



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

ALN Inclusion Policy

INTRODUCTION

This policy has been written by the ALNCo in conjunction with the Executive Headteacher. It has been developed in consultation with staff, pupils where appropriate, and the Governing Body, and reflects the inclusive ethos of the Taff Bargoed Learning Partnership.

This policy complies with the **Additional Learning Needs and Education Tribunal (Wales) Act 2018** and has full regard to the **ALN Code of Practice for Wales**. It will be reviewed regularly to ensure continued compliance with legislation and best practice.

OUR PHILOSOPHY

The ethos of our schools is to provide every learner with a happy, secure, and caring environment in which they can experience success academically, socially, and emotionally. This reflects the principles of the United Nations Convention on the Rights of the Child, particularly **Article 28 (right to education)** and **Article 29 (education that develops each child's talents and abilities)**. These rights underpin education policy in Wales through the Rights of Children and Young Persons (Wales) Measure 2011, which requires Welsh Ministers to consider children's rights in policy and decision-making.

We value the abilities and achievements of all learners and are committed to ensuring equity, inclusion, and high expectations for all. This aligns with **Article 2 of the UNCRC (non-discrimination)** and reflects the Welsh education system's commitment to inclusive education, ensuring that all learners can access and benefit from education regardless of background, ability, or circumstance.

We recognise that some learners will have additional learning needs (ALN) at various points during their school life and are committed to removing barriers to learning wherever possible. This commitment is supported by the Additional Learning Needs and Education Tribunal (Wales) Act 2018 and the Additional Learning Needs Code for Wales, which ensure that children and young people with ALN receive appropriate support through **Individual Development Plans (IDPs)** and coordinated provision to enable them to achieve their full potential. These frameworks support **UNCRC Article 23 (rights of children with disabilities)** and **Article 29 (development of talents and abilities)**.

Our schools are fully inclusive communities. All learners, regardless of gender, culture, language, social background, disability, or additional need, are valued members of a supportive and caring environment. This reflects **UNCRC Articles 2 and 30**, ensuring children are free from discrimination and can maintain their cultural identity. It also reflects the Welsh Government's commitment to embedding children's rights within education and ensuring that learners are supported to participate fully in school life.

DEFINITION

A learner has **Additional Learning Needs (ALN)** if they have a barrier to their learning which calls for **Additional Learning Provision (ALP)** beyond that which is ordinarily available (universal provision); provision that is different from and additional to that of their peers.

This policy replaces previous references to:

- Special Educational Needs (SEN)
- School Action / School Action Plus
- Statements of SEN

- Individual Education Plans (IEPs)

These have been replaced with **Individual Development Plans (IDPs)** in accordance with the ALN legislative framework.

The kind of universal provision that all children have access to within their classes includes things such as adaptive seating, fidget tools, ear defenders, wellbeing check ins, safe spaces, time out passes, Place2Be drop ins, high quality differentiated teaching, ADHD toolkit, Dyslexia toolkit, online programmes such as Literacy Gold and Sumdog to consolidate learning, person centred rewards, behaviour plans, movement breaks, emotional regulation techniques and resources, chunked tasks, assistive technology, visual timetables, consistent routines and targeted intervention programmes.

The effectiveness of these provisions is monitored through termly pupil progress meetings, termly surgeries with the ALNCo, evaluating data and discussions between stakeholders.

Only when these strategies are not sufficient in meeting the needs of a child, does the school begin the process of considering whether they may have ALN, and therefore need Additional Learning Provision.

ALN INCLUSION

We reinforce the principle that all teachers are teachers of learners with ALN. The expectation is that teaching is fully inclusive and learner centred.

We work closely with the Local Authority (LA) and multi-agency partners to ensure early identification, appropriate provision, and effective support.

Objectives

In addition to the whole school aims, we aim to:

- 1 Promote inclusion and equality across the school community
- 2 Ensure access to a broad, balanced, and engaging curriculum
- 3 Provide high-quality, differentiated teaching and ALP
- 4 Identify ALN at the earliest possible stage
- 5 Ensure learners and parents/carers are central to decision-making
- 6 Review and refine policy and practice in line with legislation and guidance

Roles and Responsibilities

Governors

The Governing Body will:

1. Ensure high-quality provision for learners with ALN
2. Promote inclusive practice and equal access to education
3. Have due regard to the ALN Code and equality legislation
4. Monitor and review ALN policy and resource allocation
5. Ensure a named ALN Governor meets regularly with the ALNCo

6. To attend training

Head teacher

The Headteacher will:

1. Ensure effective day-to-day leadership of ALN provision
2. Keep governors informed of ALN matters and share annual ALN report written by ALNCo
3. Work closely with the ALNCo
4. Ensure parents/carers are informed and engaged
5. Promote strong partnerships with families
6. Support effective implementation of ALN systems and procedures

Parents

Parents' will:

1. Support their child's learning and development
2. Share relevant information with the school
3. Engage in meetings and reviews
4. Support agreed strategies at home
5. Contribute to the development and review of IDPs

Learners

Learners will:

- Express their views
- Participate in decisions about their learning
- Understand their strengths and needs
- Contribute to target setting and reviews
- Participate in Pupil Led Conferencing (differentiated ALN template)

ALNCo

The ALNCo has a strategic and operational role, including:

- Leading ALN provision across the school
- Coordinating IDPs
- Liaising with governors, staff, parents, and external agencies
- Supporting staff through advice and training
- Maintaining ALN records
- Monitoring provision and learner progress
- To attend training, contribute to, and participate in INSET

Class teacher

Teachers will:

- Identifying learners with ALN
- Providing high-quality differentiated teaching
- Working collaboratively with the ALNCo
- Contributing to IDPs
- Engaging with parents and learners
- Monitoring progress and outcomes
- To attend training, contribute to, and participate in INSET

Learning Support Assistants

Learning Support Assistants have an important role within the classroom. Their responsibilities include:

- To work with pupils or groups of pupils as directed by the ALNCO/class teacher
- To keep regular records of support and intervention
- To attend review meetings as requested
- To attend training contribute to, and participate in INSET
- To work collaboratively with the ALNCo/Class Teachers
- To work in partnership with outside agencies

Intervention and Support Staff

Intervention staff work with the children in groups and as individuals. When possible, they are withdrawn from the classroom on a rotational basis, after consultation with the class teacher, to ensure that the children do not miss the same class based lesson every time. On some occasions, learning support assistants will work with a group within the classroom.

Identification and Assessment

Within the Learning Partnership, we have adopted a whole-school approach to policy and practice. Every effort is made to ensure that all pupils have full access to the Curriculum and are included in all aspects of the school life.

All teachers are responsible for identifying pupils with ALN and, in collaboration with the ALNCo, will ensure that those pupils requiring different or additional support are identified at an early stage. Assessment is the process by which pupils with ALN can be identified. Whether or not a pupil is making progress is seen as a significant factor in considering the need for ALN provision.

Pupils with ALN are identified on admission or by referral to the ALNCo. Staff, parents and pupils can refer to the ALNCo, who will gather evidence and take appropriate action.

Identification may be through:

- Teacher assessment and observation
- Progress data and attainment
- Screening and standardised assessments
- Parental or learner concerns
- External agency involvement

Concerns will be discussed with the ALNCo and addressed through graduated support. Where ALP is required, an **Individual Development Plan (IDP)** will be created.

Individual Development Plans (IDPs)

IDPs:

- Are person-centred
- Identify ALN, outcomes, and ALP
- Are developed collaboratively
- Are reviewed formally annually, and informally termly by the Classroom Teacher
- The children also present on their own progress during Pupil Led Conferences termly.

Learners and parents/carers are central to the IDP process.

Provision

On entry to the school each child's attainment will be assessed through a baseline assessment. This will help to inform the school of what the child can do, what they know and understand, as well as identify any learning difficulties.

Account may also be taken of information received from outside agencies prior to school entry, for example, health visitor, play group leader, Flying Start etc.

The records provided help the school to design appropriate differentiated learning programmes. For pupils with identified ALN the ALNCo/Class teacher will use the records to:

- Provide starting points for an appropriate curriculum
- Identify the need for support within the class
- Assess learning difficulties
- Ensure on-going observations/assessments provide regular feedback on achievements for planning next steps in learning
- Involve parents in developing a joint learning approach for home and school

Provision may include:

- Differentiated classroom teaching
- Small group or individual interventions
- In-class support
- Specialist support from external agencies
- All provision aims to support progress, independence, and well-being.

The main methods of provision made by the school are:

- Full-time education in classes, with additional help and support by class teacher through an appropriate planned programme of work.
- Periods of withdrawal for intervention with a supporting member of staff
- In-class support with adult assistance

- Support from specialists within class or as part of a withdrawal programme

Partnership with Parents

All schools within the Taff Bargoed Learning Partnership firmly believe in developing a strong partnership with parents, and that this will enable children and young people with ALN to achieve their potential. The schools recognise that parents have a unique overview of the child's needs and how best to support them, and that this gives them a key role in the partnership.

“ Parents hold key information and have a critical role to play in their children's education. They have unique strengths, knowledge and experience to contribute to the shared view of a child's needs and the best way of supporting them”

CoP 2.2

The school considers parents of ALN pupils as valued partners in the process.

The Code of Practice outlines that:

“ LEAs should work in partnership with local and parent organisations, as well as the parent partnership service..... to ensure that parents receive comprehensive, neutral, factual and appropriate advice.”

CoP 2.14

Pupils

It is important that pupils are involved in the process of their own development, so that with guidance they are able to take responsibility for their own learning. This process motivates them and enables the pupil to better and understand his/her learning. In our schools, we encourage this process for pupils with ALN by including individuals to participate in the decision-making processes affecting them.

- the process of discussing their needs
- evaluating their work/progress through discussion and feedback
- the writing of his/her learning plan, the setting of targets and the reviewing procedure
- when appropriate, inviting pupils to add to the discussion of their provision
- Person Centred Practice

Staff

- 1 The ALNCo will provide staff with up to date information regarding pupils
- 2 Staff collaborate in developing intervention strategies to reduce barriers to learning
- 3 Staff provide appropriate information for pupil reviews

Links with External Agencies/Organisations

The school recognises the important contribution that external support services make in assisting to identify, assess, and provide for, ALN pupils.

When it is considered necessary, colleagues from the following support services will be involved with ALN pupils:

- Educational Psychologists
- Advisory Teachers for Behaviour & Additional Learning Needs
- Health Services
- Speech and Language Specialists
- Safeguarding

In addition, important links are in place with the following organisations:

- 1 The local playgroup group with the aim of providing continuity between home and school
- 2 The L.A.
- 3 Specialist Services
- 4 Social Services
- 5 PTA
- 6 The business community
- 7 Education Welfare Officer
- 8 Other groups or organisations

Transition

We ensure smooth transitions by:

- Sharing information between staff/schools
- Holding transition meetings
- Liaising with receiving classes/schools
- Involving learners and parents

Curriculum

All learners access a broad and balanced curriculum. Our Nursery class access the Curriculum for Funded Non-Maintained Nursery Settings and aspects of The National Curriculum Progression Step 1. The rest of the school follow the National Curriculum and its progression steps. A high priority is placed on child directed learning to enhance engagement and interest. The Taff Bargoed Learning Partnership has a high level of universal provision available to benefit all of the pupils, but where children require modifications that are additional to and different from this, reasonable adjustments and Additional Learning Provision ensure meaningful participation and progress for all.

Inclusion of Pupils with Toileting issues

Where a child has a specific medical need relating to toileting issues, a positive and structured approach developed in partnership with health visitors and parents/carers is likely to be successful.

Within the Taff Bargoed Learning Partnership, we are committed to ensuring that **all learners are fully included** in school life and are **not excluded or disadvantaged due to medical, developmental, or additional learning needs**.

Whilst it is expected that toileting for most pupils will have been achieved prior to school entry, we recognise that independence in toileting is one aspect of a child's development and that children develop at different rates. Some learners may require additional support with toileting as part of their **Additional Learning Needs (ALN)** or due to medical or developmental factors. It is the parent/carer's duty to inform the school of any special toileting needs that a pupil may have, prior to school entry.

Legal and Statutory Context

Under the **Equality Act 2010**, schools must not discriminate against a child on the basis of disability and must make **reasonable adjustments** to ensure full access to education.

In line with the **ALN Code of Practice for Wales**, toileting needs may form part of a learner's ALN where they impact access to learning or well-being. Where appropriate, provision will be planned and reviewed through an **Individual Development Plan (IDP)**.

A child **must not be refused admission** or excluded from school activities because they are not toilet trained where this relates to disability, developmental delay, or medical need.

School Admission

Incompliance with the DDA, children with toileting difficulties will be considered for admission to school in the same way as any other child. The school will make "reasonable adjustments" to support them. This is reflected in the school's Access Plan.

Within the Taff Bargoed Learning Partnership, we recognise our obligation to meet the needs of children and young people with delayed personal development in the same way as we would meet the individual needs of children with delayed language, or any other kind of delayed development. Children with specific needs will not be excluded from normal pre-school or school activities solely because of issues involving incontinence.

Please note that, where a child is not toilet trained and there is no link to a medical condition causing this, entry to Nursery may only be part time until the child is able to use the toilet with some level of independence. Staff are happy to assist with more difficult skills such as wiping but will always aim to help the child become as independent as possible in catering for their personal needs.

Before a child with medical issues begins attending the school we will:

- Gather information from parents, child and any professionals involved
- Establish effective partnership with parents/carers, child and any professionals involved
- Focus on health and safety implications and determine whether a risk assessment is required
- Decide, in consultation with parents/carers, whether any further advice is required from Health or the Additional Learning Needs Team
- Should a child with complex continence needs be admitted, the Health Visitor and Specialist Nurse for Disabled Children will need to be closely involved in forward planning and specific training for the individual child.
- Arrange for any specialist advice, training, resources to be in place before the child begins attendance
- Agree a plan with parents/carers and child which will work towards maximum independence and support the child's attendance in the educational setting and make a written note of the agreement
- Make sure that all staff are informed and clear about their responsibilities.
- Arrange for all parties to monitor and review the plan regularly to ensure it is still appropriate and meeting the changing needs of the child.

Health and Safety

The school has in place a set of procedures that we will follow in case a child accidentally wets or soils themselves, or is sick while on the premises.

Each individual case of incontinence must be judged on its own merits with medical evidence provided where incontinence is a result of an underlying medical condition. Children may wet themselves or soil themselves in very different circumstances either on:

- an irregular basis due to being unable to hold the bladder or bowel due to infection: in these circumstances if a child is distressed or ill then parents will be asked to collect their child
- a regular basis due to a **health condition**: in these circumstances the school will request extra resources to meet this child's additional needs and will cater for their needs in school

The school will ensure that;

- The designated changing area for children with specific needs is the disabled toilet
- Where continence issues arise, resources will be provided and kept in a cupboard or changing bags specifically for continence items
- Staff must wear disposable gloves and aprons
- Wet or soiled clothing must be double bagged and sent home with the child
- Wet wipes, aprons and gloves must be double wrapped and disposed of via the normal domestic waste route.
- The changing area must be cleaned after use
- Hot water and liquid soap should be used to wash hands as soon as the task is completed
- Hand dryer or paper towels available for drying hands
- Staff will maintain a record of each instance of changing a pupil in Nursery, but from Reception onwards children will be expected to change themselves when wet if they are able. In the case of soiling accidents, the staff will support with cleaning.

In order to deal with a situation where a child accidentally wets or soils themselves, or is sick while on the premises, we will;

- The class LSA or the first available LSA will look after the child (outlined within job description);
- For older pupils and children with specific needs, changing will take place in the disabled toilet. For younger children, changing will take place in toilets in their own area (respecting privacy). Children's self-care will be encouraged at all times;
- Resources will be centrally kept in a cupboard for access by staff;
- Resources to be provided by the school: disposable aprons and gloves, plastic bags for contaminated clothing, cleansing wipes, soap, towels, paper towels available for drying hands
- The use of any anti-allergic creams according to specific needs of individual child will be provided by parents. Parents must check to see creams supplied are not out of date. Creams must be clearly labelled by the parent with the child's name. These creams will be kept in a cupboard in each area (out of the reach of children). Please see administration of Medicines policy for more information.
- Sanitary pads will be disposed of in an appropriate sanitary bin in the disabled toilet
- Soiled clothing will be wrapped and stored in a suitable place (out of the reach of children) and sent home to be dealt with by parents the same day.
- Staff have a duty of care and would report concerns to the Designated Safeguarding Officer if they notice marks or injuries or suspect improper practice
- Staff will maintain the confidence and dignity of pupils while they are being cared for
- The teacher will review arrangements with parents if accidents are frequent
- In most cases, parents will not be called to the school to change a child, unless the accident is due to a medical reason (e.g. stomach bug). Children will then be collected and taken home. There can be exceptions where Parents will be required to collect the child if it is not suitable for the child to remain in school. All children will be made comfortable until they can be collected or appropriate clothing can be supplied.

Safeguarding

The normal process of changing a child should not raise safeguarding concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place.

In Nursery all records of toilet changing are kept in the toileting book. This records the child, the time of changing and the member of staff changing the child. These are signed off by class teacher. Personnel checks (including DBS) are carried out to ensure the safety of children with staff employed. If there is perceived risk of allegation by a child then a single practitioner should not undertake changing or other personal care needs on their own.

The school will consult the Social Worker whenever planning toilet training or special toileting arrangements for pupils on the Child Protection Register.

The following will be adhered to in order to secure safeguarding of pupils and staff:

- A volunteer or student on placement will not change a child
- Where possible, Pupils gender will be considered when identifying staff to change them. It is more appropriate that female pupils are changed by female staff, and vice versa, though it is not always possible.
- The school aims to provide facilities which afford privacy and modesty in order to maintain the emotional well-being and the dignity of the child when dealing with such intimate and personal needs.
- All members of staff are encouraged to remain highly vigilant for any signs or symptom of improper practice, as they would for all activities carried out on site.

Promoting Independence

Learners will be encouraged to:

- Complete as much of the toileting process as they are able
- Make choices
- Develop confidence and independence

Support will always be respectful and age appropriate.

Resources

The school will ensure:

- Appropriate staffing arrangements
- Access to specialist equipment where required
- Training for designated staff

Where needs are complex, additional resources will be sought.

Partnership Working

Parents of new pupils will be given information about how the school will deal with toilet accidents.

In order to achieve a clear understanding of the responsibilities of each partner, staff and parent /carers in cases where a child has not achieved continence due to medical conditions, and is liable to have several accidents a week, the school will draw up a continence plan in conjunction with the parents/carers of the child which will define each other's expectations.

Roles and responsibilities

The parent / carer will:

- Agree to provide the school with medical proof of any underlying medical issues
- Agree to ensure that the child is changed at the latest possible time before being brought to school
- Providing the school with a change of clothing and any prescribed creams
- Where medical conditions arise, provide the school with the necessary resources to care for the child
- Understanding and agreeing the procedures that will be followed when their child is changed at school
- Agree to inform the school should the child have any marks / rash
- Agree to a 'minimum change' expectation i.e. the school would not undertake to change the child more frequently than if they were at home
- Agree to adopt a consistent approach between home and school

- Agree to review arrangements should this be necessary

The school will:

- Identify key staff
- Agree care routines
- Monitor progress
- Review arrangements regularly

Complaints

Concerns should be raised with the Headteacher in the first instance, following the school's complaints procedure. Parents/carers also have rights under ALN legislation to seek resolution through the Local Authority where appropriate.

Appendix

Background Information on Continence

Becoming continent is the result of the interaction of two processes:

- Socialisation of the child
- Maturation of the nervous system

Normally, continence is achieved by the time a child reaches three years of age, with most children achieving full control by the age of four years, albeit that “accidents” may still occur.

Children with a general delay in acquiring bowel and bladder control can often remain clean and dry if they are reminded to go to the toilet and given the opportunity for regular and frequent breaks throughout the day. Clothing which is easily removed is obviously important but so is fluid intake.

Inadequate fluid intake can result in concentrated urine which can irritate the bladder and actually create continence problems. Likewise, inadequate fluid intake can also contribute to the development of constipation. A minimum recommendation is for children to drink at least 3-4 full drinks per school day (one full drink = 200 mls).

The underlying premise of this guidance is that for many children, a consistent approach to toileting can yield positive results.

Common Conditions/Symptoms

(i) Daytime Wetting

(a) Frequency

The child may feel the need to pass urine at frequent intervals, which can be as often as every 15 minutes or so. This can obviously be very distressing for the child and also disruptive if the child has to leave class frequently to go to the toilet. However, it is wise to check with the parents as to whether or not the child may have an infection which is causing these symptoms.

Children in this category will normally require a more formal type of intervention, which could include medication in some cases in order to help achieve normal bladder control. Treatment usually involves a bladder re-training programme (i.e. teaching the bladder to “hold on”), necessitating ready access to a toilet and to drinks.

A typical toileting programme may involve the child going to the toilet “by the clock” at 1-2 hourly intervals initially. The child will also require extra drinks during the school day.

(b) Urgency

With urgency the child feels the need to pass urine straight away, without the ability to “hold on”. Urgency is commonly seen in conjunction with frequency although it can occur on its own or as a result of an infection. Unless the child has immediate access to a toilet there will be a problem in continence.

A child with urgency problems will need to undergo a bladder re-training programme established in collaboration with parents/carers and the School Health service in order for the child to learn to recognise and respond appropriately to signals from their bladder.

(ii) Encopresis

Encopresis is nowadays generally used as a term to describe the passing of normally formed stools in a socially unacceptable place and is thought to be behavioural in origin. Children with encopresis may not have an underlying constipation, which causes the soiling. The involvement of one of the community nursing services may be appropriate in these cases.

(iii) Overflow Soiling

Overflow soiling, by contrast, is the uncontrolled passing of faecal matter into the underclothes as a direct result of chronic constipation, all of which remains totally outside the child's voluntary control. Faecal matter may be liquid or solid.

The child may be unaware that soiling has taken place and of the associated smell. Many children suffer from feelings of low self-esteem and shame because of the condition and treatment programmes can become protracted if no early solution is found. Easy access to appropriate toileting, changing and washing facilities is an essential part of any treatment programme. A referral to either the continence service or the School Nursing service should be considered.

(iv) Conditions/Disabilities

There are various medical conditions and disabilities which can have an effect on a child's continence.

Some children with physical disabilities/long-term medical conditions may also have problems with bowel and/or bladder control:

Crohn's Disease an inflammatory bowel disease characterised by severe chronic inflammation of the intestinal wall or any portion of the gastrointestinal tract.

Hirschsprung's Disease	a rare disorder of the bowel, the symptoms of which can include constipation, distension of the bowel and vomiting.
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Imperforate Anus	a congenital abnormality in which the anus is not fully formed.
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Irritable Bowel Syndrome	a bowel condition characterised by abdominal pain and by wide variations in the frequency and predictability of bowel movements.
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Spina Bifida	the incomplete development of the spinal column which can cause difficulties with bladder and bowel control.
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Other children with global developmental delay and/or disabilities of a neurological nature may either lack the cognitive ability to learn to become continent or have a insufficiently mature neurological system.

Children with autism can experience problems with continence. For these children, establishing an appropriate toileting routine early in childhood is essential.

For most children, however, a consistent approach to toileting can yield positive results

Good Toileting Practice for Pupils with Continence Problems

- Pupils should be encouraged to make full use of breaks to visit the toilet.
- Pupils will need the opportunity to make scheduled (perhaps hourly) visits to the toilet.
- It is important for many of these pupils to sit down on the toilet and spend several minutes trying to make sure the bladder and bowels are completely empty.
- Pupils should have the opportunity to visit the toilet in privacy.
- Many of these pupils will have a very short warning of the need to go and may need to go frequently, even if they have just been. They should be allowed to leave the class to visit the toilet immediately, without fuss, and without having to wait for permission. Avoid causing embarrassment or making the pupil 'hang on'.
- Consider where the pupils sit in class in relation to the door and when regrouping for different activities.
- In order to develop their bladder capacity and to help avoid constipation and soiling problems, it is important they drink water regularly throughout the school day.

Further Information and guidance

Enuresis Resource & Information Centre (ERIC), 34 Old School House, Britannia Road, Kinswood, Bristol, BS15 8BD. Telephone: 0117 960 3060

Website www.eric.org.uk

Good Practice in Continence Services, 2000. Available free from Department of health, PO Box 777, London SE1 6XH or www.doh.gov.uk/continenceservices.htm

Managing Bowel and Bladder problems in Schools and Early Years Settings (Guidelines for good practice), PromCon, Disabled Living, Red Bank House, 4 St Chad's Street, Manchester M8 8QA. Telephone: 0870 777 4714.

Email: promocon@disabledliving.co.uk Website: www.promocon.co.uk

Keep it clean and healthy, Infection Control Guidance for Nurseries, Playgroups and other Childcare settings. Published by Pat Cole, Hartford Cottage, 1 Longstaff Way, Hartford, Huntingdon, Cambridge, PE29 1XT. Email: pat@cole-hartford.fsnet.co.uk

Mind the Germs! Infection Control Guidance, 2006. Welsh Assembly Government, Cathays Park, Cardiff CF10 3NQ.

www.cymru.org.uk

Managing medicines in schools and early years settings 2005, UNISON

Telephone: 0845 355 0845

Email: education@unison.org.uk