



Lee Brigg Infant and Nursery School

Medicine and First Aid Policy

Date	Review Date	Lead	Nominated Governor
September 2020	September 2022	S Gordon	Mr A Emms

This policy has been written following guidance from the DFE publication, Supporting Children with Medical Conditions (December 2015).

Staff in EYFS will also adhere to the guidance as set out in The Statutory Framework for Early Years.

This policy has been updated in light of the current restrictions in place due to Covid-19. A risk assessment is in place. This has been shared with all staff. The risk assessment outlines new procedures, which are a temporary update to this policy.

Further temporary changes have been made to some sections of this policy (shown in red text).

If parents or carers need to attend school, (if contacted to do so), they must comply with the Covid-19 visitor procedures in place.

Any child or member of staff exhibiting symptoms of Covid 19 while in school will be cared for in an isolated area by a member of staff wearing PPE, until they collected by Parents / Carers. If a positive test is confirmed, all staff and children within the teaching group will be informed and will be asked to self-isolate for two weeks, in line with the current Covid-19 risk assessment.

Parents and carers will be asked to remain vigilant and NOT send their child to school if they or a member of their households are displaying symptoms of Covid-19. They should contact the school office immediately if this is the case.

<https://www.nhs.uk/conditions/coronavirus-covid-19/check-if-you-have-coronavirus-symptoms/>

Introduction

Most pupils will at some time have a medical condition that may affect their participation in school activities, for many this will be short-term. Other pupils have medical conditions that, if not properly managed, could limit their access to education.

This policy supports pupils with both long term and short term medical needs, including the management of medication.

Long Term Medical Needs

Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

Pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances.

In making decisions about the support that these children may need we will establish relationships with relevant local health services to help us and also listen to and value the views of parents/carers and pupils.

At Lee Brigg Infant and Nursery School we recognise that having a long term medical condition may result in social and emotional implications for the child. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems will affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also may have an impact and appropriate support will need to be put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

It is our aim to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

In the need for reintegration back into school, this will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

Some children with long term medical needs may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case the governing body will comply with their duties under that Act.

Some may also have Special Educational Needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with Special Educational Needs and Disability (SEND) policy.

Key responsibilities of managing long term medical needs

The ASC (Academy Standards Committee)

The ASC will ensure that arrangements are in place in schools to support pupils with medical conditions and delegate this responsibility to the Executive Headteacher / Head of School.

The ASC will ensure that school leaders consult health and social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are properly understood and effectively supported.

The ASC will ensure that the arrangements they put in place, delegating this to the Executive Headteacher / Head of School, are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.

The ASC will ensure that school develops a policy for supporting pupils with medical conditions, that is reviewed regularly and is readily accessible to parents/carers and school staff.

The Executive Headteacher / Head of School.

The Executive Headteacher / Head of School will have overall responsibility for the implementation and review of this policy.

The Executive Headteacher / Head of School will ensure that all relevant staff are made aware of pupil condition(s).

The Executive Headteacher / Head of School will ensure that cover arrangements are in place in case of staff absence. This includes the briefing of supply teachers.

The Executive Headteacher / Head of School will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others.

The Executive Headteacher / Head of School will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The Executive Headteacher / Head of School will continually review arrangements for the child in school and ensure staff are aware of how medical conditions impact on a child's ability to learn.

The Executive Headteacher / Head of School will ensure that staff are adequately trained to provide the medical support that pupils need.

The Executive Headteacher / Head of School will review risk assessments if any are in place for the child in school. *This would include a risk assessment for adaptations that may need to be made during the current guidelines in regards to Covid-19.*

Risk assessments for visits should always include reference to supporting the medical needs of children.

The Executive Headteacher / Head of School will ensure arrangements are put in place as soon as possible for a child joining the school who has a long term medical need.

The Executive Headteacher / Head of School will ensure that information is passed to a receiving school if a child with a long term medical condition moves schools. This will be done in a timely manner.

School Staff

Every member of staff must be aware of and compassionate to medical needs of all pupils.

The Executive Headteacher / Head of School and the Special Educational Needs Co-ordinator (SENCo) are designated as the specific post holders taking key responsibility for pupils with medical needs.

All staff must have an understanding of the common medical conditions or needs that can affect children and understand the importance of protecting the dignity, confidentiality, privacy and well-being of pupils.

Staff need to be aware that extra care may be required in supervising some activities to make sure that pupils with medical needs, and others, are not put at risk.

All staff must be aware of their duty of care to pupils and are able to act appropriately in case of emergency this includes the need to pass relevant information to supply staff / after school staff.

The administering of medicines is a voluntary role, however school ensures they have sufficient members of staff who are appropriately trained to manage medicines as part of their duties.

Where staff are willing to administer medication they will receive appropriate training and support however, there is no legal duty that requires school staff to administer medication. If liability (loss, claims, civil action) arise as a result of the administration of medicines by a member of staff, the Multi Academy Trust as employer will indemnify the member of staff providing the following conditions apply:

- The member of staff is an employee of Waterton Multi Academy Trust (MAT);
- The medication is administered during the course of employment with the MAT;
- The member of staff has followed the school policy and procedure, the child's health care plan, and directions received in training.

During the period of current restrictions, due to Covid-19, the administering of medicine will be reviewed on a case by case basis, in order to comply with the current risk assessment in place.

Supply Staff

In the case of supply staff, they are directed to the first aid room (school office) for photographs and names of those pupils with medical conditions/allergies and are informed that in each class stock cupboard there is an up to date list of pupils whom have a medical condition, which has been disclosed by parents / carers. This information is supported with any associated care plans. A comprehensive list of all pupil medical needs, by class, is also retained in the school office.

A Healthcare Plan is used to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments.

A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Annex A.

The purpose is to ensure that staff have sufficient information to understand and support a pupil with medical needs. Their aim is to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

The Health Care Plan is drawn up in conjunction with the parent/carers, following advice and guidance from the child's GP or other health care professionals and will set out in detail the measures needed to support a pupil in school, including preparing for an emergency situation. The information in the plan will be shared effectively but in a way that protects the child's confidentiality. Health Care Plans are developed with the child's best interests in mind and ensure that the school assesses and manage risks to the child's education, health and social wellbeing, and minimises disruption.

Parents/ carers are asked to ensure that any changes to a pupil's medical information is provided to school as soon as possible, so that the plan can be updated. Health Care Plans are checked on an annual basis or earlier, if evidence is presented that the child's needs have changed, by the SENDco at the start of each new academic year. *Health Care plans already in place for children attending school will be reviewed in terms of establishing whether care needs can be met in line with the school's Covid-19 risk assessment.*

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), school will liaise with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will require in order to reintegrate effectively.

In some cases where part-time attendance at school is in combination with alternative provision arranged by the local authority, school will liaise with parents/carers, the local authority and outside agencies to best support the child's needs.

Parents /Carers

Collection of appropriate information

The school requires sufficient information about the medical condition of any pupil with long term medical needs. The parent / carer will be asked to supply this information either prior to their child enrolling at the school or as soon as a medical condition becomes known or is disclosed.

We ask parents/carers to maintain accuracy of a pupil information sheet, which includes medical details. The details are recorded on the school's management information system. Reports are produced for teachers. The detailed health care plans are also provided.

The 'pupil information form' includes the following questions:

- Name and telephone of their GP and surgery
- Relevant medical history (asthma, hay fever, epilepsy, etc)
- Regular medication
- Reminder to complete appropriate forms for medication
- Any allergies (including food intolerances)
- Any difficulties with vision, hearing, speech

The forms are completed on enrolment at Lee Brigg Infant and Nursery School and subsequently when parents/carers inform school of any changes.

We ask that parents / carers inform school **IMMEDIATELY** if there is a change to their child's medical needs.

School Visits

Teachers will be aware of how a child's medical condition will impact on their participation, there will be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.

Where possible school will make arrangements for the inclusion of pupils in such activities with any adjustments as required, unless information from a clinician such as a GP states that this is not possible.

School will consider what reasonable adjustments might be required, to enable children with medical needs to participate fully and safely on visits.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents/carers and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Short term medical needs: prescribed medicines

Many pupils will need to take medication at school at some time. Mostly this will be for a short period only, to finish a course of antibiotics or apply a lotion. However, pupils should only return to school once they are well enough to cope with most aspects of the curriculum. *In line with the school's current risk assessment due to Covid-19, the administering of medicine will be reviewed on a case by case basis, in order to maintain levels of safety for staff, other pupils as well as the pupil themselves.*

If medication is essential:

- Parent / carer must bring the medication into the school office and complete the appropriate form, signing to say what if any dosage has been given already that day;
- Parent / carer must collect the medicine from the school office – this will not be sent home with a child;
- The medicine is kept in the designated medicine cupboard or refrigerator, accessible by staff;
- The pupil (dependent upon age) has the joint responsibility of remembering when to take the dose;
- The medication must be clearly marked with the name of the pupil, dosage required and times for it to be administered;
- A member of staff will supervise the pupil taking the medication.
- Any member of staff giving medicines must always check:
 - Child's name
 - Prescribed dose
 - Expiry date
 - Written instructions provided by the prescriber on the label or container
 - Time that medicine was last taken
- If a pupil becomes unwell we will immediately contact the parents/carers and ask them to collect their child.
- Staff will complete and sign a record each time they give medicine to a child. This will be signed by parents daily as they collect the medicine from school.

Short term medical needs: non-prescribed medicines

For non-prescribed medication (eg. Paracetamol such as Calpol) parents/carers are asked to come into school, at an agreed time, to administer the required dose to their child.

Safe storage of medication

Medicines are potentially hazardous substances and keeping **any** medicines in school represents a risk. The following approaches reduce or control the risk:

- Medication should only be brought to school when absolutely essential;

- Parents / carers complete a form to establish clear guidance of dosage and description of symptoms;
- The medication must be clearly marked with the name of the pupil;
- The medicine is kept in a high cupboard in the office or in an airtight container in the refrigerator in the staff room or nursery staff room as appropriate;
- In some circumstances, such as diabetes or epilepsy for example, when the pupil needs to carry medical equipment with them, this must be agreed with the Headteacher and all staff made aware.
- The school paediatric first aiders ensures the correct storage of medication at school by checking;
 - Medication is clearly labelled with the pupil's name, the name and dose of the medication and the administration and frequency of dose (the only exception to this will be insulin pens which have daily variable doses).
 - The medication is supplied and stored in its original container;
 - That medication is stored in accordance with instructions, paying particular note to temperature;
 - All refrigerated medication is stored in an airtight container and is clearly labelled;
 - The container is stored in the staffroom/ nursery staffroom refrigerator which is inaccessible to pupils;
 - Expiry dates and issue dates of medication are checked;
 - All controlled drugs are kept in a locked cupboard or, in the case of inhalers for asthma, on a high shelf in the class store cupboard and only named staff have access, even if a pupil normally administers the medication themselves;
 - All non-emergency medication is kept in a high cupboard in the office;
 - All pupils are aware to ask at the school office in order to access their medication
 - Appropriate record keeping takes place;
 - All pupil medicines are returned to parents / carers for disposal;
 - A 'sharps' box is available in school when needed.

Children feeling unwell

If a child becomes unwell during the school day their parent/carer will be informed by telephone. The child will stay with a member of staff until they are collected. *If the child is displaying symptoms of Covid-19, they will be cared for in an 'isolated area' by a member of staff wearing PPE. Procedures will then be followed in relation to the isolation of all staff and pupils within the child's current teaching group.*

Inhalers

Inhalers should be signed into school in the same way as any other prescribed medication. If a child has been advised that they may at times need to use an inhaler by a GP, they should keep a spare inhaler in school. This will be labelled clearly with their name and kept in their classroom. When participating in PE outside, or when leaving the school premises to go on a visit or local walk, inhalers **MUST** be taken. *This is the responsibility of the class teacher. If a child suffers from asthma, a conversation with parents will take place before their return to school in regards to whether this condition may make them more vulnerable to infection. Parents may be asked to outline in writing their child's condition and the necessary steps that would be needed in order to keep them safe. This will then be reviewed alongside the current Covid-19 risk assessment.*

Class teachers and office staff must be aware of those children who require inhalers and be familiar with the frequency and occurrence for a child needing to take these. This information should be displayed on the inside of the classroom cupboard where it can be shown to support staff and supply teachers. Where children need support to take their inhaler this should be given. *However, where possible the child will be guided to do this independently.* Asthma training for all staff is updated annually.

Where possible, children are expected to take responsibility for their asthma inhalers, dependent upon the age of the child.

In rare, but emergency situations where a child is in need of an inhaler and their own inhaler is either not in school or can not be located, school holds an inhaler for emergency use. In such cases staff follow the Department of Health protocol¹. Parents/carers would then be informed. All parents / carers of children known to have asthma, will be requested to send permission for their child to use the emergency school inhaler if the need arises in an emergency.

¹ <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

First Aid Training

All school staff are first aid trained. Any new staff to school are allocated a place on a first aid course as soon as possible. There are five paediatric first aiders in school.

Annual training is sourced externally from the school nursing team for asthma and the use of an EpiPen. Further training is accessed when required for other conditions which have been disclosed, e.g. Epilepsy.

Recording of First Aid / Administration of Medication

Written records are kept of all medicines administered to children, this includes their use of inhalers. Where medicine is administered during the day, including the use of inhalers, parents/carers will receive written confirmation and be asked to sign to acknowledge this. School will retain a copy of this information.

Where first aid has been administered to a child, this will also be recorded. Parents/carers will be informed in writing and asked to sign as confirmation that they have been informed. Where a person or persons other than a parent/carer collects a child from school, they will be asked to sign on behalf on the parent and asked to inform them. *During this period of current restriction – parents will be informed verbally, in person when they collect their child, or by telephone. The member of staff doing so will record the exchange. Written slips will not be sent home to reduce the use of shared resources, (as is stated in the Covid-19 risk assessment).*

Where children have had an accident at school that requires more than superficial first aid *which a child can not clean themselves (under direct supervision from a supporting adult)*, or has left a noticeable wound or mark on the child, parents/carers will be informed immediately by telephone. This will be followed up in writing and logged in the school accident record book.

If a child has sustained an injury which first aiders believe warrants a parent or carer coming to school to check on their child or take their child home, they will be informed immediately by telephone. *If the parent*

attends school they will comply with visitor procedures currently in place. This will be followed up in writing and logged in the school accident record book.

Where an injury has taken place that first aiders believe warrants a child being taken to a GP or hospital, a phone call to parents/ carers will be made and this will be made clear to them. This will be followed in writing and logged in the school accident record book.

Where an injury has taken place which warrants immediate medical attention, an ambulance will be called first, followed by a telephone call to parents/carers. This will be followed in writing and logged in the school accident record book. If a child needs to be taken to hospital, staff should stay with the child until the parent/carer arrives at school (*If the parent attends school they will comply with visitor procedures currently in place*), or accompany a child taken to hospital by ambulance.

If a child sustains an injury, they should be encouraged to get themselves up off the ground and should not be lifted up or carried by an adult, (unless it is deemed that they are at risk of further injury). A first aider must be called out to the child to administer first aid and assess the likely course of action to be taken. Where possible this should always be a paediatric first aider. *Staff administering this kind of first aid, should do so wearing adequate PPE.*

Hygiene and infection control

All staff understand the importance of following basic hygiene procedures. Protective disposable gloves / PPE are used when dealing with spillages of blood, disposal of dressings / medical waste or contact with bodily fluids. The 'Yellow bag & bin' is used for safe disposal (stored in the school office). *Double bags will be used in all bins and these will be emptied twice daily.*

We will ensure that under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) that all accidents resulting in death, major injury or the prevention of the injured person undertaking their normal work for more than three days will be reported to the Health and Safety Executive (HSE).

Complaints

Should parents/carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Monitoring and Review

The ASC has a named governor with responsibility for all health and safety matters. (Mr A Emms) It is this governor's responsibility to keep the ASC informed of new regulations regarding any health and safety, and to ensure that the school regularly reviews its procedures with regard to health and safety matters. The governor in question also liaises with the local authority and other external agencies where necessary, to ensure that the school's procedures are in line with those of the local authority.

The Head of School implements the school's medicines policy on a day-to-day basis, and ensures that all staff are aware of the details of the policy as it applies to them. The Executive Headteacher / Head of School report to governors on any health and safety issues.

Further advice:

Although school ***staff should use their discretion and judge each case separately*** with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents/carers; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- send children to the school office or medical room unaccompanied or with someone unsuitable if they become ill;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child.

Possible Templates to use in Schools

Template A: individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family Contact Information	
Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

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Form copied to

Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
NB: Medicines must be in the original dispensed by the pharmacy	

container as

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my accurate at the time of writing and I give school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped

knowledge, consent to

Signature(s) Date

Template C: record of medicine administered to an individual child

Name of school/setting
 Name of child
 Date medicine provided by parent/carer
 Group/class/form
 Quantity received
 Name and strength of medicine
 Expiry date
 Quantity returned
 Dose and frequency of medicine

Staff signature _____

Signature of parent _____

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

Template E: staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: model letter inviting parents/carers to contribute to individual healthcare plan development

Dear Parent/carer

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful. Yours sincerely

Annex A: Model process for developing individual healthcare plans

