so, e.g. before and after school and in the evening. There will be instances where this is not appropriate.
- Learners under 16 should never be given aspirin or its derivatives unless prescribed

to them.

- Unless there is an agreed plan for the learner to self-medicate (16 years and above or Gillick competent), all medication 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 should check the maximum dosage and the amount and time of any prior dosage administered.
- Certain medical procedures may require administration by an adult of the same gender as the learner, and may need to be witnessed by a second adult. The learner's thoughts and feelings regarding the number and gender of those assisting must be considered when providing intimate care. There is no requirement in law for there to be more than one person assisting. This should be agreed and reflected in the IHP and risk assessment.
- Melin Primary School has an intimate care policy. It should be followed, unless alternative arrangements have been agreed, and recorded in the learner's IHP.
- If a learner refuses their medication, staff should record this and inform parents as soon as possible. If a learner misuses any medication, their parents should be informed as soon as possible and staff will ask parents to seek healthcare advice as appropriate. If parents cannot be contacted immediately, staff need to consider seeking immediate healthcare advice from either the school nurse or other medical practitioners.
- All staff supporting off-site visits should be made aware of learners who have healthcare needs. They should receive the required information to ensure staff are able to facilitate an equal experience for the learner. This information may include health and safety issues, what to do in an emergency and any other additional necessary support that the learner requires, including medication and equipment.

8. Emergency procedures

Immediately inform the head teacher or nominated emergency contact. If neither is able to respond (they may be involved in the incident) the senior person present should follow the instructions below.

- Assess the situation and establish a basic overview of the incident.
- Take immediate action to safeguard pupils, staff and visitors.
- Attend to any casualties and administer first aid, if appropriate.
- If appropriate, dial 999 for the emergency services and provide them with an overview of the situation. If in doubt, dial 999.

The school has an 'Emergency Plan', copies of which are on the School Hwbsite, on the Deputy and Headteacher laptops and in both school offices.

Nominated and 'in date' first aiders are present on both sites. Names of the qualified individuals are contained on green posters on each site.

Healthcare Emergency Plans are found in each office and near telephones around both sites. Plans contain information on contacts, conditions, symptoms and treatment.

Pupils should inform teachers immediately if there is an emergency.

9. Training

Staff numbers for sufficient number of trained personnel are identified through a risk assessment procedure which is carried out by our School Bursar. Appropriate numbers of staff are trained as a result. They receive relevant training which ensures staff are competent and confident to support learners from accredited suppliers.

The Bursar maintains procedures for keeping up-to-date records of date and name of training, trainers, trainees, certificates, informing the LA. The Bursar, along with the staff members and Headteacher ensures that training is kept up-to-date.

When staff or volunteers start in the school, they are made aware of the healthcare needs and are provided with a basic awareness of common medical conditions to recognise symptoms and understand how to seek appropriate assistance.

10. Qualifications and assessments

Where adjustments, adaptations or additional time are required to undertake assessments or tests, teachers are expected to use their professional judgement to support learners with healthcare needs in line with the guidance provided for the particular assessment. This will be done following consultation with the Headteacher.

11. Education other than at school (EOTAS)

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

If pupils are in hospital and can not attend school for an extended period of time, the school will set work for them to complete using ICT and web based technologies. Some work will also be set in traditional ways and should be returned to school for marking and feedback.

Where absences are anticipated or known in advance, close liaison between the school and local authority should take place to ensure provision is appropriate.

Cooperation between education, health and administrative staff in hospital is essential. The aim should be to achieve the greatest possible benefit for the child or young person's education and health, which should include the creation of an atmosphere conducive to effective learning.

12. School transport

The school follows the Local Authority guidance and policy on transportation of pupils to and from school.

13. Reviewing policies, arrangements and procedures

The health care plans of pupils will be reviewed annually or as new updated information is received.

Procedures will be reviewed in light of better examples of practice or updated guidance being provided by the Local Authority or Welsh Government.

14. Insurance arrangements

Our governing body of maintained education settings should 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 appropriately reflects the level of risk.

Insurance policies are monitored and checked by the School Bursar who liaises under the terms of our Service Level Agreements with the authority on the matter.

15. Complaints procedure

If the learner or parent is not satisfied with the education setting's health care arrangements they are entitled to make a complaint.

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.

The school has an agreed complaints procedure which is available from the school website or in paper format from the school office.

16. Individual healthcare plans (IHPs)

IHPs set out what support is required by a learner. They do not need to be long or complicated. The Headteacher has overall responsibility for the development of IHPs.

IHPs are essential where healthcare needs are complex, fluctuating, long term or where there is a high risk that an emergency intervention will be needed. However, not all learners with healthcare needs require an IHP and there should be a process in place to decide what interventions are most appropriate. The following diagram outlines the process for identifying whether an IHP is needed.

Identify learners with healthcare needs

- Learner is identified from enrolment form or other route.
- Parent or learner informs education setting of healthcare need.
- Transition discussions are held in good time, e.g. eight weeks before either the end of term or moving to a new education setting.

Gather information

- If there is potential need for an IHP, the education setting should discuss this with the parent and learner.

Establish if an IHP should be made

- The education setting should organise a meeting with appropriate staff, the parents, the learner and appropriate clinicians to determine if the learner's healthcare needs require an IHP, or whether this would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher should take the final decision, which can be challenged through the complaints procedure.

If an IHP should be made

- The education setting, under the guidance of the appropriate healthcare professionals, parents and the learner, should develop the IHP in partnership.
- The education setting should identify appropriate staff to support the learner, including identifying any training needs and the source of training, and implement training.
- The education setting should circulate the IHP to all appropriate individuals.
- The education setting should set an appropriate review date and define any other triggers for review.

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 should be confirmed in writing between the learner (where appropriate), the parents and the school.

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

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

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

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

- details of the healthcare need and a description of symptoms
- specific requirements such as dietary requirements, pre-activity precautions (e.g. before physical education classes)
- medication requirements, e.g. dosage, side effects, storage requirements, arrangements for administration

- an impact statement (jointly produced by a healthcare professional and a teacher) on how the learner's healthcare condition and/or treatment affects their learning and what actions are required to mitigate these effects
- actions required
- emergency protocols and contact details
- the role the education setting can play, e.g. a list of things to be aware of
- review dates and review triggers
- roles of particular staff, e.g. a contact point for parents, staff responsible for administering/supervising medication, and arrangements for cover in their absence
- consent/privacy/sensitive information-sharing issues
- staff training needs, such as with regard to healthcare administration, aids and adaptive technologies
- record keeping how it will be done, and what information is communicated to others
- home-to-school transport

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

17. Unacceptable practice

It is not acceptable practice to:

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

- 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 insisting a parent needs to accompany the learner.

T. Richards

January 2023

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March 2026D .Harris