



# **Supporting Pupils at School With Medical Conditions Policy**

**September 2022**

Review Date: September 2025

**Broadway Junior School**  
**Supporting Pupils at School with Medical Conditions Policy 2022-2023**

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## **1. Introduction**

Broadway Junior School is an inclusive school that supports and welcomes pupils with medical conditions. It provides pupils with medical conditions the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in our school because arrangements for their medical condition have not been made.

### **Aims**

This policy aims to ensure that:

- Pupils, staff, parents and carers have a clear understanding of how our school will support pupils with medical conditions.
- To ensure pupils at Broadway Junior School with medical conditions, in terms of both physical and mental health are properly supported so they can play a full and active role in all aspects of school life, remain healthy and achieve their academic potential.
- To ensure the needs of children with medical conditions are effectively met through consultation with appropriate health care professionals, their parents and the pupils themselves.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including educational visits and sporting activities.
- The arrangements that are in place are sufficient to meet our statutory responsibilities and ensure that policies, plans, procedures and systems are properly and effectively implemented.

The governing body will effectively implement this policy by:

- Ensuring that sufficient staff are suitably trained.
- Ensuring that all relevant staff will be made aware of the pupil's condition, where appropriate.
- Ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
- Ensuring that there are cover arrangements in place to ensure someone is always available to support pupils with medical conditions in case of staff absence or staff turnover.
- Ensuring that supply teachers are well briefed with appropriate information about the policy and the medical needs of relevant pupils.
- Ensuring that risk assessments are in place for school visits and any other school activities outside the normal timetable.
- Developing, reviewing and monitoring pupils' Individual healthcare plans (IHPs).

The named person with responsibility for implementing this policy is *Mrs C Johnson*.

## **2. Legislative Framework & Statutory Responsibilities**

This policy has been developed in accordance with the following:

- Section 100 of the Children and Families Act 2014, which places a statutory duty on governing bodies of maintained schools, academies and pupil referral units to make arrangements at school to support pupils with medical conditions.
- Statutory Guidance and Departmental Advice on Supporting pupils at school with medical conditions (DfE September 2014 & updated December 2015).
- The Equality Act 2010
- The Special educational needs and disability (SEND) Code of Practice <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

### **3. Roles and Responsibilities**

Broadway Junior School recognises that supporting a child with a medical condition during school hours is not the sole responsibility of one person. We work in partnership with a range of healthcare professionals (and, where appropriate, social care professionals) together with parents and pupils to ensure that we provide the most effective support for our pupils with medical conditions.

#### **3.1 The Local Authority**

- 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 co-operation 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 wellbeing of children with regard to their physical and mental health, and their education, training and recreation.
- Local authorities and clinical commissioning groups (CCGs) **must** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).
- 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 pupils with medical conditions to attend full-time. Where pupils 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 school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

#### **3.2 The Governing Body**

The governing body remains legally responsible and accountable for fulfilling its statutory duty and has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

In making arrangements, 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 therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The governing body will ensure that its arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should 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 will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases.

### **3.3 The Headteacher**

The Headteacher will:

- Ensure that this policy is developed and effectively implemented with all partners.
- Ensure that all staff are aware of this policy and understand their role in its implementation.
- Ensure that all staff who need to know, are aware of the pupil's condition.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all Individual Healthcare Plans (IHPs), including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
- Have overall responsibility for the development of Individual Healthcare Plans (IHPs).
- Ensure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

### **3.4 Parents**

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be fully involved in the development and review of their child's Individual Healthcare Plan (IHP) and be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

### **3.6 Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their Individual Healthcare Plan (IHP). They are also expected to comply with their IHPs.

### **3.7 School nurses and other healthcare professionals**

The school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's Individual Healthcare Plan (IHP) and provide advice and liaison, for example on training.

School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

Our school consults with specialist local health teams including the Children's Community Nursing Service (CCNS) & Specialist Nurses from City Hospitals Sunderland who can provide training, support in schools for pupils with particular health conditions and advice on developing IHPs. For example, Diabetes, Epilepsy and Respiratory & Allergy conditions e.g. Asthma. They may provide advice on developing Individual Healthcare Plans (IHPs).

Joint guidelines have been produced by the Children's Diabetes Specialist Nurses (CDSN) at City Hospitals Sunderland and *Together for Children* Specialist Support Team Lead for CYP with Physical and/or Medical Needs. This document is intended to ensure that staff are supported and equipped to manage children and young people with diabetes effectively and consistently across all schools/settings in Sunderland Local Authority.

### **3.8 Ofsted**

Ofsted places a clear emphasis on meeting the needs of pupils with SEN and disabilities, including pupils with medical conditions.

When making judgements on the effectiveness of leadership and management, safeguarding, personal development, behaviour and welfare, inspectors will pay particular attention to the outcomes for specified groups, including children and learners with medical conditions. Inspectors will consider the school's policy and its implementation as part of looking at how a school is supporting the welfare and the teaching and learning of pupils with medical conditions.

## **4. Equal Opportunities (including arrangements for day trips, residential visits and sporting activities)**

Our school is clear about the need to actively support pupils with medical conditions to participate in school visits, or in sporting activities, and not prevent them from doing so. Statutory guidance makes it clear that it is the school's responsibility, not the parent/carer's

responsibility, to ensure that children with medical needs have the same opportunities as those who do not have medical needs.

Our school will plan well in advance for the needs of pupils with medical needs. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school visits and in sporting activities.

Teachers will be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Teachers will make arrangements for the inclusion of pupils with medical needs in such activities, with any adjustments as required, unless evidence from a clinician such as a paediatrician or GP states that this is not possible.

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. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted to ensure that pupils can participate safely.

#### **5. Procedure to be followed when notification is received that a pupil has a medical condition**

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

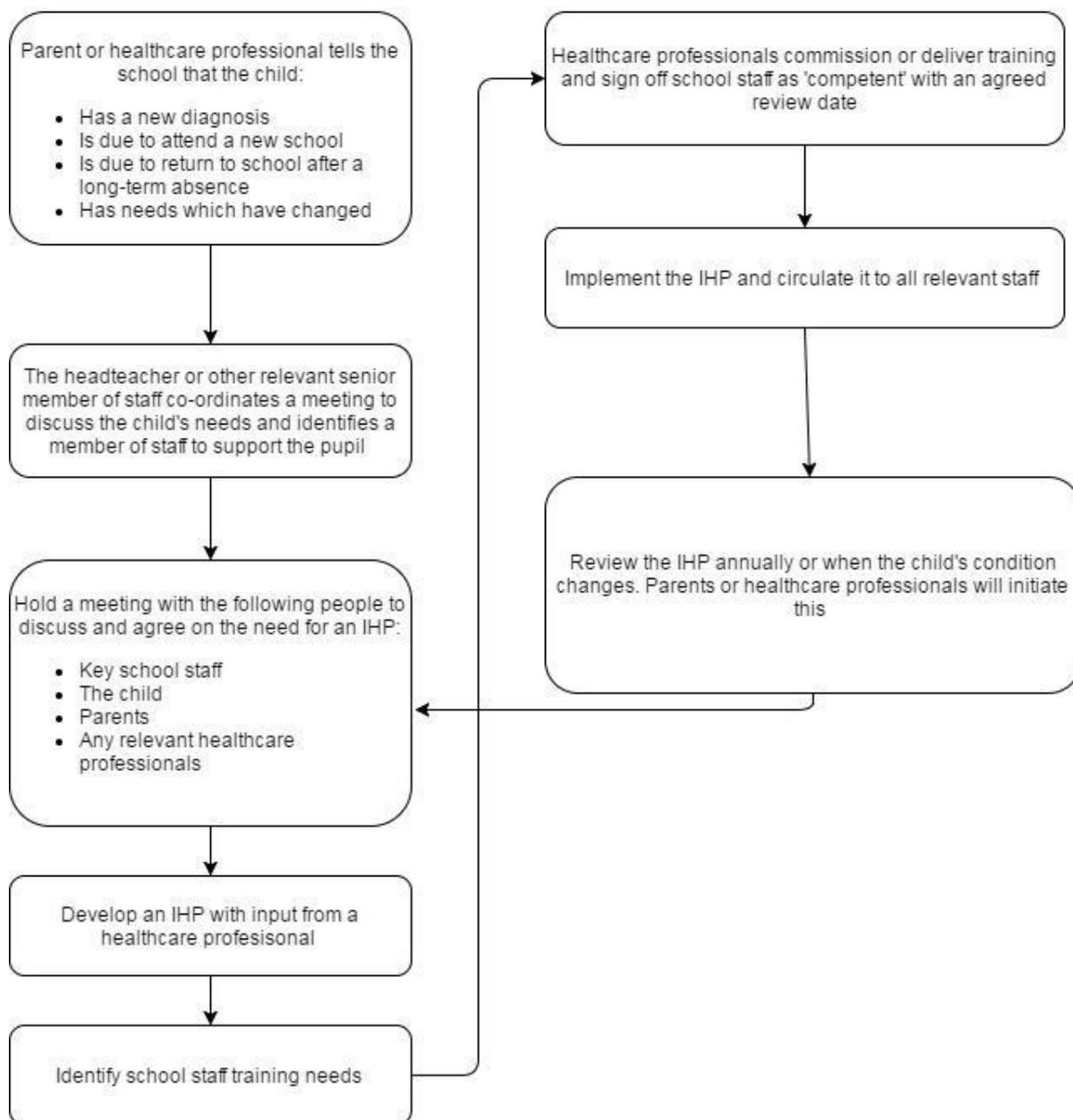
The school will make every effort to ensure that arrangements are put into place as soon as possible, within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupils' needs change, and arrangements for any staff training or support. In other cases, such as a new diagnosis or children moving to our school mid-term, every effort will be made to ensure that arrangements are put in place as soon as possible and within two weeks.

The school does not have to wait for a formal diagnosis before providing support to a pupil.

In cases where a pupil'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.

The process for identifying and agreeing the support a pupil needs and developing an Individual Healthcare Plan (IHP) is as follows:



## **6. Individual Healthcare Plans (IHPs)**

The Head Teacher has overall responsibility for the development of Individual Healthcare plans (IHPs) for pupils with medical conditions. This responsibility will be shared with Mrs S Norman (SENDCo) and Mrs C Summers (HLTA).

IHPs will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

IHPs will be developed with the pupil's best interests in mind and will help to ensure that the school effectively support pupils with medical conditions. They will ensure that the school assesses and manages risks to the pupil's education, health and social wellbeing, and minimises disruption.

IHPs will set out and provide clarity about:

- What needs to be done
- When
- By whom

IHPs 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.

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If a consensus cannot be reached, the Head Teacher will make the final decision.

The previous flow chart shows the process for identifying and agreeing the support a pupil needs and for developing an Individual Healthcare Plan (IHP).

The school has an agreed general format for Individual Healthcare Plans (IHPs) based upon the Department for Education templates

IHPs (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child.

IHPs (and their review) will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or children's community nurse or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

Specialist local health teams including the Children's Community Nursing Service (CCNS) & Specialist Nurses from City Hospitals Sunderland can provide support for schools for pupils with particular health conditions and this includes advice on developing IHPs. For example, Diabetes, Epilepsy and Respiratory & Allergy conditions e.g. Asthma.

In Sunderland LA, pupils with Diabetes will have a 'Diabetes Individual Healthcare Plan' which will be completed by the Children's Diabetes Specialist Nurses (CDSN) in partnership with parents and the school.

IHPs will capture the key information and actions that are required to support pupils effectively. The aim of an IHP is to capture the steps which the school will take to help the pupil manage their condition and overcome any potential barriers to getting the most from their education and how we might work with other statutory services.

IHPs will be easily accessible to all who need to refer to them, while preserving confidentiality.

Where the pupil has a special educational need identified in an Education, Health & Care (EHC) Plan, the IHP should be linked to or become part of that Education, Health & Care (EHC) Plan. Where a child has Special Educational Needs (SEN) but does not have an Education, Health & Care (EHC) Plan, their special educational needs will be mentioned in their IHP.

Where a pupil is returning to school following a period of hospital education or alternative provision (including home tuition), we will work with the local authority and education

provider to ensure that the IHP identifies the support the pupil will need to reintegrate effectively.

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.

The level of detail within IHPs will depend on the complexity of the pupil's condition and the degree of support needed. This is important because different pupils with the same health condition may require very different support.

The governing body, Mrs C Johnson, Mrs S Norman and Mrs C Summers will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the pupil's condition and the support required.
- Arrangements for written permission from parents and the Head Teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including whom to contact, and contingency arrangements.
- Some children may have an Emergency Healthcare Plan prepared by their lead clinician that could be used to inform development of their Individual Healthcare Plan (IHP).

#### Sunderland Protocol for Emergency Healthcare Plans

Some children may have an Emergency Healthcare Plan prepared by their lead clinician and this document will be available at all times for emergencies.

Important Guidance which must be followed, regarding Emergency Healthcare Plans, from Dr. Karen Horridge (Consultant Paediatrician, Sunderland Royal Hospitals and Designated Medical Officer (DMO) for Sunderland LA states:

**One copy, signed in ink by lead clinician and stored in yellow envelope to follow child or young person across all settings. Having copies risks version control issues and the risk that an old version may be used. North East Ambulance Service will only follow the plan with the child.**

## **7. Home-to-School Transport**

This is the responsibility of the LA and the transport arrangements for *Together for Children Sunderland* are as follows:

a) Where a pupil with an IHP is allocated school transport, the school liaises with Together for Children's Home to School Transport Team. A copy of the relevant sections of the child's IHP will be copied to Together for Children's Home to School Transport Team and kept on the pupil record, whilst also ensuring confidentiality. The Together for Children Home to School Transport Team must ensure that the relevant information from the IHP is passed to the current operator for use by the driver /escort and the Together for Children Home to School Transport Team will ensure that the information is supplied when a change of operator takes place.

b) Together for Children's Home to School Transport Team have procedures in place to ensure that drivers and escorts introduce themselves to parents/carers prior to the first pick up of a young person. This introduction allows the family an opportunity to inform the driver and escort of any medical conditions or travel needs their child may have whilst being transported. The Together for Children Home to School Transport Team also send out a questionnaire for parents/carers to complete and return relating to their child's needs.

c) For some medical conditions the driver/ escort will require additional training. For young people who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that young person's transport. All drivers and escorts undertake the following training prior to carrying out any school contract:

- Safeguarding Training – Provided by Together for Children
- Passenger Assistant Training – Basic First Aid, Manual Handling, Role of the driver/escort in transporting young people with SEN.

Both sets of training are refreshed every 3 years. Any additional training identified for the drivers/escorts to undertake can be requested by parents, Together for Children or schools. Together for Children arrange for the drivers/escorts to attend any relevant courses that will make the transportation of a child as safe as possible. Some forms of medication cannot be administered to a young person, but drivers/escorts can be trained in looking for signs, symptoms and to be aware of procedures to follow in the event of an emergency.

d) When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the vehicle in a suitable bag or container. They must be clearly labelled with name and dose etc.

e) Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to Together for Children's Home to School Transport Team for approval or appropriate action.

## **8. Staff Training and Support**

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will normally lead on identifying the type and level of training required and will agree this with the Head Teacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions
- Fulfil the requirements in Individual Healthcare Plans (IHPs)
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The relevant healthcare professional will be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

Whole-school awareness training will be delivered so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs.

This training will also be provided for new staff during their induction.

Procedures are also in place to ensure that supply teachers are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs.

We value the role of parents as they will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They can provide specific advice, but cannot be the sole trainer.

## **9. Managing Medicines**

School staff will not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent.

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

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.

Any member of staff giving a pupil prescribed medication for pain relief, will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about 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 will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

Sharps boxes are always used for the disposal of needles and other sharps.

No non-prescribed medication will be administered by school staff.

### **9.1 Record Keeping**

The governing body will ensure that written records are kept of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will also be noted in school.

Records offer protection to staff and pupils and provide evidence that agreed procedures have been followed.

Parents will be informed if the pupil has been unwell at school.

Individual Healthcare Plans (IHPs) are easily accessible to all who need to refer to them, while preserving confidentiality.

### **9.2 Controlled Drugs**

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

All controlled drugs that have been prescribed for a pupil are securely stored in a non-portable container and only named staff have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held.

School staff will administer a controlled drug to the pupil for whom it has been prescribed and will do so in accordance with the prescriber's instructions.

### **9.3 Pupils managing their own needs**

Pupils who are competent, will be encouraged to take responsibility for using their own inhalers. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own inhalers, but if this is not possible, they will be able to access them for self-medication quickly and easily. An appropriate level of supervision may be required.

If it is not appropriate for a child to self-manage, relevant staff will help to administer inhalers for them.

## **10. Emergency Procedures**

Staff will follow the school's normal emergency procedures which are in place for all school activities (for example, calling 999).

All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany a pupil taken to hospital by ambulance.

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

The school will ensure that they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems – a form 'Contacting Emergency Services' should be completed and retained.

## **11. Salbutamol Inhalers for Emergency Use**

The Human Medicines Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies. This is a discretionary power which Broadway Junior School has adopted, as their use could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life.

The emergency salbutamol inhaler should only be used by children, 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 pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

The school will ensure:

- arrangements are in place for the supply, storage, care, and disposal of the inhaler and spacers in line with the schools policy on supporting pupils with medical conditions.
- a register is maintained of children that have been diagnosed with asthma or prescribed a reliever inhaler
- written parental consent for use of the emergency inhaler is included as part of a child's individual healthcare plan
- that the emergency inhaler is only used by children with asthma with written parental consent for its use
- appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions
- a record of the use of the emergency inhaler is kept and parents or carers are informed when their child has used the emergency inhaler

## **12. Unacceptable Practice**

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion (although this may be challenged).
- Send pupils 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 IHPs.
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise pupils 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, 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 should have to give up working because the school is failing to support their child's medical needs.
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.

## **13. Liability & Indemnity**

The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

## **14. Complaints**

Parents with a complaint about their child's medical condition should discuss these directly with the Head Teacher in the first instance. If the Head Teacher cannot resolve the matter, they will direct parents to 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.

### **15. Monitoring Arrangements**

Further to the information provided in this policy, our systems for supporting pupils at school with medical conditions, including the management of medication, will be monitored and audited by:

- Enforcing Bodies
- Health and Safety Lead
- Safeguarding Lead
- Ofsted

This policy will be reviewed and approved by the governing body every three years.

### **16. Links to other Policies**

This policy links to the following policies:

- Accessibility Plan
- Complaints
- Equality information
- Health and Safety (including First Aid)
- Safeguarding
- Special Educational Needs & Disability (SEND) Information Report and Policy

**Signed:**



**Mrs C Johnson, Headteacher**



**Mrs V Walton, Chair of Governors**

**Review Date: September 2025**

