



**CHENDERIT SCHOOL POLICY  
FOR SUPPORTING CHILDREN  
IN SCHOOL WITH MEDICAL  
CONDITIONS**

**REVIEWED BY GOVERNING BODY – NOVEMBER 2020**

**ADOPTED BY GOVERNING BODY – NOVEMBER 2020**

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The Governing body will accept this policy using guidance from the DfE in respect of supporting pupils at school with medical conditions.

The Children and Families Act 2014 section 100 includes a duty on schools to support children with medical conditions. Schools must make arrangements for supporting pupils at school with medical conditions and in meeting that duty they must have regard to the statutory guidance issued by the Secretary of State.

Under this duty, the governing body must ensure that:

- Young people at school with medical conditions relating to both physical and mental health are properly supported so that they have full access to education, including school trips and physical education;
- Arrangements are in place in schools to support students at school with medical conditions;
- School leaders consult health and social care professionals, students and parents to ensure that the needs of young people with medical conditions are effectively supported.

### **Aims of this policy**

The aims of this policy are to ensure that all students with medical conditions (relating to both physical and mental health) are properly supported and have full access to education. Medical conditions may have an impact on the young person's attendance, academic achievement and social and emotional well-being. Individual health care plans will identify support which aims to limit the impact this has on the young person including how a student will be reintegrated back into school after periods of absence. This is especially important during the period of covid 19 restrictions with the potential of localised lockdown and partial/full school closures.

### **Policy Statement**

Chenderit School is an inclusive community that will ensure that students with medical conditions are well supported. No student will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, the governing body has a safeguarding duty to all students and may therefore not accept a student when it would be detrimental to the health of that student or others to do so.

### **Responsibilities under this policy**

#### **The Governing Body**

The governing body is responsible for ensuring that:

- a policy for supporting students with medical conditions in school is developed and implemented;
- arrangements are in place to support students with medical conditions which include both physical and mental health. In doing so, they ensure that such students can access and enjoy the same opportunities at school as any other child. The governing body 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 governing body will ensure that the focus is on the needs of each individual student and how their medical condition impacts on their school life;
- the arrangements should show an understanding of how medical conditions impact on a student's ability to learn, as well as increase their confidence and promote self-care;
- sufficient staff have received suitable training and are competent before they take on responsibility to support students with medical conditions;

- any members of school staff who provide support to students with medical conditions are able to access information and other teaching support materials as required;
- this policy, plans, systems and procedures are properly and effectively implemented.

The named governor responsible for this Danielle Frewin.

## **Headteacher**

The Headteacher is responsible for ensuring that:

- the policy is developed and implemented effectively with partners;
- all staff are aware of the policy and understand their role in its implementation;
- all staff who need to know are aware of the student's medical condition;
- sufficient trained members of staff are available to implement the policy and deliver against all the individual healthcare plans including in contingency and emergency situations;
- they have overall responsibility for the development of individual healthcare plans;
- school staff are appropriately insured and are aware that they are insured to support students in this way;
- they contact the school nursing service in the case of any student who has a medical condition that may requires support at school, but who has not yet been brought to the attention of the school welfare nurse.

## **School staff**

The Headteacher, Jane Cartwright, is responsible for supporting students with medical conditions in school and for ensuring that sufficient staff are suitably trained. In practice the responsibility for ensuring staff have appropriate training is delegated to the Deputy Headteacher (Pastoral Behaviour) Roddy Lloyd-Jones. The responsibility for ensuring that individual health care plans meet the needs of students is delegated to SENCO (Debbie Coleman). As part of these plans, all relevant staff will be made aware of the young person's condition and will be expected to treat this information confidentially.

The leadership and management of medical provision under this policy in school is undertaken by Deputy Headteacher (Pastoral Behaviour). This includes ensuring that sufficient staff are trained and that risk assessments are in place for students with individual health care plans when they are in school and on trips/visits. EVC (Educational Visits Co-ordinator, Terry Fitton) will inform the leadership team member, Deputy Headteacher (Pastoral Behaviour), when additional staff training is required and will work with the EVC or trip leader to create risk assessments for trips/visits.

The monitoring of the effectiveness of individual health care plans will take place through inclusion meetings led by SENCO (Debbie Coleman), and through ongoing review by the Administrator to the Inclusion Team (medical), Sadie Priest.

Medical support for students is provided by the Inclusion Team for physical health conditions and for mental health conditions. The Inclusion Centre is staffed by members of staff, but in the event of the absence of this team, cover will be provided by the Deputy Headteacher, or SENCO.

The Assistant Head (Mark Woodcock) responsible for attendance gives appropriate briefings to supply teachers with regard to students with medical issues in school.

In addition:

- School staff should have sufficient and suitable training and achieve the necessary

level of competency before they take on responsibility to support students with medical conditions;

- All members of school staff should know what to do and how to respond when they become aware that a student with a medical condition needs help;
- Any member of school staff may be asked to provide support, including the administering of medicines but they cannot be required to do so.

## **Roles & Responsibilities**

Deputy Headteacher (Pastoral Behaviour)

- Liaise with community nursing teams where appropriate;
- Deliver training to meet these needs or commission training to meet these needs as appropriate;
- Contribute to risk assessments and support for students with individual healthcare plans who participate in trips or visits.
- Provided amended policies due to covid 19 restrictions for example the Covid 19 addendum to the BFL policy

SENCO

- Ensure that appropriate plans are in place to deal with physical medical conditions and discuss with other school staff if they believe that an individual healthcare plan (IHC plan) may be appropriate;
- Liaise with lead clinicians locally on appropriate support for a student and associated training needs;
- Deliver training to meet these needs or commission training to meet these needs as appropriate;
- Contribute to the development of individual healthcare plans;
- Contribute to risk assessments and support for students with individual healthcare plans who participate in trips or visits.

Administrator to the Inclusion Team (medical)

- Check information provided to the school when a student starts for medical information;
- Liaise with prior or subsequent schools about a student's medical needs as appropriate.
- Devise a record system for IHC plans that are prioritized:
  - RED – high needs
  - AMBER – known medical needs
  - GREEN – no known medical need.

Update where and when necessary.

- Administering other aspects of medical provisions for students such as; parental agreement for school to administer medicine.
- Collation and publication of students with medical conditions and needs prior to a school visit or trip.
- Helping to provide medical equipment and student requirements for offsite visits and trips. (secondary epi-pen, first aid equipment etc)

## **School Nursing Team**

- Give support, advice and training to other school staff as appropriate and assess their competency to give support to students with individual healthcare plans;
- Provide confirmation of the proficiency of staff in a medical procedure or in providing medication;

## **Other healthcare professionals, including GPs and paediatricians**

Should notify the Headteacher when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes).

## **Students with medical conditions**

Will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other students will often be sensitive to the needs of those with medical conditions. Students who require the use of crutches during the school day are required to complete and return a *student on crutches risk assessment* which in turn informs the school of any particular requirement and / or need for that student. See Appendix A.

## **Parents**

Should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

## **Local authorities**

Are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support students with medical conditions to attend full time. Where students would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 5 days (10 consecutive sessions) or more because of health needs.

## **Providers of Health services**

Should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

## **Clinical commissioning groups (CCGs)**

Commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to student's needs, and that health services are able to cooperate with schools supporting students with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

## **Individual Health Care Plans**

When completing a Student Data form as part of the application process, parents/carers are asked whether their child has any health conditions or issues. Information is also gathered from a student's previous school.

Students deemed to have a significant health condition will be the subject of an Individual Health Care Plan which will record their individual medical needs at school. See Individual Healthcare Plan, Appendix B. Individual Health Care Plans provide clarity about what needs to be done, when and by whom, to help ensure that the school effectively support students with medical conditions.

The aim is to capture the steps which should be taken to help the child manage their condition and overcome any potential barriers to getting the most from their education. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will need one. The school, healthcare professional and parent/carer should agree, based on evidence, when an individual health care plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view. The SENCO will be responsible for the development of the individual health care plan. In practice, a range of staff may contribute to this plan including the Inclusion Team; the Guidance Team and subject staff, administrator to the inclusion team (medical).

The format of individual health care plans may vary to enable the school to choose whichever is the most effective and specific for the needs of each student. The level of detail will reflect the complexity of the student's medical needs and the degree of support needed. Plans will capture key information and actions which are required to support the student effectively but should not be burdensome to staff. Where a student has SEND but does not have a statement or EHC plan, the SEND will be mentioned in their individual school electronic record under SEN on our school information management system (SIMS).

Individual Health Care Plans (and their review), may be initiated, in consultation with the parent/carer, by a member of school staff or healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Students should also be involved whenever appropriate. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Copies of the Individual Health Care Plan will be made available confidentially to all key first aiders in school via SIMS: School Management software (as agreed with parents/carers) and a central register of plans will be kept in the Inclusion Centre Medical office, where they are

available for inspection by school staff by appointment. Parents/carers may keep a copy if they wish. Confidentiality of plans should be respected by all school staff.

Individual Health Care Plans will be reviewed at least annually by the SENCO and / or delegated administrator for the Inclusion Team (medical), or other appropriate member of school staff in consultation with parents/carers and health care professionals to incorporate any changes which may have taken place. Where a child has a special educational need identified in a statement or Education, Health and Care (EHC) plan, the individual health care plan (IHC) should be linked to or become part of that statement or Education, Health and Care plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the involved providers to ensure that the Individual Health Care Plan identifies the support the child will need to reintegrate effectively.

The school will seek permission from the student and parents/carers before sharing any medical information with a third party, such as when a student goes on work experience. The school will share relevant information when notified of a child starting or leaving Chenderit with the relevant school to support arrangements are in place for the start of the relevant school term. In other cases, such as a new diagnosis or children moving mid-term, the school will make every effort to ensure that arrangements are put in place within two weeks.

The school will not wait for a formal diagnosis before providing support to students. In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

When deciding what information should be recorded on individual health care plans, the school will consider the following:

- a) The medical condition, its triggers, signs, symptoms and treatments.
- b) The student's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons.
- c) Specific support for the student's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, support sessions.
- d) The level of support needed, (some young people will be able to take care of their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements and monitoring.
- e) Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional: and cover arrangements for when they are unavailable.
- f) Who in the school needs to be aware of the student's condition and the support required.
- g) Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the student during school hours. The school will seek a completed parental agreement for a medical need requiring treatment for a week or more, recording each administration of medication, whereas for a condition requiring treatment for a week or less, the member of staff administering the medicine will be able to accept a parental note and/or verbal

- parental/carer confirmation (over the telephone) again recording each medicine administration. For the administration of medication for a week or less no parental agreement form will be required. See appendix C.
- h) Separate arrangements or procedures required for school trips or other school activities outside of the normal timetable that will ensure the student can participate, e.g. risk assessment.
  - i) Where confidentiality issues are raised by the parent/carer or student, the designated individuals to be entrusted with information about the student's condition.
  - j) What to do in an emergency, including whom to contact, and contingency arrangements. Some students may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual health care plan.
  - k) If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options should be discussed.
  - l) Home-School transport is the responsibility of the Local Authority. When developing an individual healthcare plan, consideration will be given to sharing aspects of the plan with the Local Authority in respect of emergency situations. This is particularly likely to be helpful in relation to students with life-threatening conditions.
  - m) Where a medical procedure may require individual insurance cover, the school welfare SENCO will liaise with the Headteachers Secretary to ensure that the appropriate cover is in place.

### **Young people who are disabled or have Education, Health and Care (EHC) plans**

Some young people with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, governing bodies must 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 guidance should be read in conjunction with the school's SEND policy and the Special educational needs and disability (SEND) code of practice 2014. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with the statutory elements of this guidance with respect to those children.

### **Process for developing Individual Health Care Plans**

All students with existing health care plans will have these regularly reviewed by the relevant school staff (administrator to the inclusion team (medical) in conjunction with parents/carers, the young person where appropriate and healthcare professionals where this is appropriate (in person or through paperwork). In the interim period, their current health care plan will be followed. For students who are new to the school, or where the medical condition is newly diagnosed or altered, the following process will be adopted.

Parent/Carer or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after long-term absence, or that needs have changed

□

Headteacher or member of school staff to whom this has been delegated, coordinates meeting to discuss child's medical support needs; and identifies member of schoolstaff who will provide support to student

Meeting to discuss and agree on need for individual health care plan (IHCP) to include key staff, child, parent/carer, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)

□

Develop IHCP in partnership – agree who leads on writing it. Input from healthcare professional must be provided.

□

School staff training needs identified

□

Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed

□

IHCP implemented and circulated to all relevant staff

□

IHCP reviewed annually or when condition changes. Parent/Carer or healthcare professional to initiate.

Relevant school staff will use their discretion and judge each case on its merits with reference to the young person's individual healthcare plan, though as a general rule the school will not:

- prevent young people 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 these may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the Inclusion Centre reception, school office or medical room unaccompanied or with someone suitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require or make parents/carers feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips.

IHC plans at Chenderit School are categorised as:

- RED – high level of need
- AMBER – awareness and understanding by staff
- GREEN – no identified medical condition / need

### **Managing medicines on school premises**

Medicines should only be administered at school when it would be detrimental to a student's health or school attendance not to do so.

No child under 16 should be given prescription or non-prescription medicines without their parent's written consent, except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should

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be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Verbal acknowledgement for medicine or non-prescription medicines that are administered for less than a week, such as a short course of antibiotics, may be obtained.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

All medicines should be stored safely. Students should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips. Medicines which are locked away in the medical room; instructions for alternative key holder is available on the locked medical door in case of an emergency or absence of medical administrator.

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access.

Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.

School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.

When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Schools should set out the circumstances in which non-prescription medicines may be administered:

- a student under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.

At Chenderit school, staff who have access to student medicines are, Attendance Officer, Administrator to the Inclusion Team, SENCO, Safeguarding, Student Welfare and Parent Support Advisor.

## **Emergency procedures**

Where a student has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

Other students in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a student needs to be taken to hospital, staff should stay with the student until the parent arrives, or accompany a student taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

The school has two defibrillators and are available for use by any member of staff. Where sudden cardiac arrest is thought to have taken place, staff may use the defibrillator to give an electric shock to restart a heart. The defibrillator takes the user through the procedure and will not shock unless told to do so and may therefore be used by any member of staff, even if that member of staff has not received training. The local NHS ambulance service has been made aware of the location of the defibrillator within school.

The school has an emergency salbutamol inhaler for use in emergencies. The emergency salbutamol inhaler should only be used by students, for whom written parental consent for use of the emergency inhaler has been given who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken, or empty). In addition, the school holds 2 emergency auto injectors (epi pens) for emergency use when a student's own auto injector is not available for use.

Following the government guidance, the school has put in place of dealing with students who may be suspected of covid 19 symptoms. See the Covid 19 addendum to the BFL policy 2020.

## **Offsite and Residential Visits**

Students with medical conditions will be actively supported to participate in school trips and visits, or in sporting activities. Teachers should be aware of how a student's medical condition will impact on their participation, but there should be enough flexibility for all students to participate according to their own abilities and with any reasonable adjustments. The school will make arrangements for the inclusion of students in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

The school has a responsibility to ensure the health and safety of anyone taking part in off-site activities. All staff, whether first aid trained or not, who are attending off-site visits should be aware of any students with medical conditions and the associated information about how to act in an emergency. This should be addressed in the risk assessment for off-site activities.

Students with medical needs should be included in educational visits as far as this is reasonably practical. The Educational Visits Co-ordinator (Terry Fitton) is responsible for ensuring that all trip leaders collect a medical list for all students participating in a trip/visit or exchange. Where medical needs are identified, and in particular if an Individual Health Care Plan is indicated on the list, the trip leader will contact the SENCO (Debbie Coleman) / Administrator to the Inclusion Team, for further information. The parent/carer and young person will be consulted where appropriate. The trip leader and EVC will complete a risk assessment for the trip and identify any additional support/alternative arrangements which will be provided. This will be shared with the young person, their parent/carer and all school staff who are participating in the trip.

Parents/carers are sent a medical questionnaire to be completed and returned before a residential trip which provides up to date information about the student's current condition, their overall health and any medication which would normally be taken outside school hours.

These are taken by a member of staff taking part in the visit and should be accompanied by a copy of the student's Individual Health Care Plan, if one is in place. Parents/carers should ensure a sufficient supply of medication is available for the duration of the trip.

### **Record Keeping**

The governing body should ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.

- Recognised medical issue / or medical concern – parent
- Minor ailments will be at the discretion of the member of staff on medical call – parent informed where possible.

### **Liability and Indemnity**

The school has insurance in place which covers staff providing support to students with medical conditions. The school will continuously monitor that this appropriately affects the level of risk. The insurance policy provides liability relating to the administration of medication. Individual cover may be required for health care procedures. When an individual healthcare plan is developed, where appropriate, the insurance company will be contacted to ascertain the level and ambit of cover required. Any requirements of the insurance such as the need for staff to be trained will be made clear and complied with. The insurance is provided by Marsh. The insurance policy is available to all staff providing support by contacting the Headteachers secretary (Jo Davies).

### **Awareness training**

All staff must be aware of this policy and their role in ensuring that students with medical conditions are appropriately supported in school. Training will be given annually in September to remind existing staff of their roles and to provide any updates. Training will include helping to ensure that all staff understand medical conditions which affect students in school and are aware of preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. New staff joining the school in September will receive additional training as part of their induction process. For staff who join the school at other times in the year, individual training will be provided as part of their induction. Appropriate information will be given to supply staff by the Assistant Headteacher, responsible for supply staff.

### **Review of this policy**

The school's supporting pupils at school with medical conditions policy is reviewed, evaluated and updated every year in line with the school's policy review timeline.

New DfE and Department of Health guidance is actively sought and fed into the review.

In evaluating the policy, the school seeks feedback on the effectiveness and acceptability of the supporting pupils at school with medical conditions policy with a wide-range of key stakeholders within the school and health settings. These include:

- Students with medical conditions

- Parents/Carers
- Schools Nurse Team
- Headteacher
- Teachers
- Designated Safeguarding Lead
- Members of staff trained in first aid
- School staff
- School governors
- Visiting health professionals
- Educational Visits Co-ordinator

The views of students with various medical conditions are actively sought and considered central to the evaluation process.

### **Complaints**

Should parents/carers or students be dissatisfied with the support provided then they should discuss the concerns 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. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.