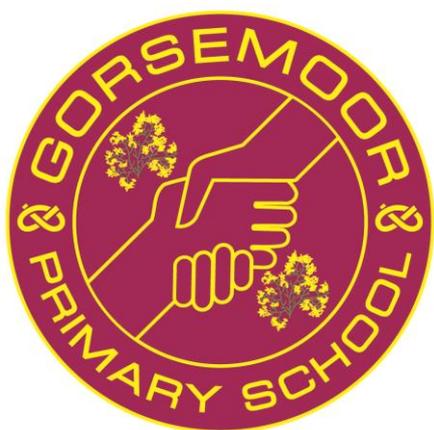


Supporting Pupils at School with Medical Conditions



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Approved by the Full Governing Body
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Audience: Staff/Governors/Public
Frequency of Review: Annually
Postholder responsible for Review: SENCo

Recommended associated documents include:

Safeguarding Policy
Attendance Policy



Introduction

1. On 1 September 2014 a new duty will come into force for governing bodies to make arrangements to support pupils at school with medical conditions. The aim of this policy is to ensure that all children at Gorsemoor Primary School with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
2. Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others 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 to Gorsemoor Primary School that parents feel confident that Gorsemoor Primary School will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support that we provide we will establish relationships with relevant local health services to help us. We understand that it is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.
3. In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. 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. Gorsemoor Primary School recognises that reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. We understand that short term and frequent absences, including those for appointments connected with a pupil's medical condition, (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.
4. Some children with medical conditions may be disabled. The governing body of Gorsemoor Primary School recognises that it must comply with their duties under the Equality Act 2010. Some children may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN code of practice.

The role of the governing body

5. The governing body remains legally responsible and accountable for fulfilling their statutory duty. The governing body has delegated the operational fulfilment of these duties to the headteacher.

6. The governing body of Gorsemoor Primary School recognises that it must ensure that arrangements are in place to support pupils with medical conditions. We recognise the need to ensure that such children can access and enjoy the same opportunities at school as any other child. School name recognises that schools, local authorities, health professionals and other support services should work together to ensure that children with medical conditions 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 absence.

7. In making their arrangements, the governing body of Gorsemoor Primary School takes into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The governing body of Gorsemoor Primary School understands its responsibility to ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

8. The governing body of Gorsemoor Primary School seeks to ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

9. Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, Gorsemoor Primary School governing body will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. Gorsemoor Primary School therefore 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.

10. Gorsemoor Primary School recognises that the governing body must ensure that the arrangements put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. We understand that this aligns with our wider safeguarding duties.

Developing the school's policy

11. The governing body of Gorsemoor Primary School seeks to ensure that the school develops a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff. In developing our policy, we recognise that schools may wish to seek advice from any relevant healthcare professionals.

Policy implementation

12. The governing body of Gorsemoor Primary School oversees the effective implementation of this policy by ensuring that:

- the Headteacher has overall responsibility for the implementation of this policy and is responsible for ensuring that sufficient staff are suitably trained,
- all relevant staff will be made aware of the child's condition,
- the school will make cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- supply teachers are appropriately briefed,
- the school carries out risk assessments for school visits, holidays, and other school activities outside of the normal timetable mindful of pupils with medical conditions, and
- monitoring of individual healthcare plans takes place as need and routinely on an annual basis.
- the school uses the templates recommended by the Department for Education in their document *Templates: Supporting Pupils with Medical Conditions* for management and record keeping:
 - Individual Health Care Plan
 - Parental Agreement for School to Administer Medicine
 - Record of Medicine Administered to an Individual Child
 - Record of Medicine Administered to All Children
 - Staff Training Record – Administration of Medicines
 - Contacting Emergency Services
 - Model Letter Inviting Parents to Contribute to Individual Healthcare Plan Development

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

13. Gorsemoor Primary School has procedures in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change, and arrangements for any staff training or support. See Annex A. For children starting at a new school, we aim to have arrangements 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, we make every effort to ensure that arrangements are put in place within two weeks.

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

Individual healthcare plans

15. Gorsemoor Primary School recognises that individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the head teacher 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. A template for individual healthcare plans provided by the Department for Education (May 2014) is used for this purpose.

16. The format of individual healthcare plans may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but 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 condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

17. Individual healthcare plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. 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. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition 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 school name.

18. Plans should be 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 the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the 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.

19. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), Gorsemoor 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.

20. When deciding what information should be recorded on individual healthcare plans, Gorsemoor Primary School in partnership with parents, and relevant healthcare professionals will consider the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;
- specific support for the pupil'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, (some children will be able to take responsibility for their own health needs), including in 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 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 pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the 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 condition; 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.

Roles and responsibilities

21. Supporting a child with a medical condition 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 cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and pupils will be critical. Gorsemoor Primary School will therefore identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.
22. Roles and responsibilities are listed below:
 - Governing bodies - must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
 - Headteachers – should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers 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. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child 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.
 - School staff - any member of school staff may be asked to provide support to pupils with medical conditions, 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 pupils with medical conditions 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 conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

- 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 condition 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 conditions, 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 condition. See also paragraphs 23 to 31 below about training for school staff.
- Other healthcare professionals, including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes).
- Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.
- Parents – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- Local authorities – are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.

Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

- Providers of health services - should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.
- Clinical commissioning groups (CCGs) – commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.
- Ofsted - their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

Staff training and support

23. Gorsemoor Primary School will ensure that any member of school staff providing support to a pupil with medical needs should have received suitable training. This will have been 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 condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

24. 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. Schools may choose to arrange training themselves and should ensure this remains up-to-date.

25. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
26. Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
27. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
28. Gorsemoor Primary School has arrangements for 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. Induction arrangements for new staff are included.
29. The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.
30. Gorsemoor Primary School recognises that 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. They should provide specific advice, but should not be the sole trainer.
31. Gorsemoor Primary School provides details of continuing professional development provision opportunities and discusses such needs with staff as needed and as part of appraisal.

The child's role in managing their own medical needs

32. Gorsemoor Primary School believes that after discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.
33. 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 will help to administer medicines and manage procedures for them.
34. 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 will be informed so that alternative options can be considered.

Managing medicines on school premises

35. Gorsemoor Primary School has adopted the following procedures to be followed for managing medicines:

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality
- 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
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- all medicines should be stored safely. 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
- a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school
- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

Record keeping

36. Gorsemoor Primary School requires staff to ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school. The Department for Education provided a set of templates (May2014) for use in record keeping, these are stored in the school office:

	Template	Notes
A	Individual Healthcare Plan	To be used as the basis of the creation of an individual healthcare plan. Partners should be mindful of paragraphs 15-20. Copies of the Individual Healthcare Plan should be made available to relevant partners, as a minimum one copy should be available in school and will be stored in the school office and parents should also have a copy. A further copy is kept in the Green health care plan folder in each classroom. (See attached copy) Children with inhalers have a school Asthma card completed by parents kept in a container with their inhaler. (see attached copy)
B	Parental Agreement for Setting to Administer Medicine	Guidance and advice is included in paragraph 35. This form should be stored in the file in the staffroom. (see attached copy)
C	Record of Medicine Administered to an Individual Child	Gorsemoor Primary School may use this template in specific situations. (See attached copy)
D	Record of Medicine Administered to All Children	Guidance is included in paragraph 35. This form is stored with the medicine and should be completed after each administration of medicine. This form is used for those children requiring a short course of medicine. Those with an Individual Healthcare Plan may have their own record keeping documentation which should be used, e.g. diabetic records, or if agreed in their Healthcare Plan, records can be kept using template C.
E	Staff Training Record	Paragraphs 23 to 31 describes how staff training is managed. The School Business Manager keeps a log of the training that each member of staff receives.
F	Contacting Emergency Services	This information is available in the school office and displayed by the telephone in the staffroom.

G	Model Letter inviting Parents to contribute to individual Healthcare Plan Development	This can be used as the basis for involving parents, however Gorsemoor Primary School recognises that each family needs an individual approach based on the development of trust. Healthcare plans are sent home to parents to be checked and updated at the beginning of each academic year.
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Emergency procedures

37. As part of general risk management processes, Gorsemoor Primary School has arrangements in place for dealing with emergencies and critical incidents. These take into account the support of pupils with medical conditions.

38. The individual healthcare plan should clearly define what constitutes a medical emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

39. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. The local emergency services cover arrangements and contact information is included in Annex B and is displayed on the Health and Safety notice board in the School Office.

Day trips, residential visits and sporting activities

40. Gorsemoor Primary School seeks to ensure that arrangements are clear and unambiguous about actively supporting pupils with medical conditions to participate in school trips and visits, or in sporting activities, and does not prevent them from doing so. Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Gorsemoor Primary School will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

41. Gorsemoor Primary School will consider what reasonable adjustments we can make to enable children with medical needs to participate fully and safely on visits. This will form part of the risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

42. Asthma inhalers – once regulations are changed, schools will be able to hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health is producing a protocol which will provide further information. Gorsemoor Primary School will review the Department of Health protocol and will consider this possibility if it is appropriate.

Unacceptable practice

43. 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 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 school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Liability and indemnity

44. Gorsemoor Primary School endeavours to ensure that the appropriate level of insurance is in place and that it appropriately reflects the level of risk. Indemnity for supporting children with medical conditions is part of the overall insurance provision purchased by the school.

45. The insurance policy provides liability cover relating to the administration of medication. When creating an Individual Healthcare Plan it may be appropriate to clarify the level and ambit of cover required directly from the insurers. For example if there are any requirements of the insurance such as the need for staff to be trained.

Complaints

47. 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. 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. In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement, or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Annex A: Model process for developing individual healthcare plans

