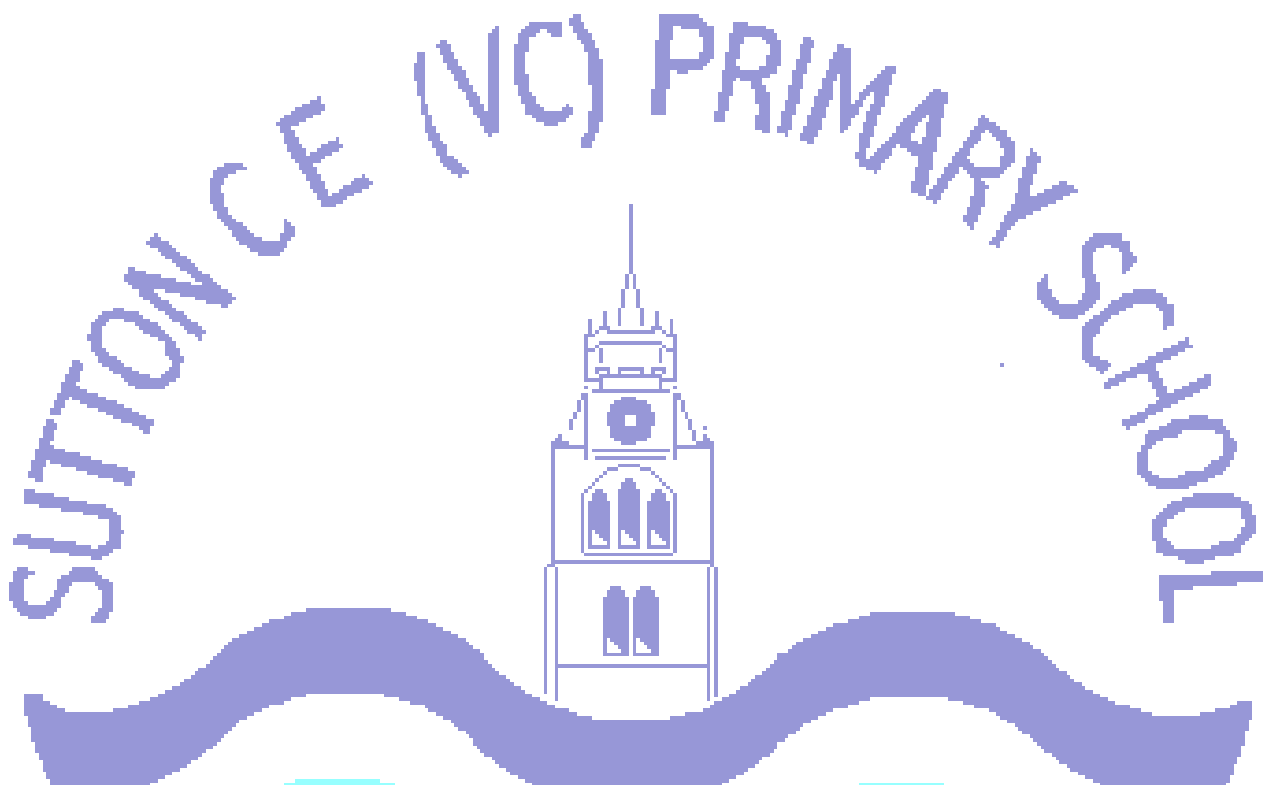




# Supporting Children With Medical Needs

July 2024



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## **Introduction**

All children have an entitlement to a full time curriculum or as much as their medical condition allows. This policy sets out a clear framework within which Sutton CE (VC) Primary School and families are able to work together to ensure that children with medical needs receive the care and support they require. It has been developed in line with the Department for Education's statutory guidance released in April 2014 – "Supporting pupils at school with medical conditions" under a statutory duty form section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014. Sutton School has due regard for the statutory guidance issued; taking account of it; carefully considering it and making every effort to comply with it.

Sutton School is an inclusive community that aims to support and welcome all children with medical conditions and to provide them wherever possible, with the same opportunities as others. Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Some may also have Special Educational Needs (SEN) and may have a statement or Education Health and Care Plan (EHC). For children with SEND, this policy should be read in conjunction with SEND Policy.

Staff in charge of pupils have a common law duty to act in place of the parent and may need to take immediate action in an emergency. This duty also extends to staff leading activities taking place off site. This policy should be read in conjunction with the school's Medicines Policy as this could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent/carer who is responsible for the child's medication and must supply the school with up to date information.

## **Inclusion**

Sutton CE (VC) Primary School aims to be responsive to all aspects of diversity and to increase the learning and participation of all children within the school and its locality. We are developing inclusive values which are shared between all staff, children, governors, parents/carers and the wider community, in a secure, accepting, collaborative and stimulating environment. Everyone is valued and diversity is seen as a rich resource to enhance and support the learning of all.

This inclusive culture is reflected in all policies and practices. We ensure that classroom and extra-curricular activities encourage the participation of all children, drawing on their knowledge and experience outside school. Teaching and support are integrated together, enabling all children to overcome barriers to learning and participate fully in the life of the school.

Equality and inclusion will be achieved through analysis and assessment of children's needs, by monitoring the quality of teaching and the standards of children's achievements and by setting targets for improvement. Learning for all children is given equal priority and available resources are used to maximum effect.

Sutton School meets the specific duties of the Race Relations Amendment Act (2000) by considering the implications for race equality and cultural diversity in planning and developing all policies.

Children with Special Educational Needs and disabilities will be given support to access the curriculum at an appropriate level to enable them to reach their full potential.

## **Definitions of Medical Conditions**

Children's medical needs may be broadly defined as:

- Short term: affecting a child's participation in activities because they are on a course of medication;

- Long term: potentially limiting a child's access to education and requiring extra care and support (deemed special medical needs)
- **Aims of this Policy:**
- To ensure children with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in the life of the school, remain healthy and achieve their academic potential.
- To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the children themselves.

### **Policy Implementation and Named Personnel**

The governing body has responsibility for the administration and implementation of this policy.

### **The Headteacher, is the Designated Person for Children with Medical Needs.**

In addition the following members of staff are named personnel responsible for supporting children with medical needs:

- Mrs. Ruth Garbutt, Deputy Headteacher
- Mrs. Samantha Wallace, Assistant Headteacher
- Mrs. Sam Brown, Welfare Officer

### **Procedure to be followed for Children with Medical Conditions**

The governing body sets out clear procedures, through the medical needs policy, which must be followed when notification is received that a child has a medical condition. These include:

- Transitional arrangements between settings;
- Arrangements to be in place for the start of the relevant school term or within two weeks following a new diagnosis or children moving mid-term;
- Processes to be followed for re-integration of a child to the school;
- Processes to be followed when the needs of identified children change;
- Arrangements for staff training and support;

The school does not have to wait for a formal diagnosis before providing support to a child. In cases where a child'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 will normally involve some form of medical evidence and consultation with parents/carers. Where there is conflicting evidence, some degree of challenge may be necessary to ensure that the correct level of support can be put in place.

### **Individual Health Care Plan (IHCP)**

Any child with a medical condition requiring medication or support should have an Individual Healthcare Plan (IHCP) written by a Health Care Professional, which details the support that the child needs. An IHCP is essential

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 require one. The school, healthcare professionals and parents/carers should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will take the final view. A flow chart for identifying and agreeing the support a child needs and developing a IHCP can be found in Appendix a.

IHCPs (and their review) may be initiated, in consultation with the parents/carers, by staff or healthcare professionals involved in providing care to the child. Plans should be drawn up in partnership between the school, the parents/carers and the relevant healthcare professionals e.g. the school nursing team or a specialist nurse, who can best advise on the individual needs of the child. Children should also be involved in these decisions where appropriate.

The governing body, through the Designated Person for Children with Medical Needs, will ensure that plans are reviewed regularly, or if evidence is presented that a child's needs have changed. These should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing and minimizes disruption. Where the child also has a special educational need identified in a statement or Education Health and Care plan (EHC plan), the IHCP should be linked to become part of that statement or EHC plan.

Where a child is returning following a period of hospital education or alternative provision (including home tuition) the school should work with the Local Authority and previous education provider to ensure the IHCP identifies the support the child will need to reintegrate effectively.

The following information will be considered when writing an Individual Healthcare Plan:

- The medical condition, the triggers, signs, symptoms and treatments;
- The child's resulting needs, including medication (dose, side effects and storage) and other treatments, times, 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 and travel time to different areas or locations;
- Specific support for the child's educational, social and emotional needs e.g. 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 including in emergencies;
- Who will provide support, their training needs, expectation of their role, confirmation of their proficiency to provide support for the child's medical condition from a healthcare professional and cover arrangements for when they are unavailable;
- Who needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents/carers and the head teacher for medication to be administered by a member of staff or self-administered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision);

- Separate arrangements or procedures e.g. risk assessments, required for trips or other activities outside of the normal daily timetable that will ensure the child can participate;
- Ensuring confidentiality by identifying designated individuals who are to be entrusted with information about the child's condition;
- What to do in an emergency including whom to contact and contingency arrangements. Where a child has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the development of their IHCP.

### **Key Roles and Responsibilities**

Supporting a child with a medical condition at Sutton School is not the sole responsibility of one person. The ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between staff, healthcare professionals (and, where appropriate, social care professionals), the Local Authority, parents/carers and children will be critical. Some of the most important roles and responsibilities are listed below:

#### **i. The Governing Body**

The governing body has the responsibility for making arrangements to support children with medical conditions at Sutton School. They will:

- Ensure the health and safety of their employees and anyone else taking part in activities (this includes all children). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips.
- Ensure that health and safety policies and risk assessments are inclusive of the needs of children with medical conditions;
- Ensure that the medical needs and medicines policies are effectively monitored, evaluated and regularly updated;
- If the administration of prescription medicines requires technical or medical knowledge then individual training will be provided to staff from a qualified health professional. Training is specific to the individual child concerned.

#### **ii. The Headteacher**

The Headteacher is responsible for developing and effectively implementing this policy and for developing detailed procedures. Day to day decisions will normally fall to the Headteacher, who is the Designated Person for Children with Medical needs or to whosoever they delegate this to, as set out in the policy. It is the responsibility of the Headteacher to:

- Communicate the policy to all (including supply staff) and ensure that they understand their role in its implementation;
- Ensure that all staff who need to know, are aware of the child's condition;

- Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all IHCPs, including in contingency and emergency situations. This may include recruiting a member of staff for this purpose;
- Have overall responsibility for the development of IHCPs;
- Ensure that staff are appropriately insured and are aware that they are insured to support children with medical conditions if they follow documented procedures;
- Contact the school nursing service in the case of any child who has a medical condition that may require support, but who has not yet been brought to the attention of the school nurse;
- Update the policy according to review recommendations and recent local and national guidance and legislation;
- Report to stakeholders about the implementation of the medical needs policy;
- Ensure that all parents/carers are aware of the policy and procedures for dealing with medical needs. The Head Teacher will also make sure that the appropriate systems for information sharing are followed;
- Agree with the parents/carers exactly what support can be provided. Where parents/carers' expectations appear unreasonable, the Head Teacher will seek advice from the school nursing team or doctor, the child's GP or other medical advisers and, if appropriate, the Local Authority.

### **iii. Staff**

Staff with a child with medical needs in their class or group will be informed about the nature of the condition, and when and where the child may need extra support. The child's parents/carers and health professionals should provide this information. Staff must:

- Be aware of potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency;
- Understand Sutton's medical needs policy;
- Know which children in their care have a medical condition and be familiar with the content of a child's IHCP, if relevant;
- Know where a child's medication is located and allow a child to have immediate access to their medication when needed;
- Maintain effective communication with parents/carers, including informing them if their child has been unwell;
- Ensure that children who carry their medication with them have it when they go on a visit or out of the building;
- Ensure that children with medical conditions are not excluded unnecessarily from activities that they may wish to take part in;
- Ensure that children have appropriate food or medication with them where necessary, and are allowed to take it when needed;

- Be aware of the likelihood of an emergency arising and what action to take if one occurs. The school will endeavour to arrange trained back up cover if the member of staff responsible is absent or unavailable.

### **Staff Giving Medicines**

Staff's conditions of employment do not include giving or supervising a child taking medicines. The school will ensure that they have sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties. This policy should be read in conjunction with the Medicines Policy which is reviewed regularly;

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child will have appropriate training and guidance from health care professionals where necessary. They will also be made aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on each individual case.

### **iv. School Nurses**

The school has access to the school nursing services. They are responsible for:

- Notifying the school when a child has been identified as having a medical condition which will require support;
- Liaising with clinicians on appropriate support for the child and assisting in the provision of appropriate staff training needs;
- Supporting the school in implementing a child's IHCP.

### **v. Other Health Care Professionals**

This includes GPs and paediatricians who should notify the school nurse when a child has been identified as having a medical condition which will require support. They may provide advice on developing IHCPs. Specialist local health teams may be able to provide support for children with particular conditions e.g. asthma, epilepsy and diabetes.

### **vi. Children**

Children with medical conditions are often best placed to provide information about how their condition affects them. Where relevant they should be involved in discussions about their medical support needs and contribute to the development of, and comply with, their IHCP.

#### **Parents and Carers**

Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full-time care of a child on a settled basis, such as a foster parent, but excludes babysitters, child minders, nannies and school or pre-school staff.

It only requires one parent to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom the school has day-to-day contact. Where parents/carers disagree over medical support, the disagreement must be resolved by the Courts. The school will continue to administer



medical support in line with the consent given and in accordance with the IHCPC, unless and until a Court decides otherwise.

If a child is 'looked after' by a local authority, the child may either be on a care order or be voluntarily accommodated. A Care Order places a child in the care of a Local Authority and gives the Local Authority parental responsibility for the child. The local authority will have the power to determine the extent to which this responsibility will continue to be shared with the parents/carers. A Local Authority may also accommodate a child under voluntary arrangements with the child's parents/carers. In these circumstances the parents/carers will retain parental responsibility acting so far as possible as partners of the local authority. Where a child is looked after by a local authority day-to-day responsibility may be with foster parents, residential care workers or guardians.

Parents/carers should be given the opportunity to provide the Head Teacher with sufficient information about their child's medical needs if treatment or special care is needed. They should, jointly with the Head Teacher, and healthcare professionals, reach agreement on the school's role in supporting their child's medical needs. Some parents/carers may have difficulty understanding or supporting their child's medical condition themselves. Local health services can often provide additional assistance in these circumstances.

Parents/carers must:

- Inform the school about their child's medical condition;
- Inform the school of any changes to their child's condition;
- Ensure their child has regular reviews about their condition with their GP or specialist healthcare professional;
- Ensure that they contribute to Individual Healthcare Plans and carry out any agreed actions;
- Ensure that they, or another nominated adult are contactable at all times and that they provide the school with this information;
- Follow the guidance given in the school's Medicines policy for the provision and administration of medication (see Medicines Policy).

#### **vii. The Local Authority (LA)**

Under Section 10 of the Children Act 2004, the LA has a duty to:

- Promote co-operation between the governing body of the school, 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.
- 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.
- Work with the school to support children with medical conditions to attend full time. Where a child 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).

## **viii. Providers of Health Services**

These providers should co-operate with the school in 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 participating in locally developed outreach and training. Health services can also provide information, advice and guidance to support children with medical conditions.

## **ix. Clinical Commissioning Groups (CCGs)**

CCGs commission other healthcare professionals such as specialist nurses and should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with the school in supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities).

### **Ofsted**

The Ofsted inspection framework places a clear emphasis on meeting the needs of disabled children and children with SEND, and considering the quality of teaching and the progress made by these children. Inspectors must consider the needs of children with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met.

### **Staff training and Support**

During the development or review of an IHCP the need may be identified for some staff to have further information about a medical condition or specific training in managing the condition, administering a particular type of medicine or in dealing with emergencies. Any staff who provide support to children with medical conditions should be included in meetings where this is discussed. The relevant healthcare professionals, including the school nurse, may assist the school in identifying, agreeing and arranging the type and level of training required. They are also able to provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. The school is responsible for ensuring that all training remains up to date.

Training will be sufficient to ensure that members of staff are competent and have confidence in their ability to support children with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. In addition the relevant healthcare professionals may also provide whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy, ensuring 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. This will also be included as part of the induction process for new staff.

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 will be asked for their views wherever possible. Parents/carers should provide specific advice, but they cannot be the sole trainer.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training or guidance from healthcare professionals. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Where members of staff agree to assist a child with medical needs, the school will arrange appropriate training in collaboration with local health services where this is necessary.

### **The Child's Role in Managing Medical Needs**

Where a child is deemed to be competent to manage their own health needs and medicines by an appropriate healthcare professional, discussions will be held with the parents/carers and the child to review the IHCP to reflect this.

Wherever possible, children should be allowed access to 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 will still 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.

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 IHCP. Parents should be informed so that alternative options can be considered.

### **Managing Medicines**

The agreed procedures for managing medicines at the school are contained within the Medicines Policy; this must be referred to for detailed guidance. In brief these include:

- Medicines should only be administered when it would be detrimental to a child's health or attendance not to do so;
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent;
- A child 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;
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside hours of attendance;
- The school can 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 inside an insulin pen or a pump, rather than in its original container;
- All medicines will 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 always be readily available to the child and not locked away;
- Controlled drugs that have been prescribed for a child must be strictly monitored and should be securely stored in a non-portable container to which only named staff should have access. These 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 on site;
- Staff may administer a controlled drug to the child for whom it has been prescribed, by following the school's protocols on administering medicines. Staff administering these medicines must do so in

accordance with the prescriber's instructions following relevant training. A record must be kept 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 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

### **Record Keeping**

Written records are kept of all medicines administered to children. Where medical needs are defined as long term the administration of medicines on a daily basis is recorded in an individual medical record book for that child. For short term medical needs the administration of medicines in school is recorded in the medicines book which is kept in the Welfare Room. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents/carers should be informed if their child has been unwell.

### **Emergency Procedures**

As part of general risk management processes, the school has arrangements in place for dealing with emergencies for all activities wherever they take place, including off site activities and trips.

Where a child 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 children should know what to do in general terms, such as informing a teacher or member of staff immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance. Members of staff need to ensure that they understand the procedure for calling the emergency services and that the correct information is provided.

### **Day Trips, Residential Visits and Sporting Activities**

The school will encourage children with medical needs to participate in safely managed visits, and will consider what reasonable adjustments it might make to enable children with medical needs to participate fully and safely on visits. Planning arrangements for any trips or sporting activities will include the necessary steps to include children with medical needs. Where necessary an individual risk assessment will be carried out for such children.

Sometimes additional safety measures may need to be taken for outside visits. This could include an additional supervisor, a parent or another volunteer being required to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

If the school is concerned about whether they can provide for a child's safety or the safety of other children on a visit, they will seek parental views and medical advice from the school health service or the child's GP.

Most children with medical conditions can participate in physical activities and extra-curricular sport. There will be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their IHCP. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff coordinating sporting activities will:

- consider whether risk assessments are necessary for some children;
- be aware of relevant medical conditions;
- be aware of any preventative medicine that may need to be taken and emergency procedures.

### **Home to School Transport**

For children with complex medical or life threatening conditions it may be necessary for the Local Authority to provide home to school transport. Where this need arises, the school will ensure that relevant information regarding the child's needs is provided to the Local Authority transport team.

### **Defibrillators**

Sutton School has installed defibrillators for general use in the event of sudden cardiac arrest. These are located in:

- Outside of the Main Hall next to the Main Entrance Door

The local NHS ambulance service is aware of their location. In the event of a defibrillator being temporarily moved to a different location a sign will be displayed to indicate the new location. Staff members receive regular training in the use of CPR.

### **Emergency Asthma Inhalers**

From 1<sup>st</sup> October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows the purchase of salbutamol inhalers, without a prescription, for use in emergencies. Five inhalers are available at Sutton School only for use by children, for whom written parental consent for use of an emergency inhaler has been given annually. These children must have been diagnosed with asthma and prescribed an inhaler, or have been prescribed an inhaler as reliever medication. All information should be recorded in the child's IHCP where relevant. The emergency inhaler can be used if the child's prescribed inhaler is not available (for example if it is broken or empty). Further information on the administration of the emergency inhalers can be found in the medicines policy.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (e.g. terbutaline). The emergency salbutamol inhaler should still be used by these children if their own inhaler is not accessible as it will still help to relieve their asthma and could save their life.

All children recorded as having asthma are included on the asthma register. This is designed to allow staff to easily identify whether or not a child is identified as having asthma and whether consent for an emergency inhaler to be administered has been given by the parent/carer. The asthma register is stored in:

- The First Aid Room

### **Unacceptable Practice**

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

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this 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 Welfare Room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent children 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 administer medication on site 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 children from participating, or create unnecessary barriers to children participating in any aspect of life at the school, including trips and off site activities, e.g. by requiring parents to accompany the child.

### **Liability and Indemnity**

Sutton school's insurance policies 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.

### **Complaints**

The Sutton School complaints policy sets out how complaints may be made and will be handled. Should parents/carers be dissatisfied with the support provided for their child they should firstly discuss their concerns directly with the school.. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. 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.

## Appendix A: Model process for developing individual healthcare plans

