

Newton Tony Primary School CE VC

Supporting Children with Medical Needs Policy

In our school our vision is underpinned by the bible verse 'Love One Another As I Have Loved You' (John 15:12) ; it shapes all we do.

Policy agreed

17 October 2024

Policy review

17 October 2025 (or as required)

Our School Vision

Our school is a safe, welcoming and nurturing school that offers a sense of belonging. We are situated in a small, rural village and we pride ourselves that we know each and every child. Our strength lies in putting the needs of the child at the heart of everything we do. We offer an exciting and stimulating curriculum, with high quality teaching that provides a rich, rewarding and enjoyable learning environment for all. Through a solid partnership working with parents, our church and His Majesty's Armed forces, we encourage children to become confident, caring and independent young learners. We believe that 'Everyone cares and Everyone counts'. In our school our vision is underpinned by the bible verse 'Love One Another As I Have Loved You' (John 15:12) ; it shapes all we do.

1.Introduction

This policy is drawn up in accordance with the Department of Education's Guidance for Governing Bodies of maintained schools and proprietors of academies in England, September 2014. As set out in Section 100 of the Children and Families Act 2014, Newton Tony CE VC Primary School has a duty to make arrangements for supporting children at their school with medical needs. In meeting the duty, the Governing Body must have regard to guidance issued by the Secretary of State under this section. This guidance came into effect when Section 100 came into force on 1 September 2014. This document replaces previous guidance on Managing Medicines in Schools and Early Years Settings, published in March 2005.

2.Aims

- Children at Newton Tony CE VC Primary School with medical needs should be supported so that they have full access to education, including school trips and physical education.
- The Governing Body must ensure that arrangements are in place in school to support children at school with medical needs.
- The Governing Body should ensure that school leaders consult health and social care professionals, children and parents to ensure that children with medical needs are effectively supported.

3.Background to the Policy

- 3.1 All children with medical needs, in terms of both physical and mental health will be supported at Newton Tony CE VC Primary School so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- 3.2 Parents of children with medical needs are often concerned that their child's health will deteriorate when they attend school. This is because children with long-term and complex medical needs may require on-going support, medicines or care while at school to help them manage their needs and keep well. Other children may require monitoring

and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that Newton Tony CE VC Primary School will provide effective support for their child's medical needs and that children feel safe. In making decisions about the support they provide, Newton Tony CE VC Primary School will establish relationships with relevant local health services to help them. Newton Tony CE VC Primary School will receive and fully consider advice from healthcare professionals and listen to and value the views of parents and children.

- 3.3 In addition to educational impacts, there may be social and emotional implications associated with medical needs. Children may be self-conscious about their needs and may develop emotional disorders such as anxiety or depression around their medical needs. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school will be properly supported so that children with medical needs fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a child's medical needs (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing. Newton Tony CE VC Primary School will monitor attendance termly and liaise with the Educational Welfare Officer for advice.
- 3.4 Some children with medical needs may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case Newton Tony CE VC Primary School's Governing Body will comply with its duties under that Act. Some may also have special educational needs (SEND) and may have a statement, or Education, Health and Care (EHCP) 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 the Special Educational Needs and Disability (SEND) Code of Practice¹ and Newton Tony's SEND Policy.

4. The Role of the Governing Body

- 4.1 The Governing Body remains legally responsible and accountable for fulfilling their statutory duty.
- 4.2 The Governing Body will ensure that arrangements are in place to support children with medical needs. In doing so, they should ensure that such children can access and enjoy the same opportunities at school as any other child. Newton Tony CE VC Primary School will work together with local authorities, health professionals and other support services to ensure that children with medical needs receive a full education. In some cases, this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of Newton Tony CE VC absence. All children must receive a full education, unless this would not be in their best interests because of their health needs.
- 4.3 In making their arrangements, the Governing Body will take into account that many of the medical needs 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 need impacts on their school life.
- 4.4 The Governing Body will ensure that their arrangements give parents and children confidence in Newton Tony CE VC Primary School's ability to provide effective support for medical needs in school. The arrangements will show an understanding of how medical needs impact on a child's ability to learn, as well as increase their confidence

and promote self-care. They will ensure that staff are properly trained to provide the support that children need.

- 4.5 Children and young people with medical needs 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 need should be denied admission³ or prevented from taking up a place in school because arrangements for their medical need have not been made. However, in line with their safeguarding duties, the Governing Body will ensure that children's health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.
- 4.6 The Governing Body will ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.

5 Policy Implementation

- 5.1 The Governing Body will ensure that the school's policy will be implemented effectively. The Headteacher, Miss Sheena Priestley, will be responsible for ensuring that sufficient staff are suitably trained. The SEND Lead, Miss Sheena Priestley, will ensure that all relevant staff will be made aware of the child's need. The class teacher of a child with medical needs will ensure that supply teachers are briefed appropriately. The EVOLVE leader will ensure that risk assessments for school visits, holidays and other school activities outside of the normal timetable are carried out. The SEND Lead will ensure that individual healthcare plans are monitored.

6 Procedure to be followed when notification is received that a child has a medical need

- 6.1 When Newton Tony CE VC Primary School is informed that a child has a medical need, the SEND Lead will meet with the child, parents and healthcare professionals and support services to discuss the child's needs. A Support Plan or Education, Health and Care Plan ("My Plan") will be drawn up as appropriate.
- 6.2 If a child transfers to a new school, the SEND Lead will meet the new school's SEND Lead ahead of the transfer to discuss the child's needs. The Support Plan or Education, Health and Care Plan will go to the new setting. For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.
- 6.3 Following a lengthy absence from school, the SEND Lead will meet with the parents (and child) to discuss plans for reintegration e.g. work sent home, amount of work, part-time attendance. The Head Teacher will liaise with the Educational Welfare Officer for advice.
- 6.4 When a child's needs change, the SEND Lead will meet the parents and child (if appropriate) to review the Support Plan or Education, Health and Care Plan. Any changes or staff training requirements will be highlighted at this meeting.
- 6.5 Newton Tony CE VC Primary School does not have to wait for a formal diagnosis before providing support to children. In cases where a child's medical need 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.

7 Individual Healthcare Plans

7.1 The Governing Body should ensure that the individual healthcare plan enable Newton Tony CE VC Primary School to effectively support children with medical needs. The healthcare plans provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where needs 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 needs are long-term and complex. However, not all children will require one. Newton Tony CE VC Primary School, healthcare professionals and parents should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Annex A.

7.2 The format of individual healthcare plans may vary between children. The healthcare plans enable Newton Tony CE VC Primary School to choose whatever is the most effective for the specific needs of each child. They should be easily accessible to allow who need to refer to them, while preserving confidentiality. Plans should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's need and the degree of support needed. This is important because different children with the same health need may require very different support. Where a child has SEND but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

7.3 Individual healthcare plans (and their review) may be initiated, in consultation with the child, parent, by a member of school staff or a 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, eg school, specialist or children's community nurse, who can best advise on the particular needs of the child. Children should also be involved whenever appropriate. The aim is to capture the steps which Newton Tony CE VC Primary School should take to help the child manage their need and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the SEND Lead.

The Governing body will ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that Newton Tony CE VC Primary School assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a 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.

7.4 Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), Newton Tony CE VC Primary School will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

7.5 Information to consider including on an individual healthcare plan:

- The medical need, its triggers, signs, symptoms and treatments;

- The child'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 need and dietary requirements.
- Specific support for the child's education, 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, counselling sessions;
- The level of support needed (some children will be able to take responsibility for their own health needs) including emergencies. If a child is self-managing their medication, this should 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 child's medical need from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's need and the support required;
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff or self-administered by the child 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 child can participate, eg risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's need; and
- 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.

8 Roles and Responsibilities

8.1 Supporting a child with a medical need during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and children will be critical. An essential requirement for any policy, therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of children with medical needs are met effectively.

Some of the most important roles and responsibilities are listed below.

8.2 The Governing Body will make arrangements to support children with medical needs in school, including making sure that a policy for supporting children with medical needs in school is developed, implemented and reviewed annually. They should ensure that children with medical needs are supported to enable the fullest participation possible in all aspects of school life. The Governing Body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical needs. They will also ensure that any members of school

staff who provide support to children with medical needs are able to access information and other teaching support materials as needed.

- 8.3 The Headteacher, Miss Sheena Priestley, will ensure that the school's policy is developed and effectively implemented with partners. All staff will be made aware of the policy for supporting children with medical needs and understand their role in its implementation. Miss Priestley will ensure that all staff who need to know are aware of the child's need. She should also ensure that sufficient trained members of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Miss Priestley has overall responsibility for the development of individual healthcare plans. She should also make sure that school staff are appropriately insured and are aware that they are insured to support children in this way. She will contact the school nursing service in the case of any child who has a medical need that may require support at school, but who has not yet been brought to the attention of the school nurse.
- 8.4 School staff – any member of school staff may be asked to provide support to children with medical needs, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of children with medical needs that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical needs. Any member of school staff should know what to do and respond accordingly when they become aware that a child with a medical need needs help. Where possible, children will self administer medication – if a member of staff has to supervise or administer any medication, there must be a second person witnessing this procedure. All medication doses must be recorded using the LA proforma in the medication file located in the staffroom by both adults. All medication will be stored in the medication box stored in the staffroom except where necessary class epipens. These must be stored in a safe place in the relevant classroom.
- 8.5 School nurses - every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical need which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical needs, but may support staff on implementing a child's individual healthcare plan 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 – for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical need. See also Section 9 about training for school staff.
- 8.6 Other healthcare professionals, including GPs and paediatricians – should notify the school nurse when a child has been identified as having a medical need 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 needs (eg asthmas, diabetes, epilepsy).
- 8.7 Children – with medical needs will often be best placed to provide information about how their need 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 children will often be sensitive to the needs of those with medical needs.

- 8.8 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 need. 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.
- 8.9 Local authorities – are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children’s 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 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 children with medical needs to attend full time. Where children 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).
- 8.10 Providers of health services – should co-operate with schools that are supporting children with a medical need, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children’s community nurses, as well as participating 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 needs at school.
- 8.11 Clinical commissioning groups (CCGs) – commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children’s needs, and that health services are able to co-operate with schools supporting children with medical needs. They have a reciprocal duty to co-operate under Section 10 of the Children’s 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 care settings.
- 8.12 Ofsted – their inspection framework places a clear emphasis on meeting the needs of children with SEND, and considering the quality of teaching and the progress made by these children. Inspectors are already briefed to consider the needs of children with chronic or long-term medical needs alongside these groups and to report on how well their needs are being met. .

9 Staff Training and Support

- 9.1 Any member of school staff providing support to a child with medical needs should have received suitable training. The training required must be identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical need and so extensive training may not be required. Staff who provide support to children with medical needs should be included in meetings where this is discussed.
- 9.2 The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained for school staff who are supporting children with medical needs. Newton Tony CE VC Primary School may choose how to arrange training for the school staff and will ensure this training remains up-to-date.
- 9.3 Training should be sufficient to ensure that staff are competent and have confidence in their ability to support children with medical needs and to fulfil the requirements as set out in individual healthcare plans. The staff will need an understanding of the specific medical needs they are being asked to deal with, their implications and preventative measures.
- 9.4 Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for Newton Tony CE VC Primary School to decide, having taken into consideration the training requirements as specified in children' individual healthcare plans. A first-aid certificate does not constitute appropriate training in supporting children with medical needs.
- 9.5 Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- 9.6 Newton Tony CE VC Primary School policy on supporting children with medical needs should be read by all the staff so that they are all aware of the school's policy for supporting children with medical needs and their role in implementing that policy. The relevant healthcare professional should be able to advise on training that will help ensure that all medical needs affecting children in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.
- 9.7 New staff should be given the policy to read as part of their induction.
- 9.8 The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer. Their advice should be noted on the Individual Healthcare Plan or Support Plan.
- 9.9 Newton Tony CE VC Primary School encourages staff who wish to further their professional development by undertaking training to support children with medical needs.

10 The child's role in managing their own medical needs.

- 10.1 After discussion with parents, children who are competent to do so are encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within healthcare plans.
- 10.2 Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.
- 10.3 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 can be considered.

11 Managing medicines on school premises

- 11.1 Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not do to so.
- 11.2 No child under 16 should be given prescription or non-prescription medicines without their parents' 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 be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered.
- 11.3 A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- 11.4 Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- 11.5 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.
- 11.6 All medicines should be stored safely. Children 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 eg on school trips.
- 11.7 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 child 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.

- 11.8 School staff may administer a controlled drug to the child for whom it has been prescribe. 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 to be administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Two members of staff should witness administering procedures.
- 11.9 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.

12 Record Keeping

- 12.1 Written records of all medicines administered to children will be kept. Newton Tony CE VC Primary School records administering medications using the recommended LA proformas (located on Rightchoice). The medication file is located in the staffroom on the top of the medication box. 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.
- 12.2 Records of all staff who have been trained to administer medicines will be kept.

13 Emergency Procedures

- 13.1 As part of general risk management processes, Newton Tony CE VC Primary School has arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK. Please refer to the School Emergency Management Plan.
- 13.2 Where a child has an individual healthcare plan, this will 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 children in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- 13.3 If a child needs to be taken to hospital, staff should stay with the child until the parents arrives, or accompany a child 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.

14. Day trips, residential visits and sporting activities

- 14.1 Governing Bodies will ensure that their arrangements are clear and unambiguous about the need to support actively children with medical needs to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Teachers should be aware of how a child's medical need 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. Schools should make arrangements for the inclusion of children in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- 14.2 Newton Tony CE VC Primary School will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. If necessary, a risk assessment will need to be carried out so that planning arrangements take account of any issues that need to be considered to ensure that

children with medical needs are included. This will require consultation with parents and children and advice from the relevant healthcare professional to ensure that children can participate safely. The Health and Safety Executive (HSE) guidance on school trips is a useful reference document.

15 Other issues for consideration

- 15.1 Home school transport – where a child has to home-to-school transport, it may be helpful for the school to discuss a child's Individual Healthcare Education Plan with the Local Authority especially for emergency situations. This may be helpful in developing transport healthcare plans for children with life-threatening needs.

16 Unacceptable practice

- 16.1 Although school staff should use their discretion and judge each case on its merits 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 need requires the same treatment;
- Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical needs home frequently or prevent them from staying for normal activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office or staffroom unaccompanied
- Penalise children for their attendance record if their absences are related to their medical need, eg hospital appointments;
- Prevent children from drinking, eating or taking toilet or other break whenever they need to in order to manage their medical need effectively;
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child. No parents 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.

17 Liability and Indemnity

- 17.1 Governing Bodies of maintained schools will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. Staff at the school are indemnified under Wiltshire Council's self insurance arrangements. The County Council purchases its insurance cover from Right Choice. Where an employee, acting in the course of their employment, administers medication to a child, they will be indemnified by the Council public liability policy for a claim of negligence relating to injury or loss caused by their actions provided that the following criteria have been adhered to:-

* That they have received full training by a qualified medical person relevant to the medication being administered.

* That they have taken the necessary refresher courses at the required intervals.

* That they have used the relevant protective equipment for that purpose.

For staff wishing to read the insurance policy, they can access it through the School Office or online by looking for Wiltshire Council Insurance. There is a section specifically for insurance for staff who support children with medical needs. Insurance Policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

18 Complaints

- 18.1 In the event of parents or children being dissatisfied with the support provided, they should discuss their concerns directly with the school.
- 18.2 If for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaints procedure (available from the website or form the office).
- 18.3 Making a formal complaint to the Department for Education should only occur if it comes within the scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.
- 18.4 Ultimately, parents (and children) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

19 Review

- 19.1 This policy will be reviewed annually. (or as required)

20 References

To be read with

- SEND Policy
- Child Protection and Safeguarding Policy
- Staff Behaviour Policy
- Positive Behaviour Policy
- Home/School Agreement

Associated resources

www.gov.uk/government/publications/send-code-of-practice-0-to-25

www.gov.uk/government/publications/supporting-children-at-school-with-medical-needs

Annex A: Model Process for developing individual healthcare plans

