

Healthcare Needs Policy 2026 – Goetre Primary School

Section 1 – Key Principles

Within Goetre Primary School, we aim to include all learners within the daily life of the school, regardless of their need or disability. We promote an environment that is fully inclusive and caring, and that celebrates the diversity of pupils within our school community. We recognise that some pupils bring with them a specific set of healthcare needs that must 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.

This policy aims to ensure that: staff understand and work within the principles of inclusivity; lessons and activities allow those with healthcare needs to participate fully; staff understand their role in supporting learners with healthcare needs and receive appropriate training; staff feel confident in healthcare emergencies; staff are aware of learner needs through lawful information sharing; and, whenever appropriate, learners are encouraged and supported to take responsibility for managing their own healthcare needs.

Section 2 – 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. In meeting these duties, local authorities and governing bodies must have regard to guidance issued by the Welsh Ministers. Section 21(5) of the Education Act 2002 places a duty on governing bodies to promote the well-being of learners as described in section 25(2) of the Children Act 2004.

All learners with healthcare needs are entitled to a full education. Consideration must also be given to whether a learner is defined as disabled under the Equality Act 2010, including the duty to make reasonable adjustments and avoid discrimination.

The Welsh Ministers have had regard to the United Nations Convention on the Rights of the Child (UNCRC), including the right to education (Article 28), best interests of the child (Article 3), support for disabled children (Article 23) and the right to be heard (Article 12).

Section 3 – Roles and Responsibilities

Governing Body: Oversees the development and implementation of arrangements to support learners with healthcare needs, ensures statutory compliance (including Equality

Act 2010), promotes learner well-being, clarifies roles and responsibilities, works with parents and professionals, develops effective arrangements (including IHPs), ensures robust emergency systems and appropriate training and insurance.

Headteacher: Ensures compliance with statutory duties, that arrangements are understood and acted upon using person-centred planning, raises awareness while respecting privacy, ensures sufficient trained staff and appropriate insurance, links learners with health services, reports annually to governors, avoids exclusion from activities without clear evidence, and notifies the local authority regarding significant absence due to healthcare needs.

Teachers and Support Staff: May assist/supervise medication once trained; understand policies; know which learners have significant needs and relevant IHPs; recognise symptoms and emergency procedures; listen to learners/parents; ensure inclusion on activities with access to medication; support learners returning after absence.

Parents/Carers: Provide full information and updates on healthcare needs; supply in-date, correctly labelled medication with written dosage; ensure a nominated adult is contactable; work with the school to agree and review IHPs where required.

Learners: Inform staff or parents if feeling unwell; must not bring their own medication to school unless stated in their IHP and agreed procedures.

Local Authority: Works with the school to ensure disabled children are not disadvantaged and that learners receive suitable education, including access to support such as counselling where needed.

NHS Wales School Nursing Service and Other Professionals: The school engages with health professionals, third-sector organisations and specialist services as appropriate.

Section 4 – Creating an Accessible Environment

Goetre Primary School has a strategic equality and accessibility plan. The school actively supports all learners with healthcare needs to participate in trips, visits and off-site activities. Appropriate arrangements will be made, with additional support sought from the local authority where necessary. Extra-curricular activities and clubs are open to all learners, and reasonable adjustments will be made to facilitate participation.

The school environment is designed to be accessible to all learners. Goetre Primary School's new build will be fully accessible, ensuring learners with mobility or sensory needs can access facilities safely and independently. This includes appropriate consideration of physical access, learning spaces and outdoor areas.

Appropriate exercise and physical activity opportunities will be offered to all children, with adjustments made where needed. Staff will be made aware of food allergies, and every effort will be taken to avoid learners coming into contact with allergens. Learners who require support with eating will receive assistance.

Learners with dietary needs that require additional calorie intake or sugary snacks for medical reasons will be exempt from the school's Healthy Schools policy where appropriate. Learners who must eat or drink as part of managing their condition will not be excluded from the classroom or placed in isolation for doing so.

Section 5 – Sharing Information

The school ensures that information about learners' healthcare needs is shared appropriately, lawfully and effectively with relevant staff on a need-to-know basis, respecting learner privacy at all times.

Sharing with Staff: The school uses multiple systems to ensure timely communication: Provision Map (including its round-robin function) to share learner-specific information; teacher transition meetings to pass on information during class/key stage moves; staff meetings for updates and alerts; and IDP meetings with minutes where relevant to record and share information. Class-based staff ensure supply teachers are aware of individual needs. Where necessary, information is displayed securely and discreetly to alert staff to urgent medical requirements (e.g., allergies, emergency plans).

Sharing with Parents/Carers and Learners: Policies are available online and in hard copy. Learners and their parents/carers can agree how information is shared, including whether close peers can be made aware of emergency triggers or warning signs where appropriate for safety.

Section 6 – Procedures and Record Keeping for the Management of Learners' Healthcare Needs

The school maintains clear procedures for managing learners' healthcare needs and collects/stores documentation to ensure staff have access to accurate information. The following records are kept where appropriate: emergency contact details; parental agreement for school to administer medication; a record of medicines stored/administered for each learner; a record of all medicines administered by date; and staff training records relating to medicine administration. These records are updated whenever medication changes, with older forms clearly marked as not current.

Goetre-Specific Recording System: The school uses Provision Map to store and manage key information relating to learners' healthcare needs, providing secure, centralised electronic records for relevant staff. Parents/carers complete an online request when asking the school to administer medication, enabling the school to keep permissions, dosage instructions and related information electronically and in line with data protection.

Electronic and Secure Record Keeping: Digital records on Provision Map supplement standard documentation and provide a central point for permissions, updates, dosage changes and review reminders. Records are stored securely and accessible only to staff with a legitimate need to know.

Paper Forms and Medical Storage: Where physical medication is brought into school, staff ensure medication is in original packaging, in-date, and labelled with the learner's name and instructions. Paper copies are generated if needed to accompany medication; electronic logs are maintained and supported by paper records if required.

Section 7 – Storage, Access and Administration of Medication

Emergency contact details for parents are stored in the school office. Where medication is prescribed to be taken at home (e.g., before/after school, evening), parents should seek to do so unless this is not appropriate. Parents must speak with the Headteacher or Deputy Headteacher if their child needs medication during the school day, complete a medicine form indicating when each dose should be administered, and hand the medication to the school secretary. A new form is required if there is any change to dosage or frequency.

Children must not bring their own medication to school. Learners on long-term medication who are competent to manage their own doses should be encouraged to do so, as reflected in their IHP. Where possible and necessary, learners may carry their own medication or access it quickly, with appropriate supervision where needed.

The school will not store surplus medication. Parents should provide an appropriate supply in its original container, clearly labelled with the learner's name, medicine name, dosage and frequency, expiry date, and written instructions for administration and storage. Only prescribed medicines/devices meeting these criteria will be accepted.

Storage, Access and Disposal: All medicines are stored safely in the medicine cupboard in the school office, or in a fridge if required. Only staff remove medication from storage. Staff are not required to administer medication; if they are not comfortable, the Headteacher or secretary will administer it. Staff administering medication must sign the record for each dose and record the time. Refusals are recorded and parents informed as soon as possible. Misuse of medication is reported to parents and medical advice sought if needed. On residential trips, signed medical forms are required and staff hold/administer medication and contact a doctor or ambulance if necessary. Children with asthma have access to labelled inhalers stored in green First Aid/Emergency boxes in classrooms and taken on all off-site activities. Further details are set out in the Policy for the Administration of Medicine.

Section 8 – Emergency Procedures

In situations requiring emergency assistance, 999 will be called immediately. Learners' healthcare records and emergency contact details are kept in the school office. Where a learner has an IHP, it will clearly define what constitutes an emergency and the actions required. Staff are made aware of emergency symptoms and procedures. Other pupils should inform a member of staff immediately if they believe an emergency is occurring.

In an emergency, the school will attempt to contact the parent/carer before taking a child to hospital. If a learner needs to be taken to hospital before the parent/carer arrives, a staff

member will accompany the learner in the ambulance and remain with them until a parent/carer arrives, taking details of any known healthcare needs and medication.

Section 9 – Training

Training for staff will be sufficient to ensure competence and confidence in supporting learners with healthcare needs and in fulfilling IHP requirements. Training may include input from parents/carers and learners where appropriate, but parents/carers will not be relied upon as the sole source of training. For complex needs, the school may request support from healthcare services and/or the local authority. All staff are encouraged to have a basic understanding of common conditions; school nurses or other professionals may deliver training when needed.

Section 10 – Reviewing Policies, Arrangements and Procedures

This policy will be reviewed every five years, or earlier if necessary. Arrangements relating to healthcare needs, including IHPs, may be reviewed more frequently where there is new evidence that a learner's needs have changed or where medical advice requires action.

Section 11 – Insurance Arrangements

The school has standard school insurance cover, including cover for off-site activities. Where a learner's healthcare needs require arrangements that fall outside the standard policy, the school will seek advice to ensure appropriate insurance is in place. Staff will be informed of any relevant limits of cover.

Section 12 – Complaints Procedure

If parents/carers have concerns or complaints regarding support for a learner's healthcare needs, they should initially speak to a member of staff. In most cases, concerns can be resolved informally. If unresolved, the complaint should be put in writing to the Headteacher. If the complainant remains dissatisfied, they may write to the Chair of Governors requesting consideration by the Governing Body's complaints committee. Further details are available in the school's Complaints Policy.

Section 13 – Individual Healthcare Plans (IHPs)

The ALNCo, in consultation with the School Nurse and Class Teacher, coordinates the development of IHPs. Not all learners with healthcare needs require an IHP. The school follows a process to identify learners with healthcare needs, gather information, determine whether an IHP is required, develop the IHP with appropriate professionals, parents and the learner, and review the IHP at appropriate intervals.

IHPs will include the nature of the healthcare need and symptoms, specific requirements (e.g., dietary or pre-activity precautions), medication requirements, an impact statement on learning and required actions, emergency protocols and contacts, staff roles, privacy and information-sharing considerations, staff training needs, record-keeping and home-to-school transport (where relevant).

Section 14 – Unacceptable Practice

It is not acceptable practice to: prevent learners from attending school due to healthcare needs; prevent easy access to medication; assume every learner with the same condition requires the same treatment; ignore the views of the learner, parents/carers or healthcare professionals; send learners home frequently or prevent them staying for normal activities unless specified in an IHP; send a learner who becomes ill to a medical room or office unaccompanied; penalise learners for attendance where absence relates to healthcare needs; request adjustments or extra time for assessments at a late stage; prevent learners from managing their needs (e.g., drinking, eating or taking toilet breaks) when required; require parents to attend to provide healthcare support; expect parents to give up work because the school fails to support a learner's healthcare needs; or ask a learner to leave the classroom/activity to administer non-personal medication or consume food in line with their needs.