



**TAFF BARGOED  
LEARNING PARTNERSHIP**  
*'Learning and Growing Together'*

# Healthcare Needs Policy

## Introduction

Within the Taff Bargoed Learning Partnership, we aim to include all learners within the daily life of school, regardless of their need or disability. As a school we aim to promote an environment that is fully inclusive and caring; and celebrates the diversity of Pupils within our school environment. As a school we recognise that some pupils bring with them a specific set of healthcare needs that should be addressed.

We want to ensure that every child is given every opportunity to come to school and make the most of their education. Every pupil in our school is supported to 'Reach for the Stars'.

## Aims

Our inclusive aims cover all learners, including those with healthcare needs. This policy aims to ensure 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.

## School's legal requirements

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.

In meeting the duties under section 175 of the Education Act 2002, local authorities and governing bodies **must** have regard to guidance issued by the Welsh Ministers under this section.

Section 21(5) of the Education Act 2002 places a duty on governing bodies to promote the well-being of learners at the school so 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.

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

### **Statutory duties on governing bodies of maintained schools**

- In discharging their functions relating to the conduct of the school, the governing body must promote the well-being of learners at the school. (Section 21(5) of the Education Act 2002). This duty relates to all learners, including those with healthcare needs.
- The Governing Body must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children (i.e. those under 18) who are learners at the school (see section 175(2) of the Education Act 2002).
- Governing bodies are also subject to duties under the Equality Act 2010 – see below.

### **The Equality Act 2010**

Disability is a protected characteristic under the Equality Act 2010. Some learners with healthcare needs may be disabled for the purposes of that Act; others may not be. There are various duties under the Equality Act 2010 which are relevant in the context of learners with healthcare needs who are also disabled. The responsible body of a school must not discriminate, harass or victimise disabled learners and in some cases, other particular persons. The responsible body is also subject to a duty to make reasonable adjustments (section 85 of the Equality Act 2010).

Local authorities must prepare and implement an accessibility strategy in relation to schools for which they are the responsible body. This is a strategy for (over a particular period):

- Increasing the extent to which disabled learners can participate in the schools' curriculum.
- improving the physical environment of the schools for the purpose of increasing the extent to which disabled learners are able to take advantage of education and benefits, facilities or services provided or offered by the schools
- Improving the delivery to disabled learners of information which is readily accessible to learners who are not disabled. (See paragraph 1 of Schedule 10 to the Equality Act 2010.)

The responsible body of a school must prepare and implement an accessibility plan. Such a plan involves the same content as an accessibility strategy, except that it relates to the particular school (paragraph 3 of schedule 10 to the Equality Act 2010). In relation to a maintained school and maintained nursery, the responsible body is the local authority or the governing body. In relation to a PRU, it is the local authority.

Local authorities and the governing body of local authority-maintained educational establishments (e.g. maintained schools) are subject to the public sector equality duty. This requires them, in the exercise of their functions, to have due regard to particular matters related to equality (section 149). They are also under specific duties for the purpose of enabling better performance of the public sector equality duty (see the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 S.I.2011/1064).

### **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.

- Local authorities in Wales have a duty under section 15 of the 2014 Act to provide preventative services in their area. The purpose of these services would be to prevent or delay people developing a need for care and support.
- The 2014 Act was developed using the ‘people model’ which focuses on providing sustainable social services to people (being children, adults and carers) in line with their unique needs. This means that children are not treated in isolation but instead as part of families and communities. This has allowed the 2014 Act to provide a cohesive and more integrated care system.
- Well-being and the outcomes people wish to achieve are at the centre of the legislation; the definition of well-being in the Act, and the well-being statement, both recognise that securing rights and entitlements is key to ensuring that children can speak for themselves or have someone who can do it for them so that they are involved in the decisions that affect their life.

### **Common law**

As part of the common law, those responsible for the care and supervision of children, including teachers and other school 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. However, this is subject, for example, to a court order prohibiting certain steps being taken in relation to that child without the court’s consent (section 3(5) of the Children Act 1989).

### **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:

- children have a right to an education (Article 28)
- 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)
- every child has the right to say what they think in all matters affecting them, and to have their views taken seriously (Article 12).

### **Roles and responsibilities**

#### **- Governing Body**

The governing body will oversee the development and implementation of arrangements, which should include:

- Complying with applicable statutory duties, including those under the Equality Act 2010 (e.g. the duty to make reasonable adjustments in respect of learners with healthcare needs if they are disabled, as outlined above)
- Having a statutory duty to promote the well-being of learners. Schools should give consideration to how they can meet these needs, including providing learners access to information and material aimed at promoting spiritual and moral well-being and physical and mental health (Article 17 of the UNCRC) considering how they can support learners to develop the skills, knowledge and emotional resilience required to uphold their rights, and the rights of others
- Ensuring the roles and responsibilities of all those involved in the arrangements to support the healthcare needs of learners are clear and understood by all those involved, including any appropriate delegation of responsibilities or tasks to a 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 particular learners ensuring arrangements are in place for the development, monitoring and review of the healthcare needs
- 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 (Epi) pens
- Ensuring staff with responsibility for supporting learners with healthcare needs are appropriately trained (see '2.8 Training').
- Ensuring appropriate insurance cover is in place, any conditions are complied with and staff are clear on what this means for them when supporting learners
- Having an infection prevention policy that fully reflects the procedures laid out in current Guidance 11.

### **- Headteacher**

The Headteacher will:

- 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
- ensure the arrangements in place to meet a learner's healthcare needs are fully understood by all parties involved and acted upon
- ensure the support put in place focuses on and meets the individual learner's needs, also known as person-centred planning
- extend 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
- ensure a sufficient number of trained staff are available to implement the arrangements set out in all IHPs, including contingency plans for emergency situations
- check with the local authority whether particular activities for supporting learners with healthcare needs are appropriately covered by insurance and making staff aware of any limits to the activities that are covered
- ensure all learners with healthcare needs are appropriately linked with the education setting's health advice service
- provide annual reports to the governing body on the effectiveness of the arrangements in place to meet the healthcare needs of learners
- ensure 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
- notify 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
- be mindful of the Social Services and Well-being (Wales) Act 2014.

The head teacher is responsible for learners with healthcare needs, liaising with staff, parents, learners, the home tuition service, the local authority, the key worker and others involved in the learner's care.

### **- Teachers and support staff**

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. 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 trained by the School Nurse, and that the medication forms part of an IHP. In addition to the training provided to staff that have volunteered or are contracted to support learners with healthcare needs, the school will ensure 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. This may include reporting any deterioration, concerns or changes to learner or staff routines.

### **Parents/carers**

Parents and carers of children with known complex health needs will be invited to meet with the head teacher before their child starts at Trelewis Primary School. Parents should give us as much information as possible about healthcare needs, including any guidance regarding the administration of medicines, and/or treatment from healthcare professionals.

They should inform us of any changes such as type of medication, dosage or method of administration. Parents must provide relevant in-date medicines, correctly labelled, with written dosage and administration instructions: a medicine form (available from the school office) must be filled in for each new course of medication.

Parents must ensure a nominated adult is contactable at all times and all necessary forms are completed and signed. We need to know if a child has/had an infectious disease or condition. Parents will discuss

and agree a healthcare plan with the head teacher. Any information will be shared only with concerned professionals.

#### **-Learner**

The pupil must inform parent/carer or staff member/s if feeling unwell. Pupils at Trelewis Primary School should not bring their own medication to school; this is the responsibility of the parent.

#### **- Local authority**

The school will work with the local authority to ensure disabled children and young people are not at a substantial disadvantage compared with their peers and receive a suitable education. The school will work with the local authority to arrange counselling for learners in Year 6 where needed, to complement the different approaches already in place to support the health, emotional and social needs of learners as part of transition work.

#### **- NHS Wales school health nursing service, health and other professionals, third sector organisations and other specialist services**

The school will engage with health professionals as appropriate. Close links already exist.

### **Creating an accessible environment**

The school has a strategic equality and accessibility plan. The school actively supports all learners with healthcare needs to participate in trips and visits. Appropriate arrangements will be made for trips and residential visits, with extra support sought from the local authority if necessary. Extra-curricular activities and clubs are open to all. Reasonable adjustments will be made to facilitate participation.

Appropriate exercise and physical activity will be offered to all children, with adjustments made according to need. All staff will be made aware of food allergies, and care will be taken to avoid a child coming into contact with allergens. Pupils will be given assistance with eating where required. Children with healthcare needs will be exempt from the Healthy Schools policy if their dietary needs require it e.g. if they need big calorie intake or sugary snacks.

Learners needing to eat or drink as part of their condition should not be excluded from the classroom or put in isolation.

### **Sharing information**

Teachers, supply teachers and support staff (this may include other staff such as catering staff or relevant contractors) will be made aware of any health care needs. Information will be shared and if necessary available on the safeguarding/first aid board outside the staffroom. Where available, the class LSA will ensure that supply teachers are aware of any needs. Staff meetings will also be used to pass on information.

### **Sharing information with Parents/carers and learners**

The school will:

- make healthcare needs policies easily available and accessible, online and in hard copy
- 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 school should discuss with the learner and parents first and decide if information can be shared.

### **Procedures and record keeping for the management of learners' healthcare needs**

The school will 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. Record of medicine stored for and administered to an individual learner
4. Record of medicines administered to all learners by date
5. Staff training record – administration of medicines

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. The forms will record parental permission, name and date of medication, method of administration of medication, quantity received and returned and parental contact number, and any refusal to take medication (See Policy for Administration of Medicine).

### **Storage, access and the administration of medication and devices**

Emergency contact details for parents are stored in the school office. 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.

Parents must see the HT/DHT if the child needs medication. They must fill in a medicine form, stating when a dose is to be administered, and hand the medicine to the secretary. New forms should be completed if there is a change of dosage or frequency.

Children must not bring their own medication to school. However, Learners on long term medication who are competent to do so should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within the learner's IHP(if appropriate).

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

The school will 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. The 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).

Further information can be found in the Policy for Administration of Medicine.

### **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. Medicines will be locked away in the medicine cupboard (school office), or stored in the fridge if appropriate. Only staff must take the medication out of the storage area, not pupils.

Staff are not required to administer medication: if they are not happy to do so, the head and/or secretary will administer it.

Staff administering medicine must sign to say when they have administered each dose, writing the time of each administration. 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 school will parents to seek healthcare advice as appropriate. If parents cannot be contacted immediately, staff need to consider seeking immediate healthcare advice.

All children attending residential camps will have provided a signed medical form providing medical details and giving teachers permission to contact a doctor or ambulance should instances arise where their child requires treatment.

Children suffering with asthma will have access to their labeled asthma pumps. The asthma pumps are kept in a safe and secure place in the classroom (First Aid/Emergency box. These are green boxes and clearly marked). Asthma pumps are taken on any off site activities.

Further information can be found in the Policy for Administration of Medicine.

### **Emergency medication**

Emergency medication must be readily available to learners who require it at all times during the day or at off-site activities. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors (pens) should be readily available to learners and not locked away. This is particularly important to consider when outside of the education setting's premises, e.g. on trips.

If the emergency medication is a controlled drug it should be kept as securely as possible so as to minimise the risk of unauthorised access while also allowing quick access if this might be necessary in an emergency. For example, keys should not be held personally by a member of staff. 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.

### **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.

### **Emergency procedures**

In situations requiring emergency assistance, 999 should be called immediately. Learners' healthcare records and emergency contact details will be kept in the school office. Where a learner has an IHP, this should clearly define what constitutes an emergency and explain what to do. Staff should be made aware of emergency symptoms and procedures.

Other pupils should inform a member of staff immediately if they perceive an emergency situation. In an emergency, the school will try to contact the parent/carer before taking a child to hospital. If a learner needs to be taken to hospital before a parent/carer arrives, a staff member should accompany the child in an ambulance to hospital, and stay with him/her until a parent/carer arrives. The member of staff should have details of any known healthcare needs and medication.

### **Training**

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

If a learner has complex needs, input may be needed from healthcare services and the local authority who will be able to advise and signpost to further training and support. All staff, irrespective of whether they have volunteered to assist or support learners with healthcare needs, may come into contact with learners who have healthcare needs. It is therefore advisable that all staff have a basic understanding of common conditions to ensure recognition of symptoms and understand where to seek appropriate assistance. School nurses or other appropriate professionals may be invited in to train staff when a need arises.

### **National Tests**

Adjustments, adaptations or additional time for learners taking the National Reading and Numeracy Tests should be based on normal classroom practice for particular 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*<sup>23</sup>

### **School transport:**

The head teacher will advise parents on accessing school transport through the local authority.

### **Reviewing policies, arrangements and procedures**

This policy will be reviewed every five years, or earlier if necessary.

### **Insurance arrangements**

The school has standard school insurance cover and off-site activity cover. Special insurance may be required: advice will be sought when required.

### **Complaints procedure**

If parents have a complaint, it can often be resolved quickly by talking to a teacher or member of staff.

In most cases, we would expect that the concern is resolved informally. If the complainant feels that the initial concern has not been dealt with appropriately the complaint should be put in writing to the Headteacher. It is rare that a complaint will progress any further.

However, if the complainant still feels that the issue has not been resolved, he should write, through the school's address, to the chair of governors setting out the reasons for asking the Governing Body's complaints committee to consider your complaint.

See the school complaints policy for further details.

### **Individual healthcare plans (IHPs)**

The development of an IHP will be the responsibility of the ALNCO in close consultation with the School Nurse and Class Teacher.

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 paragraphs outline 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 school will discuss this with the parent and learner.

#### **- Establish if an IHP should be made**

- The school will 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 school will identify appropriate staff to support the learner, including identifying any training needs and the source of training, and implement training.
- The school will circulate the IHP to all appropriate individuals.
- The school will 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 may be sufficient to record the name of medication, dosage, time administered and any possible side effects. These procedures should be confirmed in writing between the learner (where appropriate), the parents and the education setting.

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 – this is the responsibility of the local authority, who may find it helpful to be aware of the learner's IHP and what it contains, especially in respect of emergency situations.

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

Many third sector organisations have produced condition-specific template IHPs that could be used. Governing bodies should ensure the plans are reviewed at least annually or more frequently should there be new evidence that the needs of the learner have changed. They should be developed with the best interests of the learner in mind and ensure the education setting, with specialist services (if required), assess the risks to the learner's education, health and social well-being.

**Note: Many third sector organisations have online condition-specific IHPs that could be useful to tailor for learners' needs.**

### **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, 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