

Olive Hill Primary School

A member of Stour Vale Academy Trust



Supporting Children with Medical Conditions Policy and Procedures

October 2023

Working together to support all children to have full access to education: the responsibility of EVERYONE.

Policy Tracker - Responsibility for monitoring this policy: Local Governing Body (Reviewed annually or in response to changes in legislation or operating procedures)			
Date	Reviewed By:	Role	Date Approved by the Governing Board
11/10/22	Hannah Grasby	Headteacher	13/10/22
09/10/23	Hannah Grasby	Headteacher	12/10/23

Supporting Children with Medical Conditions Policy

Our core value is the belief that we are here for each and every child. We believe that fairness is giving every child what they need to be **happy** children, **confident** individuals, **responsible** citizens and **successful** learners.

In delivering our core value, we demonstrate a commitment to excellence and continuous growth through developing leadership in every role, trust and transparency.

At Olive Hill we deliver a broad and balanced curriculum that incorporates:

- Character development;
- Academic achievement;
- Oracy.

We are rigorous, robust and relentless in our pursuit of excellence through having the highest expectations of the children and ourselves. We act with integrity and compassion at all times. It is the strength of our relationships that allow us to deliver a high-quality education to all.

We believe in learning without limits.

Aims

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

We aim to work in partnership with the child, parents, and healthcare professionals to provide effective support for the child's medical condition and to ensure that the child feels safe and that parents feel confident in our ability to carry this out.

This policy aims to ensure that:

- o Children, staff and parents understand how our school will support children with medical conditions.
- o Children with medical conditions are properly supported to allow them to access the same education as other children, including school trips and sporting activities.

The named person with responsibility for implementing this policy is the headteacher.

Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school.

Principles

Children with medical conditions are entitled to a full education and have the same rights of admission to school as other children. However, in line with safeguarding duties school should ensure that pupils' health is not put at unnecessary risk from, for example infectious disease; in this situation school does 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.

Most children will at some time have a short-term medical condition, perhaps entailing finishing a course of medicine such as antibiotics. This policy details how such medicines should be administered.

Some children however have complex and /or long-term medical conditions and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis. In the event of complex and/or long-term medical conditions an individual healthcare plan will be required, and training will be provided for the relevant members of staff.

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack. In these circumstances relevant staff will have received appropriate training to carry this out.

Most children with medical conditions can attend school or a setting regularly and take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk. Relevant staff will receive appropriate training to support them in this role.

An individual health care plan can help staff identify the necessary safety measures to support children with medical conditions and ensure that they and others are not put at risk. Individual healthcare plans will be developed with the support of the child, the parents and healthcare professionals where appropriate.

Roles and responsibilities

The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- 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
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support children 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

Staff

Supporting children with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to children with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support children with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of children with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may 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

Children

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

School nurses and other healthcare professionals

Our school nursing service will notify the school when a child 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 may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and pediatricians, will liaise with the school's nurses and notify them of any children identified as having a medical condition. They may also provide advice on developing IHPs.

Equal opportunities

Our school is clear about the need to actively support children with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these children to participate fully and safely on school trips, visits and sporting activities.

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, children, their parents and any relevant healthcare professionals will be consulted.

Support for children with medical conditions

Parents have the prime responsibility for their child's health and should provide schools and settings with information about their child's medical condition, including any details on medicines their child needs.

Parents, and the child if appropriate, should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. The school doctor or nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information for staff.

There is no legal duty that requires school or setting staff to administer medicines. At Olive Hill we have several trained first aiders who have agreed to supervise the administration of prescribed medicines or administer prescribed medicines where appropriate. School will ensure that we have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties.

Staff managing the administration of medicines and those who administer medicines should receive appropriate training and support from health professionals. There must be an assessment of the risks to the health and safety of staff and others and measures put in place to manage any identified risks.

Some children and young people with medical conditions have complex health needs that require more support than regular medicine. It is important to seek medical advice about each child's individual needs.

If a child is absent from school for a sustained period due to a medical condition, then school will provide work in order that the child may continue their education. This will be in consultation with parents and healthcare professionals where appropriate.

Following a sustained period of absence due to a medical condition school will work with the child, parents and healthcare professionals to ensure that the child is fully supported back into school; where necessary a reintegration plan will be drawn up and agreed.

Where medical appointments are taken in school time and relate to a child's medical condition school will endeavour to limit the impact this has on the child's educational attainment and emotional and general well-being in consultation with the child, parents and healthcare professionals.

Children's medical needs will be recognised on an individual basis, support will be focused on the needs of the individual and how their medical condition impacts on their school life.

Short-term medical conditions

Many children will need to take medicines during the day at some time during their time in a school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school where it would be detrimental to a child's health and/or attendance if it were not administered during the school day.

Complex/long-term medical conditions

It is important to have sufficient information about the medical condition of any child with a complex/long-term medical condition. If a child's medical condition is inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect;

perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

School needs to know about any particular conditions before a child is admitted, or when a child first develops a medical condition. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the child, parents and health care professionals where appropriate.

Procedure to be followed when notification is received that a child has a medical condition:

Following the notification that a child has a medical condition (this will usually come from the parents, but can come from healthcare professionals) relevant staff should be informed, including:

- The headteacher
- The person who is responsible for medical conditions and the implementation of this policy
- The class teacher and other relevant staff
- It may also be appropriate to contact healthcare professionals, including the school nurse.

Where deemed necessary by the headteacher or person responsible for medical conditions a meeting may be called to put arrangements in place to best support the child. Parents will be invited to attend the meeting along with healthcare professionals where appropriate, where possible the child should also be involved.

Arrangements should be made for any staff training or support.

Following a new diagnosis or children moving to the school every effort will be made to ensure that arrangements are put in place within two weeks.

Transition meetings should take place as the child moves through the school, if the child's needs change, if there is a change of class teacher or if the child is reintegrated after a period of absence due to the medical condition.

School does not have to wait for a formal diagnosis before providing support to children. In cases where the medical condition is unclear, or where there is a difference of opinion, judgements will be made about what support to provide based on the evidence.

Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for children with medical conditions. This has been delegated to the learning mentor.

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

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

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 there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the child's specific needs. The child will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a child has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher / role of the individual with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, 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 condition, dietary requirements and environmental issues, e.g., crowded corridors, travel time between lessons
- Specific support for the child's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a child 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 child's condition 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, e.g., risk assessments
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- What to do in an emergency, including who to contact, and contingency arrangements

Managing and administering medicines

Prescription, and in certain circumstances non-prescription medicines, will 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

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a child any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

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

Frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

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. Children will be informed about where their medicines are at all times and be able to access them immediately. With the exception of asthma inhalers, children must not carry medicines about their person. Medicines must be handed to the school office for safe storage. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away.

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

Staff should never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents and where the head has agreed to administer a non-prescribed medicine.

If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.

Any member of staff giving medicines to a child should check:

- *the child's name*
- *prescribed dose*
- *expiry date*
- *written instructions provided by the prescriber on the label or container.*

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school.

Early years settings **must** keep written records each time medicines are given. School should also arrange for staff to complete and sign a record each time they give medicine to a child. Good records help demonstrate that staff have exercised a duty of care. In some circumstances such as the administration of rectal diazepam, it is good practice to have the dosage and administration witnessed by a second adult.

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.

Controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Dealing with medicines safely

Safety management

All medicines may be harmful to anyone for whom they are not appropriate. Where school agrees to administer any medicines, the school **must** ensure that the risks to the health of others are properly controlled.

Storing medicines

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed or is essential for an individual child with consent from a parent. Medicines should be stored strictly in accordance with product instructions (paying note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions, or as sold in the case of non-prescribed medicines. Where a child needs two or more medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.

Children should know where their own medicines are stored and who holds the key in the case of controlled drugs. The headteacher is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. School allows children to carry their own inhalers. Other non-emergency medicines should generally be kept in a secure place not accessible to children; appropriate storage is provided in the main school office.

A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines.

Access to medicines

Children need to have immediate access to their medicines when required. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed or consented.

Disposal of medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

Updating medicines

Medication will be sent home for date checking at the end of the summer term. Parents are responsible for ensuring that medications are in date.

The child's role in managing their own medical condition

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and schools should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop, they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when deciding about transferring responsibility to a child. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition. This should be reflected in their individual healthcare plans where appropriate.

If children can take their medicines themselves, staff may only need to supervise. The decision about whether an individual child can carry their own medicines will be decided based on that individual's need and the risk to others. In most cases the medicine will be stored in the medical room during the school day.

Where children have been prescribed controlled drugs, staff need to be aware that these should be kept in safe custody. However, children could access them for self-medication if it is agreed that it is appropriate.

Refusing medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

Record keeping

Parents should provide the school with a written record of the medicines that their child needs to take and provide details of any changes to the prescription, or the support required. However, staff should make sure that this information is the same as that provided by the prescriber.

- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:
 - name of child
 - name of medicine
 - dose
 - method of administration
 - time/frequency of administration
 - any side effects
 - expiry date

Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

The 'Parental Agreement for School to Administer Medicine' will be used to confirm, with the parents, that a member of staff will administer medicine to their child.

EYFS **must** keep written records of all medicines administered to children, and make sure that parents sign the record book to acknowledge the entry.

School will keep records of medicines given to pupils, and the staff involved. Records offer protection to staff and proof that they have followed agreed procedures. School will use the 'Record of Medicines Administered to Children'.

Educational visits

It is good practice for school to encourage children with medical needs to participate in safely managed visits. School should consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed 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 staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP.

Sporting activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should 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 individual health care plan. 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 supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Hygiene and infection control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Emergency procedures

- If a child is taken ill, they should be referred to the HT/DHT/AHT/phase leader/office staff or learning mentor for permission to contact the parents to collect the child - this will be after consultation with the class teacher.
- Should it be necessary a member of staff will call for an ambulance.
- A child taken to hospital by ambulance should be accompanied by a member of staff who should remain until the child's parent arrives.
- In an emergency, children can be taken to hospital by car. The member of staff should be accompanied by another adult and have public liability vehicle insurance.

First aiders

Relevant members of staff are provided with regular training to obtain qualification and keep relevant certificates up to date.

First aid boxes

The first aid boxes are regularly checked and restocked. They are situated in the main office. Classrooms have a small selection of first aid equipment, including gloves and plasters. Plasters should only be used where they are deemed absolutely necessary.

First aid/incident logs

All accidents are recorded in the first aid/incident logs which are kept in each classroom and in the main office. Information should be recorded under the following headings; date, time, name, class, injury, how sustained, action taken and signed by the adult attending to the child.

- Children who sustain a bump to the head will be given a head bump letter to take home.
- An accident which results in either a child or an adult receiving medical attention and/or a significant injury must also be recorded on a specific form, completed and sent to the Health and Safety department at the LA.
- A member of staff will contact the parent of a child who has sustained an injury or felt unwell during or at the end of the school day to explain the circumstances.

Common conditions

The medical conditions in children that most commonly cause concern in school are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis).

- Asthma - school will follow the advice and support detailed in the 'Dudley Schools Asthma Policy'.
- Diabetes, epilepsy and severe allergic reaction - for children who are diagnosed with common medical conditions (with the exception of asthma) and other medical conditions a healthcare plan will be drawn up with school, parents and health professionals.
- If a parent/carer reports that their child is ill and has had or suspects an infectious disease, then reference should be made to the Health Protection Agency Guidance on Infection Control in Schools and Other Child Care Settings. This details procedures that should be followed by the school in such circumstances.

Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the child's IHP, but it is generally not acceptable 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
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the child becomes ill, send them to the school office 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 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 children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g., by requiring parents to accompany their child
- Administer, or ask children to administer, medicine in school toilets

Training

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 children with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher and/or learning mentor. 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 the children
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

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

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Liability and indemnity

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

Links to other policies

This policy links to the following policies:

- Accessibility plan
- Attendance
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs

Complaints

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

Policy implementation and monitoring

The persons responsible for the implementation of this policy, other than the headteacher, is the learning mentor and members of the senior leadership team. It is these persons responsibility to ensure that all relevant staff are made aware of a child's medical condition and that cover arrangements are in place in case of staff absence or staff turnover.

It is the class teacher's responsibility to ensure that supply teachers are briefed about a child's medical condition; in the absence of the class teacher, it is the responsibility of the phase leader or teachers within the year group.

Individual risk assessments for school visits, holidays and other school activities outside of the normal timetable are the responsibility of the class teacher, supported by the phase leader.

Individual healthcare plans will be monitored by Hannah Grasby and Lynn Bird.

This policy will be reviewed annually.

