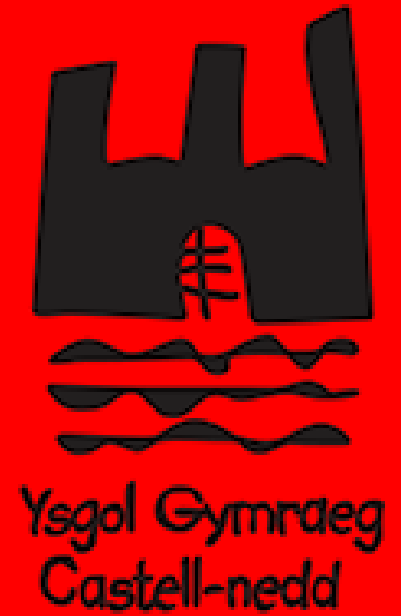


Polisi Anghenion Gofal Iechyd/ Healthcare Needs Policy



Caredigrwydd.

Cymreictod.

Cymuned.

Ein nod yw i rhoi cyfle i bob plentyn Iwyddo

Mabwysiadwyd y polisi hwn

gan y Corff Llywodraethol YGG Castell Nedd ar: 16.03.26

Adolygwyd ar: _____

Llofnod Cadeirydd y Corff Llywodraethol:  _____

Polisi Anghenion Gofal Iechyd

Mae Confensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn yn ganolog i gynllunio, polisiau, arfer ac ethos ein hysgol. Fel ysgol sy'n parchu hawliau, yn ogystal ag addysgu am hawliau plant, rydym hefyd yn modelu hawliau a pharch ym mhob perthynas

Dyddiad cyhoeddi: Gwanwyn 2026

Dyddiad adolygu: Gwanwyn 2029

Cyfeiriad llawn a chod post yr ysgol: Heol Woodland, Castell-nedd SA11 3AL

Rhif ffôn yr ysgol (gan gynnwys y cod ardal): 01639 637701 Cyfeiriad e-bost yr ysgol: swyddfa@yggcastellnedd.npt.school

Cyfeiriad gwefan ar gyfer y polisi hwn: <https://www.yggcastell-nedd.co.uk>

Enw'r person sy'n gyfrifol am gynnal y polisi hwn: Mrs Lois Loader

0. Egwyddorion allweddol

- Dylai dysgwyr ag anghenion gofal iechyd gael eu cefnogi'n briodol fel eu bod yn cael mynediad llawn at addysg, gan gynnwys teithiau ac addysg gorfforol.
- Rhaid i gyrff llywodraethu sicrhau bod trefniadau ar waith i gefnogi dysgwyr ag anghenion gofal iechyd.
- Dylai cyrff llywodraethu sicrhau bod staff yr ysgol yn ymgynghori â'r gweithwyr proffesiynol perthnasol, dysgwyr a rhieni i sicrhau bod anghenion y dysgwr ag anghenion gofal iechyd yn cael eu deall yn iawn a'u cefnogi'n effeithiol.

2. Gofynion cyfreithiol yr ysgol

Mae Adran 175 Deddf Addysg 2002 yn gosod dyletswydd ar awdurdodau lleol a chyrrff llywodraethu i wneud trefniadau i sicrhau bod eu swyddogaethau'n cael eu harfer gyda golwg ar ddiogelu a hyrwyddo lles plant yn yr ysgol. Mae hyn yn cynnwys cefnogi plant gydag anghenion gofal iechyd.

Wrth gyflawni'r dyletswyddau o dan adran 175 o Ddeddf Addysg 2002, **rhaid** i awdurdodau lleol a chyrrff llywodraethu roi sylw i ganllawiau a gyhoeddwyd gan Weinidogion Cymru o dan yr adran hon.

Mae adran 21(5) Deddf Addysg 2002 yn gosod dyletswydd ar gyrff llywodraethu i hyrwyddo lles dysgwyr yn yr ysgol i'r graddau sy'n gysylltiedig â'r materion a grybwyllir yn adran 25(2) Deddf Plant 2004, sy'n cynnwys iechyd corfforol a meddyliol a lles emosiynol, addysg, hyfforddiant a hamdden, a lles cymdeithasol.

Deddf Cydraddoldeb 2010

Mae anabledd yn nodwedd warchoddedig o dan Ddeddf Cydraddoldeb 2010. Gall rhai dysgwyr ag anghenion gofal iechyd fod yn anabl at ddibenion y Ddeddf honno; efallai na fydd eraill. Mae amrywiol ddyletswyddau o dan Ddeddf Cydraddoldeb 2010 sy'n berthnasol yng nghyd-destun dysgwyr ag anghenion gofal iechyd sydd hefyd yn anabl.

Rhaid i gorff sy'n gyfrifol am ysgol beidio â gwahaniaethu, aflonyddu nac erlid dysgwyr anabl ac mewn rhai achosion, bersonau penodol eraill. Mae'r corff cyfrifol hefyd yn ddarostyngedig i ddyletswydd i wneud addasiadau rhesymol (adran 85 Deddf Cydraddoldeb 2010). Rhaid i awdurdodau lleol baratoi a gweithredu strategaeth hygyrchedd mewn perthynas ag ysgolion y maent yn gorff cyfrifol amdanynt. Mae hon yn strategaeth er mwyn (dros gyfnod penodol):

- cynyddu'r graddau y gall dysgwyr anabl gymryd rhan yng nghwricwlwm yr ysgolion
- gwella amgylchedd ffisegol yr ysgolion er mwyn cynyddu'r graddau y gall dysgwyr anabl fanteisio ar addysg a manteision, cyfleusterau neu wasanaethau a ddarperir neu a gynigir gan yr ysgolion
- gwella darpariaeth gwybodaeth i ddysgwyr anabl sydd ar gael yn rhwydd i ddysgwyr nad ydynt yn anabl

Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014

- Mae Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 ('Deddf 2014') yn un ddeddf sy'n dwyn ynghyd ddyletswyddau a swyddogaethau awdurdodau lleol mewn perthynas â gwella lles pobl sydd angen gofal a chymorth, a gofalwyr sydd angen cefnogaeth. Mae'r Ddeddf yn darparu fframwaith statudol i gyflawni ymrwymiad Llywodraeth Cymru i adrannau gwasanaethau cymdeithasol integredig gyda gogwydd teuluol cryf.
- O safbwynt polisi a chyflenwi Cymreig, mae Deddf 2014 yn ceisio sicrhau bod y gofal a'r gefnogaeth a ddarperir i bobl ifanc yn cael eu darparu yn unol â'r egwyddorion a amlinellir yn CCUHP.
- Mae gan awdurdodau lleol yng Nghymru ddyletswydd o dan adran 15 Deddf 2014 i ddarparu gwasanaethau ataliol yn eu hardal. Diben y gwasanaethau hyn fyddai atal neu ohirio datblygiad angen pobl am ofal a chefnogaeth.
- Datblygwyd Deddf 2014 gan ddefnyddio'r 'model pobl' sy'n canolbwyntio ar ddarparu gwasanaethau cymdeithasol cynaliadwy i bobl (sef plant, oedolion a gofalwyr) yn unol â'u hanghenion unigryw. Mae hyn yn golygu nad yw plant yn cael eu trin ar wahân ond yn hytrach fel rhan o deuluoedd a chymunedau. Mae hyn wedi caniatáu i'r Ddeddf 2014 ddarparu system ofal gydlynol a mwy integredig.
- Mae lles a'r canlyniadau mae pobl yn dymuno eu cyflawni yn ganolog i'r ddeddfwriaeth; mae'r diffiniad o les yn y Ddeddf, ac yn y datganiad lles, ill dau'n cydnabod bod sicrhau hawliau yn allweddol i sicrhau bod plant yn gallu siarad drostynt eu hunain, neu gael rhywun a all wneud hynny ar eu rhan nhw fel eu bod yn cymryd rhan yn y penderfyniadau sy'n effeithio ar eu bywydau.

Cyfraith gwlad

Fel rhan o gyfraith gwlad, mae gan y rheiny sy'n gyfrifol am ofal a goruchwyllo plant, gan gynnwys athrawon a staff eraill yr ysgol sy'n gyfrifol am blant, ddyletswydd o ofal i weithredu fel y byddai unrhyw riant rhesymol ddoeth yn ei wneud wrth ofalu am eu plant eu hunain. Dylai unigolyn sy'n gyfrifol am ofal a goruchwyllo plant wneud yr hyn sy'n rhesymol er mwyn diogelu neu hybu lles y plentyn. Fodd bynnag, mae hyn yn destun, er enghraifft, gorchymyn llys yn gwahardd cymryd camau penodol mewn perthynas â'r plentyn heb ganiatâd y llys (adran 3(5) o Ddeddf Plant 1989).

Confensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn (CCUHP)

Mae Llywodraeth Cymru wedi ymrwmo i UNCRC fel sail i ategu ei pholisïau ynghylch plant a phobl ifanc. Mae'r dull amlinellir yn y ddogfen hon yn seiliedig ar ac yn gyson â darpariaethau CCUHP, sy'n cynnwys:

- bod gan blant yr hawl i addysg (Erthygl 28)
- y dylai oedolion feddwl am fuddiannau gorau plant a phobl ifanc wrth wneud dewisiadau sy'n effeithio arnynt (Erthygl 3)
- y dylai plant sydd ag unrhyw fath o anabledd gael y gofal a'r cymorth sydd ei angen fel y gallant fyw bywyd llawn a gweddus (Erthygl 23)
- bod gan bob plentyn yr hawl i ddweud eu barn ymhob mater sy'n effeithio arnynt, a'r hawl i'w barn gael ei chymryd o ddifrif (Erthygl 12).

Darpariaethau perthnasol eraill

Mae Deddf Diogelu Data 1998 yn rheoleiddio prosesu data personol, sy'n cynnwys ei ddal a'i ddatgelu.

Mae'r Mesur Teithio gan Ddysgwyr (Cymru) 2008 yn gosod dyletswyddau ar awdurdodau lleol a chyrrff llywodraethu mewn perthynas â chludiant o'r cartref i'r ysgol.

Mae Deddf a rheoliadau Camddefnyddio Cyffuriau 1971 yn ymdrin â chyfyngiadau (e.e. o ran meddiant) ar gyffuriau sy'n cael eu rheoli. Gall dysgwyr gael cyffuriau rheoledig trwy bresgripsiwn.

3. Rolau a chyfrifoldebau:

Y corff llywodraethu:

Bydd y corff llywodraethu yn goruchwyllo datblygiad a gweithredu'r trefniadau, a fydd yn cynnwys:

- Cydymffurfio â dyletswyddau statudol perthnasol, gan gynnwys y rhai o dan Ddeddf Cydraddoldeb 2010 (e.e. y ddyletswydd i wneud addasiadau rhesymol mewn

perthynas â dysgwyr sydd ag anghenion gofal iechyd os ydynt yn anabl, fel yr amlinellir uchod)

- Cwrdd â'u dyletswydd statudol i hyrwyddo lles dysgwyr drwy ddarparu mynediad i ddysgwyr at wybodaeth a deunydd, sy'n anelu at hyrwyddo lles ysbrydol a moesol ac iechyd corfforol a meddyliol
- Ystyried sut y gallant gefnogi dysgwyr i ddatblygu'r sgiliau, gwybodaeth a gwydnwch emosiynol sy'n ofynnol i sicrhau eu hawliau, a hawliau pobl eraill
- Sicrhau bod rolau a chyfrifoldebau pawb sy'n cymryd rhan yn y trefniadau i gefnogi anghenion gofal iechyd dysgwyr yn glir ac yn ddealladwy i bawb sy'n gysylltiedig, gan gynnwys unrhyw ddirprwyo priodol o gyfrifoldebau neu dasgau i bennaeth, aelod o staff neu weithiwr proffesiynol fel y bo'n briodol
- Gweithio ar y cyd â rhieni a gweithwyr proffesiynol eraill i ddatblygu trefniadau gofal iechyd i gwrdd â lles pennaf y dysgwr
- Datblygu a gweithredu trefniadau effeithiol i gefnogi dysgwyr ag anghenion gofal iechyd
- Sicrhau bod trefniadau ar waith ar gyfer datblygu, monitro ac adolygu'r trefniadau gofal iechyd
- Sicrhau bod y trefniadau yn unol â pholisïau a gweithdrefnau perthnasol eraill, megis iechyd a diogelwch, cymorth cyntaf, asesiadau risg, Deddf Diogelu Data 1998, mesurau diogelu a gweithdrefnau argyfwng
- Sicrhau bod systemau cadarn diogelu yn bodoli ar gyfer delio ag argyfyngau iechyd a digwyddiadau critigol, ar gyfer gweithgareddau ar ac oddi ar y safle, gan gynnwys mynediad i feddyginiaeth argyfwng fel anadlwyr neu ben adrenalín
- Sicrhau bod staff sydd â chyfrifoldeb ar gyfer cefnogi dysgwyr ag anghenion gofal iechyd yn cael eu hyfforddi'n briodol
- Sicrhau bod yswiriant priodol yn ei le, y cydymffurfir ag unrhyw amodau a bod staff yn glir ynghylch beth mae hyn yn ei olygu iddynt wrth gefnogi dysgwyr
- cael polisi atal heintiau sy'n adlewyrchu'n llawn y gweithdrefnau a nodir yn y canllawiau cyfredol.

Y Pennaeth/Y Pennaeth Cynorthwyol:

Bydd y pennaeth neu'r Pennaeth Cynorthwyol yn sicrhau bod trefniadau i ddiwallu anghenion gofal iechyd eu dysgwyr yn cael eu datblygu'n ddigonol a'u gweithredu'n effeithiol. Gall hyn gynnwys:

- Gweithio gyda'r corff llywodraethol i sicrhau cydymffurfiaeth â dyletswyddau statudol perthnasol wrth gefnogi dysgwyr ag anghenion gofal iechyd, gan gynnwys dyletswyddau o dan Ddeddf Cydraddoldeb 2010
- Sicrhau bod y trefniadau sydd ar waith i ddiwallu anghenion gofal iechyd dysgwr wedi'u deall yn llawn gan bawb sy'n rhan ohonynt ac y gweithredir arnynt, ac y caiff camau gweithredu o'r fath eu cynnal.
- Sicrhau bod y cymorth a roddir ar waith yn canolbwyntio ar ac yn diwallu anghenion y dysgwr unigol, a elwir hefyd yn gynllunio sy'n canolbwyntio ar unigolion
- Ymestyn ymwybyddiaeth o anghenion gofal iechyd ar draws yr ysgol yn unol â hawl y dysgwr i breifatrwydd. Gall hyn gynnwys staff cymorth, staff arlwyo a staff cyflenwi, llywodraethwyr, rhieni a dysgwyr eraill

- Penodi aelod penodol o staff sy'n gyfrifol am ddysgwyr sydd ag anghenion gofal iechyd, cysylltu â rhieni, dysgwyr, y gwasanaeth dysgu gartref, yr awdurdod lleol, y gweithiwr allweddol ac eraill sy'n ymwneud â gofal y dysgwr
- Sicrhau bod nifer digonol o staff hyfforddedig ar gael i weithredu'r trefniadau a nodir yn yr holl CIU, gan gynnwys cynlluniau wrth gefn ar gyfer sefyllfaoedd brys ac absenoldeb staff
- Cyfrifoldeb cyffredinol am ddatblygu CIU
- Sicrhau bod gan ddysgwyr amgylchedd briodol ac urddasol i gyflawni eu hanghenion gofal iechyd, e.e. toiledau preifat ar gyfer cathetreiddio
- Gwirio gyda'r awdurdod lleol a yw gweithgareddau penodol ar gyfer cefnogi dysgwyr ag anghenion gofal iechyd yn cael eu cynnwys yn briodol gan yswiriant a gwneud staff yn ymwybodol o unrhyw gyfyngiadau ar y gweithgareddau a gwmpesir
- Sicrhau bod pob dysgwr ag anghenion gofal iechyd yn cael eu cysylltu'n briodol â gwasanaeth cyngor iechyd yr ysgol
- Sicrhau pan bo dysgwr ar leoliad profiad gwaith neu debyg, bod cymorth gofal iechyd priodol wedi cael ei gytuno a'i roi ar waith
- Darparu adroddiadau blynyddol i'r corff llywodraethu ar effeithiolrwydd y trefniadau sydd ar waith i ddiwallu anghenion gofal iechyd dysgwyr
- Sicrhau na chaiff unrhyw ddysgwyr sydd ag anghenion gofal iechyd eu heithrio o weithgareddau y byddent fel arfer â'r hawl i gymryd rhan ynddynt heb reswm yn seiliedig ar dystiolaeth glir
- Hysbysu'r awdurdod lleol pan fydd dysgwr yn debygol o fod i ffwrdd o'r lleoliad addysg am gyfnod sylweddol, e.e. tair wythnos (boed mewn un cam neu yn ystod y flwyddyn academaidd gyfan) oherwydd eu hanghenion gofal iechyd.
- Bod yn ystyriol o Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014.

Athrawon, staff cymorth (staff dynodedig sy'n cefnogi dysgwyr ag anghenion gofal iechyd; swyddogion cymorth cyntaf yr ysgol; gweithwyr proffesiynol eraill sy'n cefnogi dysgwyr ag anghenion gofal iechyd) **ac aelodau staff eraill** (e.e. staff arlwyyo neu staff derbynfa):

Gellir gofyn i unrhyw aelod staff o fewn yr ysgol i ddarparu cymorth i ddysgwyr ag anghenion gofal iechyd, gan gynnwys cynorthwyo neu oruchwylio weinyddu meddyginiaethau. Mae'r rôl hon yn hollol wirfoddol. Rhaid i aelodau staff dderbyn hyfforddiant ddigonol ac addas a chyrraedd y lefel angenrheidiol o gymhwysedd cyn iddynt gymryd y cyfrifoldeb. Ni ellir gofyn i unrhyw aelod o staff weinyddu neu oruchwylio meddyginiaeth oni bai ei fod yn rhan o'u cytundeb, telerau ac amodau neu gynllun swydd a gytunwyd ar y cyd.

Yn ychwanegol at yr hyfforddiant a ddarperir i staff sydd wedi gwirfoddoli neu sydd wedi'u contractio i gefnogi dysgwyr ag anghenion gofal iechyd, bydd yr ysgol yn sicrhau bod staff yn:

- Deall polisiâu a threfniadau anghenion gofal iechyd yr ysgol yn llawn
- Ymwybodol o ba ddysgwyr sydd ag anghenion gofal iechyd mwy difrifol neu gronig, a, lle bo'n briodol, eu bod yn gyfarwydd â CIU y dysgwyr hyn. Mae hyn yn cynnwys gwybod sut i gysylltu â rhieni a beth yw'r sbardunau ar gyfer cysylltu â nhw, megis pan fydd y dysgwr yn sâl, yn gwrthod cymryd meddyginiaeth neu'n gwrthod rhai gweithgareddau oherwydd eu gofynion gofal iechyd

- Yn ymwybodol o arwyddion, symptomau a sbardunau cyflyrau meddygol cyffredin sy'n bygwth bywyd ac yn gwybod beth i'w wneud mewn argyfwng. Mae hyn yn cynnwys gwybod pwy yw'r bobl cymorth cyntaf a gofyn am eu cymorth os bydd argyfwng meddygol
- Deall gweithdrefnau argyfwng yr ysgol yn llawn a bod yn barod i weithredu mewn argyfwng
- Gofyn a gwrandao ar farn dysgwyr a'u rhieni a'u cymryd i ystyriaeth wrth roi cymorth ar waith
- Sicrhau bod dysgwyr (neu eu ffrindiau) yn gwybod wrth bwy i ddweud os ydynt yn teimlo'n sâl, angen cefnogaeth neu newidiadau i'w cymorth
- Gwrandao ar bryderon dysgwyr os ydynt yn teimlo'n sâl ar unrhyw adeg ac ystyried yr angen am gymorth meddygol (yn enwedig yn achos adrodd anawsterau anadlu)
- Sicrhau na chaiff dysgwyr ag anghenion gofal iechyd eu heithrio o weithgareddau y maent yn dymuno cymryd rhan ynddynt heb reswm sy'n seiliedig ar dystiolaeth glir, gan gynnwys unrhyw deithiau/ymweliadau allanol. Mae hyn yn cynnwys sicrhau bod gan ddysgwyr fynediad at eu meddyginiaeth a bod aelod o staff sydd wedi'i hyfforddi'n briodol yn bresennol i gynorthwyo lle bo angen
- Ymwybodol o faterion bwlio a lles emosiynol o ran dysgwyr ag anghenion gofal iechyd, a'u bod yn barod i ymyrryd yn unol â pholisi'r lleoliad addysg
- Yn ymwybodol y gall anghenion gofal iechyd effeithio ar allu dysgwr i ddysgu a rhoi cymorth ychwanegol pan fo angen
- Cefnogi dysgwyr sydd wedi bod yn absennol a'u cynorthwyo gyda dal i fyny ar waith a gollwyd – gall hyn gynnwys gweithio gyda rhieni a gwasanaethau arbenigol
- Rhoi gwybod i rieni sut mae'r angen gofal iechyd yn effeithio ar y dysgwr yn yr ysgol. Gall hyn gynnwys rhoi gwybod am unrhyw ddirywiad, pryderon neu newidiadau i arferion dysgwr neu staff.

Rhieni/gofalwyr

Mae'n hanfodol bod dysgwyr a rhieni yn cymryd rhan weithredol yn y gwaith o gynllunio cymorth a rheoli anghenion gofal iechyd. Dylai diwallu anghenion yr unigolyn fod yng nghanol y broses o wneud penderfyniadau a phrosesau. Mae CCUHP yn datgan y dylai dysgwyr gael fynediad at wybodaeth briodol hanfodol ar gyfer eu hiechyd a'u datblygiad a chael cyfleoedd i gymryd rhan mewn penderfyniadau sy'n effeithio ar eu hiechyd.

Dylai dysgwyr a rhieni:

- dderbyn diweddariadau ynglŷn â materion/newidiadau gofal iechyd sy'n digwydd o fewn yr ysgol
- cymryd rhan mewn creu, datblygu ac adolygu CIU (os oes un). Gall y rhiant a'r dysgwr fod yn y sefyllfa orau i ddarparu gwybodaeth am sut mae eu hanghenion gofal iechyd yn effeithio arnynt. Dylid eu cynnwys yn llawn mewn trafodaethau ynghylch sut caiff anghenion gofal iechyd y dysgwr eu diwallu yn yr ysgol, a dylent gyfrannu at y gwaith o ddatblygu, a chydymffurfio â'u CIU
- darparu'r ysgol â gwybodaeth ddigonol a chyfredol am anghenion gofal iechyd, gan gynnwys unrhyw ganllawiau ynglŷn â rhoi meddyginiaeth a/neu driniaeth gan weithwyr gofal iechyd proffesiynol. Lle bo'n briodol, dylai dysgwyr gael eu hannog a'u galluogi i reoli eu hanghenion gofal iechyd eu hunain

- rhoi gwybod i'r lleoliad addysg am unrhyw newidiadau megis y math o feddyginiaeth, dos neu ddull o weinyddu
- darparu meddyginiaethau perthnasol a chyfredol, wedi'u labelu'n gywir, gyda dos a chyfarwyddiadau gweinyddu ysgrifenedig
- sicrhau bod modd cysylltu ag oedolyn a enwebwyd bob amser a bod pob ffurflen angenrheidiol wedi ei chwblhau a'i llofnodi
- rhoi gwybod i'r ysgol os oes gan eu plentyn neu os ydynt wedi cael clefyd neu gyflwr heintus tra'n bresennol.

Dysgwr

Dylai'r dysgwr:

- Roi gwybod i riant/gofalwr neu aelod(au) staff os yw'n teimlo'n sâl
- Roi gwybod i aelod staff perthnasol am unrhyw feddyginiaeth neu anghenion gofal iechyd, neu newidiadau
- Gyfrannu at ddrafftio a chytuno ar gynllun gofal iechyd unigol (CGIU) lle bo hynny'n briodol
- Bod yn ofalus wrth gario meddyginiaethau i'r ysgol ac oddi yno, a pheidio â'u rhannu gydag eraill
- Cymryd rhan mewn trafodaethau ynghylch rhannu/cyfrinachedd gwybodaeth bersonol.

Yr Awdurdod Lleol

Dylai awdurdodau lleol sicrhau bod darpariaeth addysg ar gael i ddysgwyr, a:

- Rhaid iddynt wneud addasiadau rhesymol i sicrhau nad yw plant a phobl ifanc anabl o dan anfantais sylweddol o'u cymharu â'u cyfoedion. Mae'r ddyletswydd hon yn un sy'n golygu rhagweld. Er enghraifft, ni ddylai dysgwyr fod o dan anfantais wrth adael yr ysgol gynradd a dechrau'n yr ysgol uwchradd. Yn ymarferol, mae hyn yn golygu bod rhaid i addasiadau gael eu cynllunio a'u rhoi ar waith o flaen llaw er mwyn atal unrhyw anfantais. Ni ddylai trafodaethau ynghylch y cyfrifoldeb am ddarpariaeth effeithio ar ddarparu gwasanaeth, gan y gallai oedi fod yn niweidiol i addysg a lles y dysgwr
- Rhaid gwneud trefniadau i hybu cydweithio rhwng gwahanol gyrff neu bobl, gyda golwg ar wella, ymhlith pethau eraill, lles plant o ran eu hiechyd corfforol a meddyliol, eu haddysg, hyfforddiant a hamdden. Wrth wneud y trefniadau hyn, dylai awdurdodau lleol sicrhau bod trefniadau priodol ar waith ar gyfer rhannu data. Gallai hyn fod drwy weithio o fewn Protocolau Rhannu Gwybodaeth neu Gytundebau Datgelu Data Cytundeb Rhannu Gwybodaeth Bersonol Cymru (WASPI). Mae gan awdurdodau lleol a byrddau iechyd gydlynwyr WASPI sy'n gallu cefnogi darparwyr gwasanaeth i ddatblygu cytundebau priodol
- Rhaid cynnig darpariaeth resymol o wasanaethau cwnsela i bobl ifanc 11–18 oed a dysgwyr ym Mlwyddyn 6 yr ysgol gynradd. O fewn ysgolion, dylai'r ddarpariaeth hon gyd-fynd â'r gwahanol ddulliau sydd eisoes ar waith i gefnogi anghenion iechyd, emosiynol a chymdeithasol dysgwyr
- Dylent weithio gyda lleoliadau addysg i sicrhau bod dysgwyr ag anghenion gofal iechyd yn derbyn addysg addas. Pan na fyddai dysgwr o oedran ysgol gorfodol yn derbyn addysg addas am unrhyw gyfnod oherwydd eu hiechyd, mae gan yr awdurdod

Ileol ddyletswydd i wneud trefniadau i ddarparu addysg addas. Os yw dysgwr dros yr oedran ysgol gorfodol ond o dan 18 oed, gall yr awdurdod lleol wneud trefniadau o'r fath

- Dylent ddarparu cefnogaeth, cyngor ac arweiniad, gan gynnwys cwrdd ag anghenion hyfforddi staff lleoliadau addysg, fel y gall cyrff llywodraethu sicrhau y caiff y gefnogaeth a nodir yn y cynllun iechyd unigol (CIU) ei darparu'n effeithiol.

Y Gwasanaeth nyrsio iechyd ysgolion GIG Cymru, gweithwyr iechyd proffesiynol a gweithwyr proffesiynol eraill, sefydliadau trydydd sector a gwasanaethau arbenigol eraill

Mae gan yr ysgol fynediad at wasanaeth cyngor iechyd sy'n cynnwys:

- cynnig cyngor ar ddatblygu CIU
- helpu i adnabod yr hyfforddiant sydd ei angen ar gyfer yr ysgol i weithredu CIU yn llwyddiannus
- cefnogi staff i weithredu CIU dysgwr drwy gyngor a chyswllt â gweithwyr proffesiynol eraill mewn gofal iechyd, gofal cymdeithasol a thrydydd sector.

Gall cyngor a chymorth iechyd hefyd gael ei ddarparu gan weithwyr iechyd proffesiynol arbenigol megis meddygon teulu, paediatregwyr, therapyddion iaith a lleferydd, therapyddion galwedigaethol, ffisiotherapyddion, dietegwyr a nyrsys arbenigol diabetes.

4. Creu amgylchedd hygyrch

Bydd yr ysgol yn ceisio sicrhau bod y ddau gampws yn gynhwysol ac yn hygyrch yn yr ystyr lawnaf i ddysgwyr ag anghenion gofal iechyd. Mae hyn yn cynnwys y canlynol.

- **Sicrhau mynediad ffisegol i adeiladau'r ysgol**
- **Gwneud addasiadau rhesymol drwy ddarparu cymhorthion neu wasanaethau ategol** (gyda'r nifer priodol o staff hyfforddedig)
- **Cynnwys pob dysgwr mewn teithiau dydd ac ymweliadau preswyl**

Bydd y Corff Llywodraethol yn ceisio sicrhau bod yr ysgol yn cefnogi ac yn annog dysgwr sydd ag anghenion gofal iechyd i gymryd rhan mewn teithiau ac ymweliadau. Gall hyn olygu gwneud addasiadau rhesymol i deithiau ac ymweliadau preswyl gan sicrhau cyfranogiad llawn gan yr holl ddysgwyr.

Dylai staff fod yn ymwybodol o sut y gall anghenion gofal iechyd dysgwr effeithio ar gyfranogiad, a cheisio darparu ar gyfer unrhyw addasiadau rhesymol a fyddai'n cynyddu lefel cyfranogiad y dysgwr. Dylai staff ystyried sut mae darparu ar gyfer rhannu gwybodaeth bersonol gyda thrydydd parti os yw'n angenrheidiol ar gyfer gweithgareddau oddi ar y safle (yn unol â Deddf Diogelu Data 1998 a chan barchu hawl y dysgwr i breifatrwydd). Gall hyn gynnwys gwybodaeth am anghenion gofal

iechyd y dysgwyr, beth i'w wneud mewn argyfwng ac unrhyw gymorth, meddyginiaeth neu offer ychwanegol sydd eu hangen.

- **Rhyngweithio cymdeithasol**

Bydd y corff llywodraethu yn ceisio sicrhau y caiff cyfranogiad dysgwyr sydd ag anghenion gofal iechyd ei ystyried yn ddigonol mewn gweithgareddau cymdeithasol strwythuredig a distrwythur, fel yn ystod egwyl, clwb brecwast, cynyrchiadau, clybiau ar ôl-orïau ac ymweliadau preswyl.

Bydd yr ysgol yn ceisio gwneud yr holl staff yn ymwybodol o'r rhwystrau cymdeithasol y gall dysgwyr ag anghenion gofal iechyd eu profi a sut y gall hyn arwain at fwlio ac allgáu cymdeithasol. Mae angen ymagwedd ragweithiol i gael gwared ar unrhyw rwystrau.

- **Ymarfer a gweithgaredd corfforol**

Mae'r corff llywodraethol yn deall yn llawn pa mor bwysig yw bod pob dysgwr yn cymryd rhan mewn gweithgareddau corfforol ac felly yn atgoffa staff o'u dyletswydd i wneud addasiadau priodol i chwaraeon a gweithgareddau eraill i'w gwneud yn hygyrch i bob dysgwr, gan gynnwys clybiau ar ôl-orïau a chwaraeon tîm.

Dylai staff fod yn gwbl ymwybodol o anghenion gofal iechyd y dysgwyr a sbardunau posibl. Dylent wybod sut i ymateb yn briodol ac yn brydlon os ydynt yn ymwybodol bod dysgwr yn teimlo'n sâl. Dylent ofyn am arweiniad bob amser wrth ystyried sut y gallai cymryd rhan mewn gweithgareddau chwaraeon neu weithgareddau eraill effeithio ar ddysgwyr sydd ag anghenion gofal iechyd.

Dylid osgoi 'darpariaethau arbennig' ar wahân ar gyfer gweithgareddau penodol, gyda phwyslais yn lle hynny ar weithgareddau sydd wedi'u gwneud yn hygyrch i bawb. Lle nad yw hyn yn bosibl, dylid cael cyngor gan weithwyr iechyd ac addysg gorfforol proffesiynol a'r dysgwr.

Dylai staff hefyd ddeall y gall hi fod yn briodol i rai dysgwyr ag anghenion gofal iechyd gael meddyginiaeth neu fwyd gyda nhw yn ystod gweithgarwch corfforol; dylai dysgwyr o'r fath gael eu hannog i gymryd y feddyginiaeth neu fwyd pan fo'i angen.

- **Rheoli bwyd**

Lle caiff bwyd ei ddarparu gan yr ysgol, mae'n rhaid rhoi ystyriaeth i anghenion diet dysgwyr, e.e. y rhai sydd â diabetes, clefyd seliag, alergeddau ac anoddefiadau.

Gwneir pob ymdrech i ddarparu bwydlenni i rieni a dysgwyr o flaen llaw, gyda rhestrau cyflawn o gynhwysion a gwybodaeth maeth. Nodir glwten ac anoddefiadau neu alergenau eraill yn glir. Bydd darparu gwybodaeth yn helpu i hwyluso gweithio ar y cyd

rhwng rhieni a thimau arlwyo. Mae hyn yn arbennig o bwysig pan fydd angen cyfrif carbohydrad.

Dylid rhoi ystyriaeth i argaeledd byrbrydau. Dylid bob amser cynnig opsiynau heb siwgr na glwten. Gan fod rhai cyflyrau angen lefel uchel o galoriau, dylai bod modd dewis bwydydd a diodydd sy'n glwcos-gyfoethog.

Rhaid i fwyd a ddarperir ar gyfer teithiau adlewyrchu anghenion dietegol a thriniaeth y dysgwyr sy'n cymryd rhan. Dylai bwyd a ddarperir ar gyfer byrbrydau mewn lleoliadau ystafell ddsbarth hefyd gymryd anghenion dietegol a thriniaeth y dysgwyr hyn i ystyriaeth. Er bod polisïau ysgol iach a 'dim melysion' yn cael eu cydnabod fel rhai pwysig, efallai y bydd angen i ddysgwyr sydd ag anghenion gofal iechyd gael eu heithrio o'r polisïau hyn. Ni ddylai dysgwyr sydd angen bwyta neu yfed fel rhan o'u cyflwr gael eu gwahardd o'r ystafell ddsbarth na'u neilltuo.

- **Asesiadau risg**

Dylai staff fod yn glir pryd mae angen asesiad risg a bod yn ymwybodol o'r systemau asesu risg sydd ar waith. Dylent ddechrau â rhagosodiad o gynnwys a dylai fod proses o geisio addasiadau neu weithgareddau amgen yn hytrach na darpariaeth ar wahân wedi'i gynnwys yn rhan ohonynt.

5. Rhannu gwybodaeth

Bydd y corff llywodraethu yn sicrhau bod trefniadau anghenion iechyd yr ysgol yn cael eu cefnogi gan gyfathrebu clir gyda staff, rhieni a rhanddeiliaid allweddol eraill i sicrhau eu cyfathrebu'n llawn. Mae'n hanfodol bod yr holl wybodaeth yn cael ei chadw'n gyfredol. Mae'n rhaid i bob techneg rhannu gwybodaeth megis hysbysfwrdd staff a mewnrwyd ysgol gael eu cytuno gan y dysgwr a'r rhiant cyn cael ei ddefnyddio, er mwyn diogelu cyfrinachedd.

Dylai athrawon, athrawon llenwi a staff cefnogol (gall hyn gynnwys staff arlwyo a chontractwyr perthnasol) gael mynediad at y wybodaeth berthnasol, yn enwedig os oes posibilrwydd o sefyllfa argyfwng yn codi. At y diben hwn lleolir hysbysfyrddau yn yr ystafelloedd staff a ddefnyddir i ddangos gwybodaeth am anghenion iechyd risg uchel, staff cymorth cyntaf a thystysgrifau, gweithdrefnau brys, ac ati. Hefyd ceir ardal mewnrwyd ddiogel i helpu i sicrhau bod staff yn ymwybodol o anghenion gofal iechyd y dysgwyr y mae ganddynt gysylltiad â nhw neu y gallent fod ganddynt gysylltiad â nhw.

Dylai **rhieni a dysgwyr** fod yn bartneriaid gweithredol, ac er mwyn cyflawni hyn, gwnaiff yr ysgol y rhieni'n gwbl ymwybodol o'r gofal a gaiff eu plant. Dylai rhieni a dysgwyr hefyd gael eu gwneud yn ymwybodol o'u hawliau a'u cyfrifoldebau nhw. Er mwyn helpu i gyflawni hyn,

bydd yr ysgol yn:

- Gwneud polisiâu anghenion gofal iechyd ar gael yn rhwydd ac yn hygyrch, ar-lein ac ar ffurf copi caled
- Darparu copi o'r polisi rhannu gwybodaeth i'r dysgwr/rhieni.
- Gofyn i rieni lofnodi ffurflen ganiatâd sy'n rhoi manylion clir y cyrff, unigolion a dulliau a fydd yn gyfrwng rhannu gwybodaeth feddygol eu dysgwr. Gall rhannu gwybodaeth feddygol fod yn fater sensitif a dylai'r dysgwr fod yn rhan o unrhyw benderfyniadau.
 - Bydd yr ysgol yn ymgeisio i gadw rhestr o ba wybodaeth sydd wedi cael ei rhannu â phwy a pham, i'r dysgwr/rhiant allu ei weld ar gais
- Cynnwys dolen i'r polisiâu anghenion gofal iechyd mewn cyfathrebiadau perthnasol a anfonir at rieni, ac o fewn CIU y dysgwr
- Cynnwys cynghorau myfyrwyr, 'ysgolion iach' a grwpiau eraill i ddysgwyr yn natblygiad trefniadau gofal iechyd yr ysgol, lle y bo'n briodol
- Ystyried sut y gall grwpiau o ffrindiau a chyfoedion gynorthwyo dysgwyr, e.e. gellid dysgu'r sbardunau neu arwyddion problem dysgwr iddynt, gwybod beth i'w wneud mewn argyfwng a phwy i ofyn am gymorth. Bydd yr ysgol yn trafod gyda'r dysgwr a'r rhieni yn gyntaf cyn penderfynu a ellir rhannu gwybodaeth.

6. Gweithdrefnau a chadw cofnodion ar gyfer rheoli anghenion gofal iechyd dysgwyr

Bydd yr ysgol yn creu gweithdrefnau sy'n nodi rolau/cyfrifoldebau pob parti sy'n rhan o adnabod, rheoli a gweinyddu anghenion gofal iechyd. Bydd y dogfennau canlynol gael eu casglu a'u cynnal, yn ôl yr angen:

1. Manylion cyswllt y gwasanaethau brys
2. Cytundeb rhieni i'r lleoliad addysgol weinyddu meddyginiaeth
3. Cytundeb y pennaeth i weinyddu meddyginiaeth
4. Cofnod o feddyginiaeth gaiff ei storio a'i gweinyddu i ddysgwr unigol
5. Cofnod o feddyginiaethau a weinyddwyd i bob dysgwr yn ôl dyddiad
6. Cais i ddysgwr weinyddu meddyginiaeth eu hunain
7. Cofnod hyfforddiant staff – gweinyddu meddyginiaethau
8. Adroddiad digwyddiad meddyginiaeth.

Bydd cofnodion newydd yn cael eu cwblhau pan fydd newidiadau i feddyginiaeth neu dds. Bydd yr ysgol yn sicrhau bod yr hen ffurflenni wedi'u marcio'n glir fel rhai na sydd bellach yn berthnasol a'u ffeilio.

Gweler y templedi ffurflen yn Atodiad 2 yn y ddolen ganlynol:

<http://dysgu.llyw.cymru/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=cy>

Mae'n rhaid i weinyddu pob meddyginiaeth gael ei gofnodi ar y ffurflenni priodol. Os yw dysgwr yn gwrthod eu meddyginiaeth, dylai staff gofnodi hyn a dilyn y gweithdrefnau diffiniedig lle y bydd rhieni yn cael gwybod am y diffyg cydymffurfio hyn cyn gynted ag y bo modd.

7. Storio, mynediad at a gweinyddu meddyginiaeth a dyfeisiau

Bydd y corff llywodraethu yn ceisio sicrhau bod polisi'r ysgol addysg yn glir ynghylch y gweithdrefnau i'w dilyn ar gyfer rheoli meddyginiaethau a dyfeisiau. Bydd gweithdrefnau storio, mynediad a gweinyddu bob amser yn gyd-destunol i'r lleoliad addysg a gofynion y dysgwr. Fodd bynnag, dylai'r egwyddorion cyffredinol canlynol gael eu hadlewyrchu.

Cyflenwi meddyginiaeth neu ddyfeisiau

Ni ddylai'r ysgol storio meddyginiaeth dros ben. Dylid gofyn i rieni ddarparu cyflenwadau priodol o feddyginiaeth. Dylai'r rhain fod yn eu cynhwysydd gwreiddiol, wedi'u labelu ag enw'r dysgwr, enw'r feddyginiaeth, dos ac amledd, a'r dyddiad dod i ben. Dylai lleoliadau addysg ond derbyn meddyginiaethau a dyfeisiau ar bresgripsiwn sydd:

- â dyddiad addas
- â'u cynnwys wedi'i labelu'n gywir ac yn glir
- wedi'u labelu ag enw'r dysgwr
- wedi'u cyflenwi â chyfarwyddiadau ysgrifenedig ar gyfer gweinyddu, dos a storio
- yn eu cynhwysydd/pecynnu gwreiddiol fel a weinyddir gan fferyllydd (ac eithrio inswlin sydd ar gael yn gyffredinol drwy gyfrwng pin inswlin neu bwmp).

Lle caiff meddyginiaeth nid-drwy-bresgripsiwn ei gadw gan yr ysgol, e.e. hylif paracetamol, dylai:

- fod â dyddiad addas
- fod y cynnwys wedi'i labelu'n gywir ac yn glir
- fod wedi'i labelu ag enw'r dysgwr
- wedi'i gyflenwi â chyfarwyddiadau ysgrifenedig ar gyfer gweinyddu, dos a storio – gall hyn fod gan y rhiant
- fod yn ei gynhwysydd/pecynnu gwreiddiol.

Storio, mynediad a gwaredu

Gwneir pob ymdrech i storio pob meddyginiaeth yn ddiogel; bydd math a defnydd y feddyginiaeth yn pennu sut mae hyn yn digwydd. Mae'n bwysig i ddysgwyr wybod ble mae eu meddyginiaeth yn cael ei storio a sut i gael gafael arno.

- **Rheweidio**

Mae angen oergell ar rai meddyginiaethau. Gwneir pob ymdrech i fonitro tymheredd yr oergell yn rheolaidd er mwyn sicrhau ei fod yn unol â'r gofynion storio. Gall meddyginiaethau gael eu cadw mewn oergell sy'n cynnwys bwyd; mewn achosion o'r fath fe'u cedwir mewn cynhwysydd aerglos ac wedi'i labelu'n glir.

- **Meddyginiaeth argyfwng**

Gwneir pob ymdrech i sicrhau bod meddyginiaeth argyfwng ar gael yn rhwydd i ddysgwyr sydd ei angen bob amser yn ystod y dydd neu mewn gweithgareddau oddi ar y safle. Bydd meddyginiaethau a dyfeisiau fel anadlwyr asthma, mesuryddion profi glwcos yn y gwaed a hunan-chwistrellwyr adrenalin (pen) ar gael yn rhwydd i ddysgwyr ac nid o dan glo. Mae hyn yn arbennig o bwysig i'w ystyried pan y tu allan i

adeilad yr ysgol, e.e. ar deithiau. Os yw'r meddyginiaeth frys yn gyffur a reolir, fe'i cedwir mor ddiogel â phosibl er mwyn lleihau'r risg o fynediad heb awdurdod tra hefyd yn caniatáu mynediad cyflym os gallai hyn fod yn angenrheidiol mewn argyfwng. Pan fydd staff yn rhoi meddyginiaeth frys i ddysgwyr, caiff hyn ei gofnodi.

- **Meddyginiaeth di-argyfwng**

Cedwir pob meddyginiaeth di-argyfwng mewn lle diogel gyda rheolaethau tymheredd neu olau priodol.

- **Gwaredu meddyginiaeth**

Pan nad oes mo'u hangen mwyach, caiff meddyginiaethau eu dychwelyd i'r rhieni i drefnu cael gwared arnynt yn ddiogel. Defnyddir *Sharpboxes* bob amser ar gyfer cael gwared â nodwyddau ac offer miniog eraill a'u gwaredu'n briodol.

Gweinyddu meddyginiaeth

- Lle mae'r dysgwr yn iau nag 16 oed, mae rhoi cymorth neu weinyddu meddyginiaethau a ragnodwyd neu feddyginiaethau sydd heb eu rhagnodi'n gofyn am ganiatâd ysgrifenedig rhieni, oni bai y caiff cymhwysedd Gillick ei gofnodi. Cofnodir gweinyddu pob meddyginiaeth.
- Lle caiff meddyginiaeth ei rhagnodi i'w cymryd mewn amleddau sy'n caniatáu i'r cwrs dyddiol o feddyginiaeth gael ei weinyddu yn y cartref, annogir rhieni i geisio gwneud hynny, e.e. cyn ac ar ôl ysgol a gyda'r hwyr.
- Dylai dysgwyr o dan 16 oed fyth dderbyn aspirin na'i ddeilliadau oni ragnodir iddynt.
- Oni bai bod cynllun y cytunwyd arno i'r dysgwr weinyddu meddyginiaeth i'w hunan (16 oed a throsodd neu gymhwysedd Gillick), gweinyddir pob meddyginiaeth gan aelod o staff. Mewn achosion eraill, efallai y bydd angen iddo gael ei oruchwylio yn unol â'r CIU.
- Dylai meddyginiaeth gael ei gweinyddu gan staff sydd wedi cael hyfforddiant addas yn unig. Dylai symudiad a lleoliad y staff hyfforddedig hyn bob amser fod ar y cyd â'r dysgwyr y maent yn eu cefnogi.
- Dylai staff wirio'r dos uchaf a maint ac amser unrhyw ddos blaenorol a weinyddwyd.
- Gall gweinyddu rhai gweithdrefnau meddygol ofyn am weinyddu gan oedolyn o'r un rhyw â'r dysgwr, ac efallai y bydd angen ail oedolyn yn dyst. Rhaid ystyried barn a theimladau'r dysgwr ynglŷn â nifer a rhyw y rhai sy'n cynorthwyo wrth ddarparu gofal personol. Nid oes unrhyw ofyniad o dan y gyfraith bod mwy nag un person yn cynorthwyo. Dylai hyn gael ei gytuno a'i adlewyrchu yn y CIU a'r asesiad risg.
- Dilynrir Polisi Gofal Personol¹ yr ysgol, oni bai bod trefniadau eraill wedi'u cytuno, a'u cofnodi yn CIU y dysgwr.
- Os yw dysgwr yn gwrthod eu meddyginiaeth, dylai staff gofnodi hyn a dilyn eu gweithdrefnau diffiniedig, gan hysbysu rhieni cyn gynted â phosibl. Os yw dysgwr yn camddefnyddio unrhyw feddyginiaeth, dylid rhoi gwybod i'w rieni cyn gynted â phosibl. Bydd yr ysgol yn gofyn i rieni geisio cyngor gofal iechyd fel y bo'n briodol. Os na ellir

¹ Gellir diffinio gofal personol fel unrhyw ofal sy'n golygu ymolchi neu gyflawni gweithdrefn i rannau personol y corff y mae'r rhan fwyaf o bobl fel arfer yn eu gwneud eu hunain, ond nad yw rhai dysgwyr yn gallu eu gwneud oherwydd eu hoed ifanc, anawsterau corfforol neu anghenion arbennig eraill. Mae enghreifftiau yn cynnwys gofal sy'n gysylltiedig ag ymataliaeth a rheolaeth mislif yn ogystal â thasgau dyddiol megis cymorth i ymolchi, i fynd i'r toiled neu wisgo. Mae hefyd yn cynnwys goruchwylio dysgwyr wrth iddynt wneud hunan-ofal personol.

cysylltu â'r rhieni yn syth, bydd angen i staff ystyried ceisio cyngor gofal iechyd ar unwaith.

- Dylai staff sy'n ymwneud â gweinyddu meddyginiaeth fod yn gyfarwydd â sut mae dysgwyr yn cydsynio i driniaeth. Mae rhagor o wybodaeth am hyn gan Lywodraeth Cymru i'w gweld yn *Caniatâd Cleifion i Archwiliad a Thriniaeth – Canllawiau Diwygiedig* (Y GIG, 2008)².
- Dylai pob aelod staff sy'n cefnogi ymweliadau oddi ar y safle fod yn ymwybodol o ddysgwyr sydd ag anghenion gofal iechyd. Dylent dderbyn y wybodaeth angenrheidiol er mwyn sicrhau bod staff yn gallu hwyluso profiad cyfartal i'r dysgwr. Gall y wybodaeth hon gynnwys materion iechyd a diogelwch, beth i'w wneud mewn argyfwng ac unrhyw gymorth angenrheidiol ychwanegol arall y mae'r dysgwr ei angen, gan gynnwys meddyginiaeth ac offer.

8. Gweithdrefnau argyfwng:

Swyddogion Cymorth Cyntaf

- Mrs R Williams
- Miss E Rouse
- Miss C Blank
- Mrs H Payne
- Miss S Hunt
- Mrs L Evans
- Miss M Smith
- Miss LI Scott
- Miss E Sleep
- Miss H Griffiths
- Miss CJ Williams
- Mrs J Canfield
- Mr C Richards

Mewn sefyllfaoedd sydd angen cymorth brys, dylid galw 999 ar unwaith. Dylai lleoliad cofnodion gofal iechyd y dysgwr a manylion cyswllt brys fod yn hysbys i staff.

Pan fydd gan ddysgwr CIU, dylai hwn ddiffinio'n glir beth yw argyfwng ac egluro beth i'w wneud. Dylai staff fod yn ymwybodol o symptomau a gweithdrefnau argyfwng.

Dylai dysgwyr eraill yn yr ysgol hefyd wybod beth i'w wneud mewn argyfwng mewn termau cyffredinol, megis rhoi gwybod i aelod o staff ar unwaith.

Os oes angen cymryd dysgwr i'r ysbyty, dylai aelod o staff aros gyda'r dysgwr nes bod rhiant yn cyrraedd. Mae hyn yn cynnwys eu hebrwng mewn ambiwlans i'r ysbyty. Dylai fod gan yr aelod staff fanylion unrhyw anghenion gofal iechyd a meddyginiaeth hysbys.

9. Hyfforddiant:

Bydd y corff llywodraethu yn sicrhau bod staff sy'n gwirfoddoli neu sydd o dan contract i gefnogi'r rheiny sydd ag anghenion gofal iechyd yn derbyn hyfforddiant priodol. Bydd y corff llywodraethu hefyd yn ceisio sicrhau bod eu polisïau'n nodi'n glir sut y bydd nifer ddigonol o'r staff hyn yn cael eu hadnabod a'u cefnogi.

Wrth gynorthwyo dysgwyr â'u hanghenion gofal iechyd, cydnabyddir nad oes angen unrhyw hyfforddiant arbenigol ar gyfer llawer o ymyriadau a rôl staff yw hwyluso'r dysgwr i ddiwallu eu hanghenion gofal iechyd eu hunain.

Gall CIU adlewyrchu anghenion cymhleth sy'n gofyn i staff gael gwybodaeth a hyfforddiant benodol. Gall yr hyfforddiant hwn hefyd ymwneud â defnydd cymhorthion fel cymhorthion clyw ac amryw dechnolegau addasol.

Dylai hyfforddiant a ddarperir fod yn ddigonol i sicrhau bod staff yn gymwys, yn hyderus yn eu gallu i gefnogi dysgwyr a chyflawni gofynion CIU. Yn hanfodol, dylai'r hyfforddiant hwn gynnwys mewnbwn gan y dysgwr a'r rhieni, sy'n aml yn chwarae rhan bwysig wrth ddarparu gwybodaeth am sut y gellir diwallu anghenion. Fodd bynnag, ni ddylid dibynnu'n llwyr ar rieni i ddarparu hyfforddiant am anghenion gofal iechyd eu plentyn.

Os oes gan ddysgwr anghenion cymhleth, efallai y bydd angen mewnbwn gan wasanaethau gofal iechyd a'r awdurdod lleol, fydd yn gallu rhoi cyngor a chyfeirio at hyfforddiant a chymorth pellach.

Gall yr holl staff, p'un a ydynt wedi gwirfoddoli i gynorthwyo neu gefnogi dysgwyr ag anghenion gofal iechyd ai peidio, ddod i gysylltiad â dysgwyr sydd ag anghenion gofal iechyd. Felly, mae'n ddoeth bod gan yr holl staff ddealltwriaeth sylfaenol o gyflyrau cyffredin i sicrhau adnabod symptomau a deall ble i geisio cymorth priodol.

Bydd yr ysgol yn gwneud pob ymdrech i i godi ymwybyddiaeth o gyflyrau cyffredin, polisi anghenion gofal iechyd a rolau staff wrth wneud trefniadau. Bydd staff newydd a dros dro gael eu gwneud yn arbennig o ymwybodol o'r mesurau ataliol ac argyfwng sydd mewn lle fel y gall staff adnabod yr angen am ymyrraeth ac ymateb yn gyflym.

Os nad yw'r staff hyfforddedig sydd fel arfer yn gyfrifol am weinyddu meddyginiaeth ar gael, bydd y CIU yn nodi trefniadau amgen.

10. Cymwysterau ac asesiadau:

Mae cyswllt effeithlon ac effeithiol yn hanfodol pan fydd dysgwyr ag anghenion gofal iechyd yn wynebu asesiadau, gan gynnwys rheiny sy'n sefyll arholiadau mewn ysbyty neu gartref. Gall yr elfen 'Asesiad dan Reolaeth' helpu dysgwyr i gadw i fyny â'u cyfoedion. Efallai y bydd yr athrawon cartref ac ysbyty yn gallu trefnu i ganolbwyntio ar yr elfen hon i leihau colli dysgu pan nad ydynt yn gallu bod yn bresennol. Mae cyswllt rhwng yr ysgol a'r athro ysbyty neu'r athro cartref yn bwysig iawn, yn enwedig pan fydd dysgwr yn symud o'r ysgol neu gartref i'r ysbyty yn rheolaidd.

Gall cyrff dyfarnu wneud trefniadau arbennig ar gyfer dysgwyr ag anableddau ac anawsterau dysgu parhaol neu hirdymor neu anableddau a salwch dros dro, sy'n sefyll arholiadau cyhoeddus megis TGAU neu Lefel A. Dylid cyflwyno cais am drefniadau arbennig i'r cyrff dyfarnu cyn gynted â phosibl.

Dylid seilio addasiadau neu amser ychwanegol ar gyfer dysgwyr sy'n dilyn y Profion Darllen a Rhifedd Cenedlaethol ar arfer ystafell ddosbarth arferol ar gyfer anghenion penodol. Disgwylir i athrawon ddefnyddio eu barn broffesiynol i gefnogi dysgwyr. Rhoddir arweiniad yn y llawlyfr cyfredol *Profion Darllen a Rhifedd Cenedlaethol – llawlyfr gweinyddu profion*³. pan fo angen sefyll arholiadau y tu allan i'r ysgol e.e. yn yr ysbyty neu gartref;

11. Addysg heblaw yn yr ysgol (EOTAS):

Mae'r adran hon yn disgrifio'r gefnogaeth sydd ar gael i ddysgwyr o oedran ysgol gorfodol na fyddant efallai, oherwydd eu hanghenion gofal iechyd, yn gallu mynychu'r ysgol am unrhyw gyfnod. Gallai'r cymorth a gânt yn ystod pwl o salwch fod yn yr ysbyty, mewn uned cyfeirio disgyblion neu yn y cartref. Mae gan awdurdodau lleol ddyletswydd (adran 19(1) ac 19(4) Deddf Addysg 1996) i wneud trefniadau ar gyfer darparu addysg sy'n addas ar gyfer yr holl blant a phobl ifanc o oed ysgol gorfodol.

Dylid adnabod anghenion addysgol dysgwr sydd ddim yn gallu mynychu eu lleoliad addysg oherwydd eu hanghenion gofal iechyd a dylent dderbyn cymorth addysgol yn gyflym fel eu bod yn parhau i gael eu darparu ag addysg addas. Mae hyn yn golygu addysg sy'n addas i oedran, gallu, dawn y dysgwr ac unrhyw anghenion addysgol arbennig (AAA) efallai fydd ganddynt. Dylai natur y ddarpariaeth fod yn ymatebol, gan adlewyrchu anghenion statws iechyd a all fod yn newidiol.

Mae'r awdurdod lleol yn annhebygol o ddarparu addysg yn y cartref ar gyfer dysgwyr sy'n sâl am gyfnodau byr iawn o amser, gan y dylai eu lleoliad addysg allu darparu cymorth priodol. Fodd bynnag, dylent ystyried y ffordd y mae'r absenoldeb yn debygol o effeithio ar y dysgwr wrth iddynt ddychwelyd i addysg. Yn achos absenoldeb byr (sy'n debygol o bara am lai na 15 diwrnod ysgol) bydd yr ysgol yn darparu gwaith i'w gwblhau yn y cartref, os yw cyflwr y dysgwr yn caniatâu, a chefnogi'r dysgwr i ddal i fyny ar ôl dychwelyd. Dylai'r awdurdod lleol fod yn barod i wneud trefniadau ar gyfer dysgwyr mewn achosion lle mae'n amlwg bod y dysgwr yn debygol o fod yn absennol o'r ysgol am gyfnod sylweddol, e.e. mwy na 15 diwrnod ysgol yn olynol neu'n ystod blwyddyn academaidd. Fodd bynnag, efallai y bydd dal angen i'r awdurdod lleol wneud trefniadau os rhagwelir absenoldeb byrrach, yn dibynnu ar yr amgylchiadau.

Lle caiff absenoldebau eu rhagweld neu eu bod yn hysbys ymlaen llaw, dylai cyswllt agos rhwng yr ysgol a'r awdurdod lleol alluogi i'r gwasanaeth EOTAS gael ei ddarparu o ddechrau'r absenoldeb.

Dylai'r awdurdod lleol gymryd i ystyriaeth unrhyw gyfnod o addysg a ddarperir yn yr ysbyty wrth ystyried a oes angen iddo ddarparu EOTAS i ddysgwr a beth i'w darparu. Os bydd y dysgwr wedi bod yn yr ysbyty ac wedi derbyn hyfforddiant yno, gall eu cynnydd a'u profiadau cwricwlaidd fod yn wahanol i rai eu cyfoedion yn yr ysgol. Er hynny, dylid sicrhau cymaint o barhad ag y bo modd. Dylai'r awdurdod lleol ddarparu cymaint o wersi ag y mae

³ learning.gov.wales/resources/browse-all/national-reading-and-numeracy-tests-administration-handbook/?skip=1&lang=cy

cyflwr y dysgwr yn ei ganiatáu, ac fel sy'n fuddiol, gan ystyried beth sy'n addas ar gyfer y dysgwr. Efallai y bydd angen rhoi ystyriaeth arbennig i ddysgwr sydd ar gwrs sy'n arwain at gymwysterau.

Mae cydweithredu rhwng staff addysg, iechyd a staff gweinyddol yn yr ysbyty yn hanfodol. Sicrhau'r budd mwyaf posibl ar gyfer addysg ac iechyd y plentyn neu berson ifanc ddylai'r nod fod, a ddylai gynnwys creu awyrgylch sy'n gydnaws â dysgu effeithiol.

Mae cyswllt agos rhwng athrawon cartref/ysbyty ac athrawon prif ffrwd yn sail i ddarparu rhaglen addysgol effeithiol ar gyfer y dysgwyr. Fodd bynnag, gall rhieni hefyd fod yn gyswllt gwerthfawr.

Gall dysgwyr sydd ag anghenion gofal iechyd cymhleth gael eu rhyddhau o'r ysbyty gyda chynllun gofal ysgrifenedig. Pan fydd hyn yn digwydd, dylai'r cynllun gofal ysgrifenedig gael ei integreiddio i mewn i unrhyw CIU.

12. Cludiant i'r ysgol:

Cydnabyddir dyletswyddau statudol yr awdurdodau lleol, y pennaeth a'r corff llywodraethu mewn perthynas â dysgwyr yn teithio i'r ysgol. Er enghraifft, yn dibynnu ar yr amgylchiadau, efallai y bydd angen i'r awdurdod lleol drefnu cludiant o'r cartref i'r ysgol ar gyfer dysgwr, neu ddarparu hebryngwyr sydd wedi eu hyfforddi'n briodol ar gyfer teithiau o'r fath i hwyluso presenoldeb dysgwr. Nodir gwybodaeth ac arweiniad ar hyn yn y ddogfen *Canllawiau ar Ddarpariaethau Statudol Teithio gan Ddysgwyr a Chanllawiau Gweithredol* (2014)⁴.

13. Adolygu polisiâu, trefniadau a gweithdrefnau:

Caiff y polisi hwn a'r holl drefniadau a gweithdrefnau sydd ynghlwm ag ef eu hadolygu'n rheolaidd gan y Corff Llywodraethu. Bydd yn yn cynnwys yr holl randdeiliaid allweddol gan gynnwys, lle bo'n briodol, y dysgwr, rhieni, gweithwyr proffesiynol addysg ac iechyd a chyrrff perthnasol eraill.

14. Trefniadau yswiriant:

Bydd y corff llywodraethu yn sicrhau bod lefel briodol o yswiriant yn ei le i gwmpasu gweithgareddau'r lleoliad wrth gefnogi dysgwyr ag anghenion gofal iechyd. Bydd lefel yr yswiriant yn adlewyrchu'n briodol lefel y risg. Efallai y bydd angen trefnu yswiriant ychwanegol ar gyfer rhai gweithgareddau, e.e. gweithgareddau oddi ar y safle ar gyfer dysgwyr ag anghenion penodol.

15. Gweithdrefn cwynion;

Os na fydd y dysgwr neu'r rhiant yn fodlon gyda threfniadau gofal iechyd yr ysgol, mae ganddynt hawl i wneud cwyn. Gweler Polisi Cwyno'r Ysgol sy'n nodi'n glir sut mae cwyn yn gallu cael ei dwysáu o athro i bennaeth, yna i'r corff llywodraethu, ac yna i'r awdurdod lleol.

⁴ Ar gael yn gov.wales/docs/dcells/publications/140616-lt0g-cy-v2.pdf

Os bydd y gwyn yn gysylltiedig â Deddf Cydraddoldeb 2010/anabledd, yna gellir ystyried herio Tribiwnlys Anghenion Addysg Arbennig Cymru (TAAAC).

16. Cynlluniau gofal iechyd unigol (CGIU):

Mae CIU yn nodi pa gymorth sydd ei angen gan ddysgwyr. Nid oes angen iddynt fod yn hir nac yn gymhleth. Mae CIU yn hanfodol lle mae anghenion gofal iechyd yn gymhleth, yn anwadal, hirdymor neu lle mae risg uchel y bydd angen ymyriad brys. Fodd bynnag, nid yw pob dysgwr sydd ag anghenion gofal iechyd angen CIU a dylid cael proses ar waith i benderfynu pa ymyriadau sydd fwyaf priodol. Mae'r diagram canlynol yn amlinellu'r broses ar gyfer nodi a oes angen CIU.

Adnabod dysgwyr ag anghenion gofal iechyd

- Adnabod dysgwyr o'r ffurflen ymrestru neu lwybr arall.
- Rhiant neu ddysgwr yn hysbysu'r lleoliad addysg o angen gofal iechyd.
- Cynnal trafodaethau pontio mewn da bryd, e.e. wyth wythnos cyn naill ai diwedd y tymor neu symud i leoliad addysg newydd.

Casglu gwybodaeth

- Os yw'n bosibl y bydd angen CIU, dylai'r lleoliad addysg drafod hyn gyda'r rhiant a'r dysgwr.

Penderfynu a oes angen CIU

- Dylai'r lleoliad addysg drefnu cyfarfod gyda staff priodol, y rhieni, y dysgwyr a chlinigwyr priodol i benderfynu a yw anghenion gofal iechyd y dysgwyr angen CIU, neu a fyddai hyn yn amhriodol neu'n anghymesur. Os na ellir cael consensws, dylai'r pennaeth gymryd y penderfyniad terfynol, a gellir ei herio drwy'r drefn gwyno.

Os oes angen CIU

- Dylai'r lleoliad addysg, o dan arweiniad y gweithwyr gofal iechyd proffesiynol priodol, y rhieni a'r dysgwr, ddatblygu'r CIU mewn partneriaeth.
- Dylai'r lleoliad addysg adnabod staff priodol i gefnogi'r dysgwr, gan gynnwys nodi unrhyw anghenion hyfforddi a ffynhonnell yr hyfforddiant, a gweithredu hyfforddiant.
- Dylai'r lleoliad addysg ddosbarthu'r CIU i bob unigolyn priodol.
- Dylai'r lleoliad addysg osod dyddiad adolygu priodol a diffinio unrhyw sbardun arall ar gyfer adolygiad.

Mae gwybodaeth am sut i greu eich polisi ar gael yng nghanllawiau statudol Llywodraeth Cymru, 'Cefnogi Dysgwyr ag Anghenion Gofal Iechyd': <http://dysgu.llyw.cymru/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=cy> Fodd bynnag, os byddwch chi angen cymorth ar ôl darllen y canllawiau, anfonwch e-bost i additionallearningneedsbranch@wales.gsi.gov.uk

Yn y rhan fwyaf o achosion, yn enwedig yn ymwneud â salwch tymor byr megis y rhai sydd angen cwrs o wrthfotigau, efallai na fydd CIU manwl yn angenrheidiol. Mewn amgylchiadau o'r fath, gall fod yn ddigonol i gofnodi enw'r feddyginiaeth, y dos, yr amser a weinyddir ac unrhyw sgil effeithiau posibl. Dylid cadarnhau'r gweithdrefnau hyn yn ysgrifenedig rhwng y dysgwr (lle bo'n briodol), y rhieni a'r ysgol.

Fodd bynnag, pan fydd gan ddysgwr anghenion gofal iechyd ysbeidiol neu barhaus, yna efallai y bydd angen CIU. Os yw'r anghenion hyn yn gymhleth a bod y dysgwr yn newid lleoliadau, yna dylid dechrau paratoi'n gynnar er mwyn helpu i sicrhau bod y CIU yn ei le ar ddechrau'r tymor newydd.

1.1 Rolau a chyfrifoldebau wrth greu a rheoli CIU

Nid oes angen i CIU fod yn gymhleth ond dylent esbonio sut y gall anghenion y dysgwr gael eu bodloni. Dylai CIU fod yn hygyrch i bawb sydd angen cyfeirio ato, tra'n cynnal y lefelau gofynnol o breifatrwydd. Dylai pob cynllun gynnwys gwybodaeth a chymau allweddol sydd eu hangen i gefnogi'r dysgwr yn effeithiol. Efallai y bydd datblygiad CIU manwl yn cynnwys:

- y dysgwr
- y rhieni
- mewnbwn neu wybodaeth gan leoliad addysg blaenorol
- gweithwyr proffesiynol gofal iechyd priodol
- y pennaeth a/neu'r unigolyn dirprwyedig sy'n gyfrifol am anghenion gofal iechyd ar draws y lleoliad
- athrawon a staff cefnogi, gan gynnwys staff arlwyo
- unrhyw unigolion â rolau perthnasol megis cydlynnydd cymorth cyntaf, swyddog lles, a chydlynnydd anghenion addysgol arbennig (CADY).

Er y dylai'r cynllun gael ei deilwra i anghenion pob dysgwr unigol, gall gynnwys:

- manylion am yr angen gofal iechyd a disgrifiad o symptomau
- gofynion penodol megis gofynion dietegol, rhagofalon cyn-weithgaredd (e.e. cyn dosbarthiadau addysg gorfforol)
- gofynion meddyginiaeth, e.e. dos, sgil-effeithiau, gofynion storio, trefniadau ar gyfer gweinyddu
- datganiad o'r effaith (a gynhyrchwyd ar y cyd gan weithiwr gofal iechyd proffesiynol ac athro) ar sut mae cyflwr gofal iechyd y dysgwr a/neu driniaeth yn effeithio ar eu dysgu a pha gamau sydd eu hangen i liniaru'r effeithiau hyn
- camau gweithredu gofynnol
- protocolau argyfwng a manylion cyswllt
- y rôl y gall yr ysgol ei chwarae e.e. rhestr o bethau i fod yn ymwybodol ohonynt
- dyddiadau adolygu a sbardunau adolygu
- rolau staff penodol e.e. pwynt cyswllt i rieni, staff sy'n gyfrifol am weinyddu/goruchwyllo meddyginiaeth a threfniadau ar gyfer cyflenwi yn eu habsenoldeb
- materion rhannu gwybodaeth o ran caniatâd/preifatrwydd/sensitifrwydd

- anghenion hyfforddi staff, fel gyda gwaith gweinyddol gofal iechyd, cymhorthion a thechnolegau addasol
- cadw cofnodion – sut y bydd yn cael ei wneud, a pha wybodaeth gaiff ei chyfleu i bobl eraill
- cludiant o'r cartref i'r ysgol – cyfrifoldeb yr awdurdod lleol yw hwn, a gall fod yn ddefnyddiol iddo fod yn ymwybodol o CIU y dysgwr a'r hyn mae'n ei gynnwys, yn enwedig mewn perthynas â sefyllfaoedd argyfwng.

Nod y cynllun yw cofnodi'r camau sydd angen eu cymryd i helpu dysgwr i reoli eu cyflwr a goresgyn unrhyw rwystrau posibl i gymryd rhan lawn mewn addysg. Dylai'r rheiny sy'n dyfeisio'r cynllun gytuno ar bwy fydd yn cymryd yr awenau, ond mae cyfrifoldeb am sicrhau y caiff ei gwblhau a'i weithredu'n aros gyda'r ysgol.

Gwneir pob ymdrech i sicrhau bod y cynlluniau'n cael eu hadolygu o leiaf yn flynyddol, neu'n amlach os daw tystiolaeth newydd bod anghenion y dysgwr wedi newid. Dylid eu datblygu gyda budd pennaf y dysgwr mewn cof a sicrhau bod yr ysgol, gyda gwasanaethau arbenigol (os oes angen) yn asesu'r risgiau i addysg, iechyd a lles cymdeithasol y dysgwr.

Pan fydd gan ddysgwr ADY dylai'r CIU fod yn gysylltiedig, neu ynghlwm wrth unrhyw gynllun addysg unigol, Datganiad ADY neu gynllun dysgu a sgiliau.

1.2 Cydlynu gwybodaeth gyda gweithwyr iechyd proffesiynol, y dysgwr a chleifion

Dylai'r CIU egluro sut y caiff gwybodaeth ei rhannu a phwy fydd yn gwneud hyn. Gall yr unigolyn hyn fod yn fan cyswllt cyntaf i rieni a staff a byddai'n cysylltu ag asiantaethau allanol.

1.3 Cyfrinachedd

Mae'n bwysig bod y staff perthnasol (gan gynnwys staff dros dro) yn ymwybodol o anghenion gofal iechyd eu dysgwyr, gan gynnwys newidiadau i CIU. Mae CIU yn debygol o gynnwys gwybodaeth sensitif neu gyfrinachol. Rhaid i rannu a storio'r wybodaeth gydymffurfio â Deddf Diogelu Data 1998 a pheidio â thorri hawliau preifatrwydd yr unigolion na'r dyletswydd cyfrinachedd sy'n ddyledus iddynt.

1.4 Rôl y dysgwr wrth reoli eu hanghenion gofal iechyd eu hunain

Dylai dysgwyr sy'n gymwys i wneud hynny gael eu hannog i gymryd cyfrifoldeb am reoli eu meddyginiaethau a'u gweithdrefnau eu hunain. Dylai hyn gael ei adlewyrchu o fewn CIU y dysgwr.

Lle bo modd, dylai dysgwyr gael yr hawl i gario eu meddyginiaeth a'u dyfeisiau perthnasol eu hunain, neu allu cael mynediad cyflym i'w meddyginiaeth. Efallai y bydd rhai dysgwyr angen lefel briodol o oruchwyliaeth.

Os yw dysgwr yn gwrthod cymryd eu meddyginiaeth neu gynnal gweithdrefn angenrheidiol, ni ddylai staff eu gorfodi i wneud hynny, ond dilyn trefniadau diffiniedig yr ysgol, y cytunwyd

arnynt yn y CIU. Dylid hysbysu rhieni cyn gynted â phosibl fel y gellir ystyried trefniant arall a dylid ceisio cyngor iechyd lle y bo'n briodol.

1.5 Cadw cofnodion

Mae'n rhaid i weinyddu pob meddyginiaeth gael ei gofnodi ar y ffurflenni priodol. Os yw dysgwr yn gwrthod eu meddyginiaeth, dylai staff gofnodi hyn a dilyn y gweithdrefnau diffiniedig lle y bydd rhieni yn cael gwybod am y diffyg cydymffurfio hyn cyn gynted ag y bo modd.

17. Arfer annerbyniol

Nid yw'n arfer derbyniol i:

- atal dysgwyr rhag mynychu'r ysgol oherwydd eu hanghenion gofal iechyd, oni bai y byddai mynychu'r ysgol yn debygol o achosi niwed i'r dysgwr neu eraill
- atal dysgwyr rhag cael mynediad at eu hanadlwyr neu feddyginiaeth eraill yn hawdd, na'u rhwystro rhag cymryd eu meddyginiaeth pan a lle bo angen
- cymryd yn ganiataol bod pob dysgwr â'r un cyflwr angen yr un driniaeth
- anwybyddu barn y dysgwr neu eu rhieni, neu anwybyddu tystiolaeth neu farn gofal iechyd (er y gall y safbwyntiau hyn gael ei ymholi a safbwyntiau ychwanegol eu ceisio yn brydlon)
- anfon dysgwyr ag anghenion gofal iechyd gartref yn aml neu eu hatal rhag aros ar gyfer gweithgareddau arferol, gan gynnwys cinio, oni bai fod hyn wedi ei bennu'n addas yn eu CIU
- anfon dysgwr sy'n mynd yn sâl neu sydd angen cymorth i ystafell feddygol neu brif swyddfa heb gwmni neu gyda rhywun sydd ddim yn gallu eu monitro yn iawn
- cosbi dysgwr am eu cofnod presenoldeb os bydd yr absenoldeb yn gysylltiedig â'u hanghenion gofal iechyd. Ni ddylid defnyddio 'absenoldeb awdurdodedig' gan gynnwys apwyntiadau gofal iechyd, amser teithio i'r ysbyty neu i apwyntiad nac amser adfer rhag triniaeth neu salwch i gosbi dysgwr mewn unrhyw ffordd. Mae hyn yn cynnwys, ond nid yw'n gyfyngedig i, gymryd rhan mewn gweithgareddau, teithiau neu wobrwon lle mae cofnodion presenoldeb yn rhan o'r cymhelliant
- gwneud cais am addasiadau neu amser ychwanegol ar gyfer dysgwr yn hwyr. Dylid gwneud cais amdanynt mewn da bryd. Dylid hefyd rhoi ystyriaeth i addasiadau neu amser ychwanegol sydd ei angen mewn ffug arholiadau neu brofion eraill
- atal dysgwyr rhag yfed, bwyta neu gymryd seibiant toiled neu seibiant arall pryd bynnag sydd ei angen er mwyn rheoli eu hanghenion gofal iechyd yn effeithiol
- ei gwneud yn ofynnol i rieni, neu fel arall gwneud iddynt deimlo rheidrwydd arnynt, i fynychu'r lleoliad addysg, taith neu weithgaredd arall oddi ar y safle i roi meddyginiaeth neu ddarparu cymorth gofal iechyd i'r dysgwr, gan gynnwys materion mynd i'r toiled
- disgwyl neu achosi i riant roi'r gorau i'w gwaith neu ymrwymadau eraill oherwydd bod yr ysgol yn methu â chefnogi anghenion gofal iechyd dysgwr
- gofyn i ddysgwr adael y dosbarth neu weithgaredd os oes angen iddynt weinyddu meddyginiaeth nad yw'n bersonol neu fwyta bwyd yn unol â'u hanghenion iechyd
- atal neu greu rhwystrau diangen i gyfranogiad dysgwr mewn unrhyw agwedd ar eu haddysg, gan gynnwys teithiau, e.e. drwy fynnu bod rhiant i fynd gyda'r dysgwr.

Adolygiad

Bydd y polisi hwn yn cael ei adolygu'n flynyddol.

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Mae gwybodaeth am sut i greu eich polisi ar gael yng nghanllawiau statudol Llywodraeth Cymru, 'Cefnogi Dysgwyr ag Anghenion Gofal Iechyd': <http://dysgu.llyw.cymru/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=cy>. Fodd bynnag, os byddwch chi angen cymorth ar ôl darllen y canllawiau, anfonwch e-bost i additionallearningneedsbranch@wales.gsi.gov.u

Healthcare Needs Policy for YGG Castell-nedd

The United Nations Convention on the Rights of the Child (CRC) is at the heart of our school's planning, policies, practice and ethos. As a rights-respecting school we not only teach about children's rights but also model rights and respect in all relationships.

Date of issue: Spring 2026

Review date: Spring 2029

School's full address and post code: Woodland Road, Neath SA11 3AL

School's phone number (including area code): 01639 637701

School's email address:

swyddfa@yggcastellnedd.npt.school

Website address for this policy:

<https://www.yggcastell-nedd.co.uk/>

Name of person responsible for maintaining this policy: Mrs Lois Loader

Key principles

- 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.

1. 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.

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.

Information on how to create your policy is available in the Welsh Government 'Supporting Learners with Healthcare Needs' statutory guidance: <http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en> However if after reading the guidance you require assistance, please email additionallearningneedsbranch@wales.gsi.gov.uk

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' curriculums
- 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.

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).

Other relevant provisions

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

The Learner Travel (Wales) Measure 2008 places duties on local authorities and governing bodies in relation to home–school transport.

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

3. Roles and responsibilities:

The Governing Body/management committee:

The Governing body will oversee the development and implementation of arrangements, which will 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 arrangements
- Ensuring the arrangements are in line with other relevant policies and procedures, such as health and safety, first aid, risk assessments, the Data Protection Act 1998, safeguarding measures and emergency procedures
- Ensuring robust systems are in place for dealing with healthcare emergencies and critical incidents, for both on- and off-site activities, including access to emergency medication such as inhalers or adrenaline pens
- Ensuring staff with responsibility for supporting learners with healthcare needs are appropriately trained
- Ensuring appropriate insurance cover is in place, any conditions are complied with and staff are clear on what this means for them when supporting learners
- having an infection prevention policy that fully reflects the procedures laid out in current guidance

The Headteacher/Assistant Headteacher:

The headteacher will ensure arrangements to meet the healthcare needs of their learners are sufficiently developed and effectively implemented. This can include:

- Working with the governing body to ensure compliance with applicable statutory duties when supporting learners with healthcare needs, including duties under the Equality Act 2010
- Ensuring the arrangements in place to meet a learner's healthcare needs are fully understood by all parties involved and acted upon, and such actions maintained
- Ensuring the support put in place focuses on and meets the individual learner's needs, also known as person-centred planning¹
- Extending awareness of healthcare needs across the school in line with the learner's right to privacy. This may include support, catering and supply staff, governors, parents and other learners
- Appointing a named member of staff who is responsible for learners with healthcare needs, liaising with parents, learners, the home tuition service, the local authority, the key worker and others involved in the learner's care
- Ensuring a sufficient number of trained staff are available to implement the arrangements set out in all IHPs, including contingency plans for emergency situations and staff absence
- Having the overall responsibility for the development of IHPs
- Ensuring that learners have an appropriate and dignified environment to carry out their healthcare needs, e.g. private toilet areas for catheterisation
- Checking with the local authority whether 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

<http://learning.gov.wales/docs/learningwales/publications/150909-reviews-toolkit-en.pdf>¹
learning.gov.wales/docs/learningwales/publications/150909-reviews-toolkit-en.pdf

- Ensuring all learners with healthcare needs are appropriately linked with the school's health advice service
- Ensuring when a learner participates in a work experience placement or similar, that appropriate healthcare support has been agreed and put in place
- Providing annual reports to the governing body on the effectiveness of the arrangements in place to meet the healthcare needs of learners
- Ensuring all learners with healthcare needs are not excluded from activities they would normally be entitled to take part in without a clear evidence-based reason
- Notifying the local authority when a learner is likely to be away from the school for a significant period, e.g. three weeks (whether in one go or over the course of the academic year) due to their healthcare needs.
- Being mindful of the Social Services and Well-being (Wales) Act 2014.

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

Any staff member within the school may be asked to provide support to learners with healthcare needs, including assisting or supervising the administration of medicines. This role is entirely voluntary. Staff members must receive sufficient and suitable training and achieve the necessary level of competence before they take on the responsibility. No staff member can be required to administer or supervise medication unless it forms part of their contract, terms and conditions or a mutually agreed job plan.

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

- Fully understand the school'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 school'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 school's policy
- Are aware that healthcare needs can impact on a learner's ability to learn and provide extra help when needed
- Support learners who have been absent and assist them with catching up on missed work – this may involve working with parents and specialist services
- Keep parents informed of how the healthcare need is affecting the learner in the school. This may include reporting any deterioration, concerns or changes to learner or staff routines.

Parents/carers

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

Parents and learners should:

- Receive updates regarding healthcare issues/changes that occur within the school
- 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 school, and contribute to the development of, and compliance with, their IHP
- Provide the school 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 school 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 school if their child has/had an infectious disease or condition while in attendance.

Learners

Learners should:

- Inform parent/carer or staff member/s if feeling unwell
- Inform relevant staff member/s of any medication or healthcare needs, or changes
- Participate in drafting and agreeing individual healthcare plan (IHP), where appropriate

- Take care when carrying medicines to and from school, and not share them with others
- Take part in discussions around sharing/confidentiality of personal information

The Local Authority

Local authorities should ensure education provision is available to learners, and:

- Must make reasonable adjustments to ensure disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory. For example, learners should not be disadvantaged when leaving primary school and beginning secondary school. In practical terms this means adjustments must be planned and implemented in advance to prevent any disadvantage. Discussions around the responsibility for provision should not impact on the delivery of service, as delays could be detrimental to the education and well-being of the learner
- 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 recreation². When making these arrangements, local authorities should ensure appropriate agreements are in place for data sharing. This could be through working within the Wales Accord on Sharing Personal Information (WASPI) Information Sharing Protocols or Data Disclosure Agreements. Local authorities and health boards have WASPI coordinators who can support service providers to develop appropriate agreements
- Must make reasonable provision of counselling services for young people aged 11–18 and learners in Year 6 of primary school³. Within schools, this provision should complement the different approaches already in place to support the health, emotional and social needs of learners
- Should work with education settings to ensure learners with healthcare needs receive a suitable education. Where a learner of compulsory school age would not receive a suitable education for any period because of their health, the local authority has a duty to make arrangements to provide suitable education⁴. If a learner is over that compulsory school age but under 18, the local authority may make such arrangements
- Should provide support, advice and guidance, including how to meet the training needs of education setting staff, so that governing bodies can ensure the support specified within the individual healthcare plan (IHP) (see 'Section 3: Individual healthcare plans (IHPs)' on page 23) can be delivered effectively.

² Section 25 of the Children Act 2004 www.legislation.gov.uk/ukpga/2004/31/section/25

³ gov.wales/topics/educationandskills/schoolhome/wellbeing/schoolcounselling/statutory-guidance-independent-counselling-services/?lang=en

⁴ Section 19 of the Education Act 1996 at www.legislation.gov.uk/ukpga/1996/56/section/19

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

Healthcare and practical support can be found from a number of organisations. Education settings have access to a health advice service. 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 school 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.

4. Creating an accessible environment

The governing body will make every effort to ensure the school is inclusive and accessible in the fullest sense to learners with healthcare needs. This includes the following.

- **Physical access to education setting buildings**
- **Reasonable adjustments – auxiliary aids or services**
(with the appropriate number of trained staff)
- **Day trips and residential visits**

The governing body will make every effort to ensure the school actively supports all learners with healthcare needs to participate in trips and visits. This may require making reasonable adjustments to trips and residential visits ensuring full participation from all learners.

Staff should be 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 learner⁵. Staff should 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.

⁵ The duty to make reasonable adjustments under the Equality Act may apply depending on the circumstances.

- **Social interactions**

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

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

Separate 'special provisions' for particular activities should 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 should be sought.

Staff should also 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 school, consideration must be given to dietary needs of learners, e.g. those who have diabetes, coeliac disease, allergies and intolerances.

Where a need occurs, the school will make every effort in advance, to provide menus to parents and learners, with complete lists of ingredients and nutritional information. Gluten and other intolerances or allergens must be clearly marked. Providing information will help facilitate parent and catering teams' collaborative working. This is especially important when carbohydrate counting is required.

Consideration should be given to availability of snacks. Sugar and gluten-free alternatives should always be made available. As some conditions require high calorific intake, there should always be access to glucose-rich food and drinks.

Food provided for trips must reflect the dietary and treatment needs of the learners taking part. Food provided for snacks in classroom settings should also take the dietary and treatment needs of these learners into account. While healthy school and

'no sweets' policies are recognised as important, learners with healthcare needs may need to be exempted from these policies. Learners needing to eat or drink as part of their condition should not be excluded from the classroom or put in isolation.

- **Risk assessments**

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

5. Sharing information

The governing body will ensure healthcare needs arrangements, both wider education settings' policies and IHPs, are supported by clear communication with staff, parents and other key stakeholders to ensure full implementation. It is essential that all information is kept up to date. All information-sharing techniques such as staff noticeboards and school intranets must be agreed by the learner and parent in advance of being used, to protect confidentiality.

Teachers, supply teachers and support staff (this may include catering staff and relevant contractors) should have access to the relevant information, particularly if there is a possibility of an emergency situation arising. In this respect noticeboards located in the staff rooms are used to display information on high-risk health needs, first aiders and certificates, emergency procedures, etc. Also the school's secure intranet area and staff meetings are utilised to help ensure staff are aware of the healthcare needs of learners they have or may have contact with.

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

- Make healthcare needs policies easily available and accessible, online and in hard copy
- Provide the learner/parents with a copy of their information sharing policy. This should state 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. Sharing

medical information can be a sensitive issue and the learner should be involved in any decisions.

- The school will strive to keep a list of what information has been shared with whom and why, for the learner/parent to view on request
- Include a weblink to the healthcare needs policies in relevant communications sent to parents, and within the learner's IHP
- Include student councils, 'healthy schools' and other learner groups in the development of the setting's healthcare needs arrangements, where appropriate
- Consider how friendship groups and peers may be able to assist learners, e.g. they could be taught the triggers or signs of issues for a learner, know what to do in an emergency and who to ask for help. The school 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 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.

- Contact details for emergency services
- Parental agreement for educational setting to administer medicine
- Head of educational setting agreement to administer medicine
- Record of medicine stored for and administered to an individual learner
- Record of medicines administered to all learners by date
- Request for learner to administer own medicine
- Staff training record – administration of medicines
- 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 filed.

Please see the form templates which can be accessed at Annex 2 at the following link: <http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en>

All administration of medication must be recorded on the appropriate forms. If a learner refuses their medication, staff should record this and follow the defined procedures where parents will be informed of this non-compliance as soon as possible.

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

The governing body will ensure the school's policy is clear regarding the procedures to follow for managing medicines and devices. Storage, access and administration procedures will always be contextual to the school and the requirements of the learner. However, the following general principles should be reflected.

Supply of medication or devices

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

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

Where non-prescribed medicine is held by the school, e.g. liquid paracetamol, it should:

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

Storage, access and disposal

While all medicines should be stored safely, the type and use of the medication will determine how this takes place. It is important for learners to know where their medication is stored and how to access it.

- **Refrigeration**

Some medicines need to be refrigerated. The refrigerator temperature will need to be regularly monitored 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.

- **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 school'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.

- **Non-emergency medication**

All non-emergency medication should be kept in a secure place with appropriate temperature or light controls.

- **Disposal of medicines**

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

Administration of medicines

- 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 should be administered by a member of staff. In other cases, it may need to be supervised in accordance with the IHP.
- Medication should 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 assisting⁶. This should be agreed and reflected in the IHP and risk assessment.
- The school should have an intimate care policy⁷. 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 school should ask parents to seek healthcare advice as appropriate. If parents cannot be contacted immediately, staff need to consider seeking immediate healthcare advice.
- Staff involved in the administration of medication should be familiar with how learners consent to treatment. Further information on this from the Welsh Government can be

□ gov.wales/docs/dcells/publications/150114-keeping-learners-safe.pdf

□ 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.

found in the *Patient Consent to Examination and Treatment – Revised Guidance* (NHS, 2008)⁸.

- 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

Nominated First Aiders

- Mrs R Williams
- Miss E Rouse
- Miss C Blank
- Mrs H Payne
- Miss S Hunt
- Mrs L Evans
- Miss M Smith
- Miss LJ Scott
- Miss E Sleep
- Miss H Griffiths
- Miss CJ Williams
- Mrs J Canfield
- Mr C Richards

In situations requiring emergency assistance, 999 should be called immediately. The location of learners' healthcare records and emergency contact details should be known to staff.

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

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

When assisting learners with their healthcare needs, it should be recognised 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 can be asked to provide advice suitable for education settings as well as learners and families.

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.

Policies should include 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 should especially be made aware of what preventative and emergency measures are in place so staff can recognise the need for intervention and react quickly.

If the trained staff who are usually responsible for administering medication are not available, the IHP should set out alternative arrangements. This also needs to be addressed in risk assessment and planning of off-site activities.

10. Qualifications and assessments

Efficient and effective liaison is imperative when learners with healthcare needs are approaching assessments, including those undertaking examinations in hospital or at home. Controlled Assessments may help learners to keep up with their peers. The home and hospital teachers may be able to arrange for concentration on this element to minimise the loss of learning while they are unable to attend. Liaison between the school and the hospital teacher or home teacher is most important, especially where the learner is moving from education setting or home to the hospital on a regular basis.

Awarding bodies may make special arrangements for learners with permanent or long-term disabilities and learning difficulties, or temporary disabilities and illnesses, who are taking public examinations such as GCSEs or A levels. Applications for special arrangements should be submitted to the awarding bodies as early as possible.

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*⁹.

11. Education other than at school (EOTAS)

This section describes the support available to learners of compulsory school age who, due to their healthcare needs, may not for any period attend a mainstream education setting. The support they receive during an episode of illness could be in hospital, a PRU or at home. Local authorities have a duty (sections 19(1) and 19(4) of the Education Act 1996) to make arrangements for the provision of suitable education for all children and young people of compulsory school age.

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.

The local authority is unlikely to provide education at home for learners who are ill for very short periods of time, as their education setting should be able to provide appropriate support. However, they should take into account the way in which the absence is likely to affect the learner on their return to education. In the case of a short absence (likely to last for less than 15 school days) the learner's school should provide work to be completed at home, if the learner's condition permits, and support the learner to catch up on their return. The local authority should be ready to make arrangements for learners in cases where it is clear that the learner is likely to be absent from school for a significant period, e.g. more than 15 school days, whether consecutive or cumulative over the course of an academic year. However, the local authority might still need to make arrangements if a shorter absence is anticipated, depending upon the circumstances.

Where absences are anticipated or known in advance, close liaison between the school and local authority should enable the EOTAS service to be provided from the start of absence.

The local authority should take into account any period of education provided in hospital when considering whether it needs to provide EOTAS for a learner and what to provide.

<http://learning.gov.wales/resources/browse-all/national-reading-and-numeracy-tests-administration-handbook/?lang=en>⁹ learning.gov.wales/resources/browse-all/national-reading-and-numeracy-tests-administration-handbook/?lang=en

If the learner has been in hospital and has received tuition there, their curricular progress and experiences may be different to that of their peers in school. Even so, as much continuity as possible should be ensured. The local authority should provide as many lessons as the learner's condition allows, and as is beneficial, taking into account what is suitable for the learner. It may be necessary to give particular consideration to a learner who is on a course leading to qualifications.

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.

Close liaison between home/hospital teachers and mainstream teachers underpins the provision of an effective educational programme for the learners. However, parents can also act as a valuable link.

Learners with complex healthcare needs may be discharged from hospital with a written care plan. Where this happens, the written care plan should be integrated into any IHP.

12. School transport

There are statutory duties on local authorities, the headteacher and the governing body in relation to learners travelling to the place where they receive their education or training. For example, depending upon the circumstances, the local authority may need to arrange home-to-school transport for a learner, or provide appropriately trained escorts for such journeys to facilitate the attendance of a learner. Information and guidance on this is set out in the *Learner Travel: Statutory Provision and Operational Guidance* (2014) document¹⁰.

13. Reviewing policies, arrangements and procedures

The governing body will ensure all policies, arrangements and procedures are reviewed regularly by the school. IHPs may 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.

14. Insurance arrangements

The governing body will ensure an appropriate level of insurance is in place to cover the setting's activities in supporting learners with healthcare needs. The level of insurance should appropriately reflect the level of risk. Additional cover may need to be arranged for some activities, e.g. off-site activities for learners with particular needs.

15. Complaints procedure

If the learner or parent is not satisfied with the education setting's health care arrangements they are entitled to make a complaint. A copy of the School's Complaints Policy should be

¹⁰ Available at gov.wales/docs/det/publications/140616-ltogg-en.pdf 17

obtained, which details how complaints can be escalated from teacher to headteacher, then to the governing body, and then to the local authority.

The Governing Body have appointed a Complaints Officer (Mr Dafydd Jones) who will deal with all complaints in the first instance and all complaints should be addressed to the Complaints Officer in the first instance. If the complaint is about the Complaints Officer then the complaint should be addressed to the Deputy Headteacher in the first instance.

Whether a complaint is made verbally or in writing the governing body will acknowledge all complaints in writing in order to ensure that there is clarity about the nature of the complaint; what has happened so far; who has been involved and what remains unresolved.

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. Individual healthcare plans (IHPs)

IHPs set out what support is required by a learner. They do not need to be long or complicated. 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 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.

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.

1.1 Roles and responsibilities in the creation and management of IHPs

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

- 1.5 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.

The governing body will make every effort to 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.

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

1.2 Coordinating information with healthcare professionals, the learner and parents

The IHP should explain how information is shared and who will do this. This individual can be a first point of contact for parents and staff and would liaise with external agencies.

1.3 Confidentiality

It is important that relevant staff (including temporary staff) are aware of the healthcare needs of their learners, including changes to IHPs. IHPs will likely contain sensitive or confidential information. The sharing and storing of information must comply with the Data Protection Act 1998 and not breach the privacy rights of or duty of confidence owed to the individuals.

1.4 The learner’s role in managing their own healthcare needs

Learners 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.

Where possible, 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.

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

1.5 Record keeping

All administration of medication must be recorded on the appropriate forms. If a learner refuses their medication, staff should record this and follow the defined procedures where parents will be informed of this non-compliance as soon as possible.

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, including for toileting issues
- Expect or cause a parent to give up work or other commitments because the education setting is failing to support a learner's healthcare needs
- Ask a learner to leave the classroom or activity if they need to administer non-personal medication or consume food in line with their health needs
- Prevent or create unnecessary barriers to a learner's participation in any aspect of their education, including trips, e.g. by requiring a parent to accompany the learner.

Review

This policy will be reviewed annually.

