



humanities



LANGUAGE
COLLEGES

Chailey School has adopted ESCC Supporting Students with Medical Conditions Policy

Date of Governing Body's Approval: 12th Decemer 2018

Chair of Governors:

Headteacher:

Date Due For Review: December 2020

Document summary

Chailey School has adopted the ESCC model policy

This policy has been produced to help schools develop an effective management system to support students/young people with medical conditions, in accordance with the DfE's 'Supporting students at school with medical conditions' statutory guidance.

When using this policy refer to the referenced supporting documents and templates available on the Supporting children with medical conditions Czone page.

Contents

1.	Introduction	1
2.	Definitions of medical conditions.....	1
3.	The role of the governing body	1
4.	Policy implementation	3
5.	Procedure to be followed when notification is received that a student has a medical condition	3
6.	Individual healthcare plans	4
7.	Roles and responsibilities	5
8.	Staff training and support.....	6
9.	The child's role in managing their own medical needs.....	7
10.	Managing medicines on school premises and record keeping.....	7
11.	Emergency procedures.....	9
12.	Offsite visits and sporting activities	9
13.	Work experience	9
14.	Hygiene/Infection Control.....	9
15.	Equipment.....	9
16.	Unacceptable practice	10
17.	Liability and indemnity.....	10
18.	Complaints.....	11

Appendix A - Model process

Appendix B - Individual Care Plan

Appendix C - Risk Awareness for Care Plan

Glossery of Terms

1.	DfE	Department for Education
2.	SEN	Special Educational Needs
3.	SEND	Special Educational Needs and Disability
4.	EHC	Education, Health and Care
5.	SLT	Senior Leadership Team
6.	FLESS	Flexible Learning Educational Support Service
7.	WEX	Work Experience

Chailey School

Supporting students with medical conditions policy

1. Introduction

1.1 This policy is written in line with the requirements of:

- Children and Families Act 2014 - section 100
- Supporting students at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, Department for Education (DfE), December 2015
- 0-25 SEND Code of Practice, DfE January 2015
- Mental Health and behaviour in schools: departmental advice for school staff, DfE March 2015
- Equalities Act 2010
- Schools Admissions Code, DfE December 2014

1.2 This policy should be read in conjunction with the following school policies SEN Policy, Safeguarding Policy, Off-site visits policy, Complaints Procedure etc.

1.3 This policy was developed with staff, parents, governors and will include representatives from healthcare professionals as necessary. The policy will be reviewed annually.

2. Definitions of medical conditions

2.1 Students' medical needs may be broadly summarised as being of two types:

Short-term affecting their participation at school because they are on a course of medication.

Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that student's feel safe.

2.2 Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some 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 policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice which explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs. For students who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this policy in respect to those children.

3. The role of the governing body

3.1 The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting students at school with medical conditions. The governing body of Chailey School fulfil this by:

- Ensuring arrangements are in place to support students with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and students confidence in the school's ability to provide effective support for medical conditions, 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. We will ensure that staff are properly trained to provide the support that students need;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing a policy for supporting students with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that the policy includes details on how it will be implemented effectively, including a named person who has overall responsibility for policy implementation
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a student has a medical condition (see section below on procedure to be followed when notification is received that a student has a medical condition);
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting students at school with medical conditions and that they are reviewed at least annually or earlier if evidence is presented that the student's needs have changed (see section below on individual healthcare plans);
- Ensuring that the policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting students at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);
- Ensuring that the policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- Ensuring that the arrangements are clear and unambiguous about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the correct level of insurance is in place and appropriate to the level of risk (see section on liability and indemnity);

- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support of students with medical conditions (see section on complaints).

4. Policy implementation

4.1 The statutory duty for making arrangements for supporting students at school with medical conditions rests with the governing body. The governing body have delegated the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

4.2 The overall responsibility for the implementation of this policy is given to the Headteacher. They will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

4.3 The principle first aider and Educational visit's co-ordinator will be responsible for briefing supply teachers, preparing risk assessments for offsite visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

4.4 The principle first aider will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each student and making sure relevant staff are aware of these plans.

4.5 All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

5. Procedure to be followed when notification is received that a student has a medical condition

5.1 This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when students' needs change. For children being admitted to Chailey School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to Chailey School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

5.2 In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and students can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

5.3 We will ensure that staff are properly trained and supervised to support students' medical conditions and will be clear and unambiguous about the need to actively support students with medical conditions to participate in offsite visits, or in sporting activities, and not prevent them doing so. We will make arrangements for the inclusion of students in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or

prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all students' health is not put at unnecessary risk from, for example, infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

5.4 Chailey School does not have to wait for a formal diagnosis before providing support to students. In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place, these discussions will be led by the Deputy headteacher and then an individual healthcare plan will be written in conjunction with the parent/carers and the principle first aider and put in place.

6. Individual healthcare plans

6.1 Individual healthcare plans will help to ensure that we effectively support students with medical conditions. They will 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. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all students will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher is best placed to take a final view.

6.2 Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the student effectively. The level of detail within the plan will depend on the complexity of the student's condition and the degree of support needed. This is important because different students with the same health condition may require very different support. Where a student has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

6.3 Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the student. Students should also be involved whenever appropriate. The aim should be to capture the steps which Chailey School should take to help 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 the school.

6.4 We will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the student's needs have changed. They will be developed and reviewed with the student's best interests in mind and will ensure that we assess and manage the risks to the student's education, health and social wellbeing, and minimises disruption. Where a student is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the student will need to reintegrate effectively.

6.5 Where home to school transport is being provided by East Sussex County Council, we will support the development of any risk assessments and, if required, share the individual healthcare plan with the local authority and driver/escort. Where students have a life threatening condition or

a medical need that requires an emergency response, individual healthcare plans should be carried on the vehicle detailing the procedure to be followed in the event of an emergency.

6.6 Individual healthcare plans will suit the specific needs of each student, but will all include the following information:

- The medical condition, its triggers, signs, symptoms and treatments;
- The student'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 student'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 students will be able to take responsibility for their own health needs) including in emergencies. If a student 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 student'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 student's condition and the support required;
- Arrangements for written permission from parents/carers for medication to be administered by a member of staff, or self-administered by the student during school hours;
- Separate arrangements or procedures required for offsite visits or other school activities outside of the normal school timetable that will ensure the student can participate e.g., risk assessment;
- Where confidentiality issues are raised by the parent/student, the designated individual is to be entrusted with information about the student's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some students may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

7. Roles and responsibilities

7.1 Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at Chailey School

7.2 In addition we can refer to the **School Nursing Team** for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to students with medical conditions.

7.3 Other **healthcare professionals, including GPs and paediatricians** should notify the School Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy).

7.4 **Students** 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.

7.5 **Parents/carers** 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, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

7.6 East Sussex County Council will work with us to support students with medical conditions to attend full time. Where students 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. FLESS (Flexible Learning Educational Support Service) is an East Sussex service which supports schools in the education of children and will provide teaching in a range of settings if a young person is unable to attend school for 15 days or more because of health needs (whether consecutive or cumulative across the year).

7.7 **Providers of health services** should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

7.8 The **Ofsted** common inspection framework came into effect on 1st September 2015, aimed at promoting greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of students, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of students with special educational needs and disabilities, and also by students' spiritual, moral, social and cultural development. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

8. Staff training and support

8.1 Whole school awareness training will be arranged, during briefing twice a year, so that staff are aware of the school's policy for supporting students with medical conditions and their role in implementing that policy.

The following staff have received training for administering medicines:

Attendance Officer Emma Streeter
Principle First Aider - Lesley Rickman
School Administraor – Harriet Murray

The following staff have received specific/specialist training:

Principle First Aider – Lesley Rickman, all staff undertaking First Aid training

8.2 We will record staff training for administration of medicines and /or clinical procedures

8.3 All staff who are required to provide support to students for medical conditions will be trained by healthcare professionals qualified to do so. The training need will be identified by the

healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training ourselves and will ensure that it remains up-to-date.

8.4 Training should be sufficient to ensure that staff are competent and have confidence in their ability to support students with medical conditions, and to fulfil the requirements set out in the 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.

8.5 For the protection of both staff and student a second member of staff will be present while more intimate procedures are being followed.

8.6 Staff must not give prescription medicines or undertake healthcare 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. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.

8.7 All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting students with medical conditions and their role in implementing the policy. The Headteacher, will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

8.8 The family of a student will often be essential 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.

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

9.1 If, after discussion with the parent/carer, it is agreed that the student is competent to manage their own medication and procedures, they will be encouraged to do so. This will be reflected in the individual healthcare plan.

9.2 Wherever possible students will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in the Medical room to ensure that the safeguarding of other students is not compromised. Chailey School also recognises that students who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

9.3 If a student 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.

10. Managing medicines on school premises and record keeping

10.1 At Chailey School the following procedures are to be followed:

1. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
2. No child under 16 should be given prescription or non-prescription medicines without their parents written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be

made to encourage the child or young person to involve their parents while respecting their right to confidentiality

3. With parental written consent we will administer non-prescription medicines with the exception of aspirin or aspirin containing medicines, unless it is prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. Parents should be informed.

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

5. We will only accept prescribed medicines, with written permission from parent/carer 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 be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container

6. Medicine must be handed to the main office as soon as the student arrives at school

7. All medicines will be stored safely in the Medical room. All non-emergency medication will be kept in a locked cupboard used only for that purpose. Some medicines need to be refrigerated. These may only be kept in a refrigerator containing food if they are in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines.

8. Students will know where their medicines are at all times and be able to access them immediately. The key to the locked cabinets and fridge will be held in the main office.

9. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be readily available in the main office. Asthma inhalers should be marked with the child's name. Note we do not keep any spare inhalers unless supplied by parents and with the name of the student on it.

10. A student who had been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another student for use is an offence. Monitoring arrangements may be necessary. Otherwise we will keep all controlled drugs that have been prescribed for a student securely stored in a non-portable container and only named staff will have access. The name of the person(s) responsible for the cabinet or administering medication should be stated on the cabinet. Controlled drugs should be easily accessible in an emergency. In cases of emergency the key will be readily available to all members of staff to ensure access. A record will be kept of any doses used and the amount of the controlled drug held in the school

11. Staff administering medicines should do so in accordance with the prescriber's instructions. Chailey School will keep a record of all medicines administered to individual students 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. Written records are kept of all medicines administered to students. These records offer protection to staff and students and provide evidence that agreed procedures have been followed

12. Only one member of staff **at any one time** should administer medicines (to avoid the risk of double dosing). Arrangements should be made to relieve this member of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers medicines a system will be arranged to avoid the risk of double dosing, e.g. a rota, routine consultation of the individual student's medicine record before any dose is given, etc.

13. When no longer required, medicines should be returned to the parent/carer to arrange safe disposal

14. Sharps boxes should always be used for the disposal of needles and other sharps.

15. The Governing Body are considering whether to hold asthma inhalers on site for emergency use.

11. Emergency procedures

11.1 The Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process

11.2 Where a student has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

11.3 If a student needs to be taken to hospital, staff will stay with them until the parent arrives, or accompany a child taken to hospital by ambulance. The school is aware of the local emergency services cover arrangements and the correct information will be provided for navigation systems.

12. Offsite visits and sporting activities

12.1 We will actively support students with medical conditions to participate in offsite visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

12.2 We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that students with medical conditions can be included safely. The individual healthcare plan will be updated with specific information required for the visit/activity and a copy will be taken on the visit. All staff supervising offsite visits will be made aware of any medical needs and relevant emergency procedures. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by our Offsite Visits Policy.

12.3. Staff with the role of administering medicines must have relevant and current training to do so. A first aid qualification does not cover the skills and knowledge required for the administration of medicines.

13. Work experience

13.1 The school will assess the suitability of work experience (WEX) placements, with support from the WEX Team. The risk assessment will include the activities being undertaken, travel to and from the placement, supervision during non-teaching time or breaks and lunch hours. This will not conflict with the responsibility of the employer to undertake a risk assessment to identify the significant risks and necessary control measures when students below the minimum school leaving age are on site.

14. Hygiene/Infection Control

14.1 All staff will be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff will have access to protective disposable vinyl gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Further information is contained in the First Aid Policy and the Guidance for Schools on First Aid.

15. Equipment

15.1 Some students will require specialist equipment to support them whilst attending school. Staff will check the equipment, in line with any training given, and report concerns to the Principle first aider

15.2 The maintenance contract/safety checks for all equipment and the procedure to be followed in the event of equipment failure will be detailed within the individual healthcare plan.

15.3 Staff will be made aware of the use, storage and maintenance of any equipment.

15.4 We have a defibrillator, situated in the main corridor adjacent to the Medical room

16. Unacceptable practice

16.1 Although staff at Chailey School should use their discretion and judge each case on its merits with reference to the student's individual healthcare plan, it is not generally acceptable practice to:

- Prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every student with the same condition requires the same treatment;
- Ignore the views of the student or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);
- Send students 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;
- Send a student who becomes ill to the school office or medical room unaccompanied, or with someone unsuitable;
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent students from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Require parents\carers, 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 students from participating, or creating unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

17. Liability and indemnity

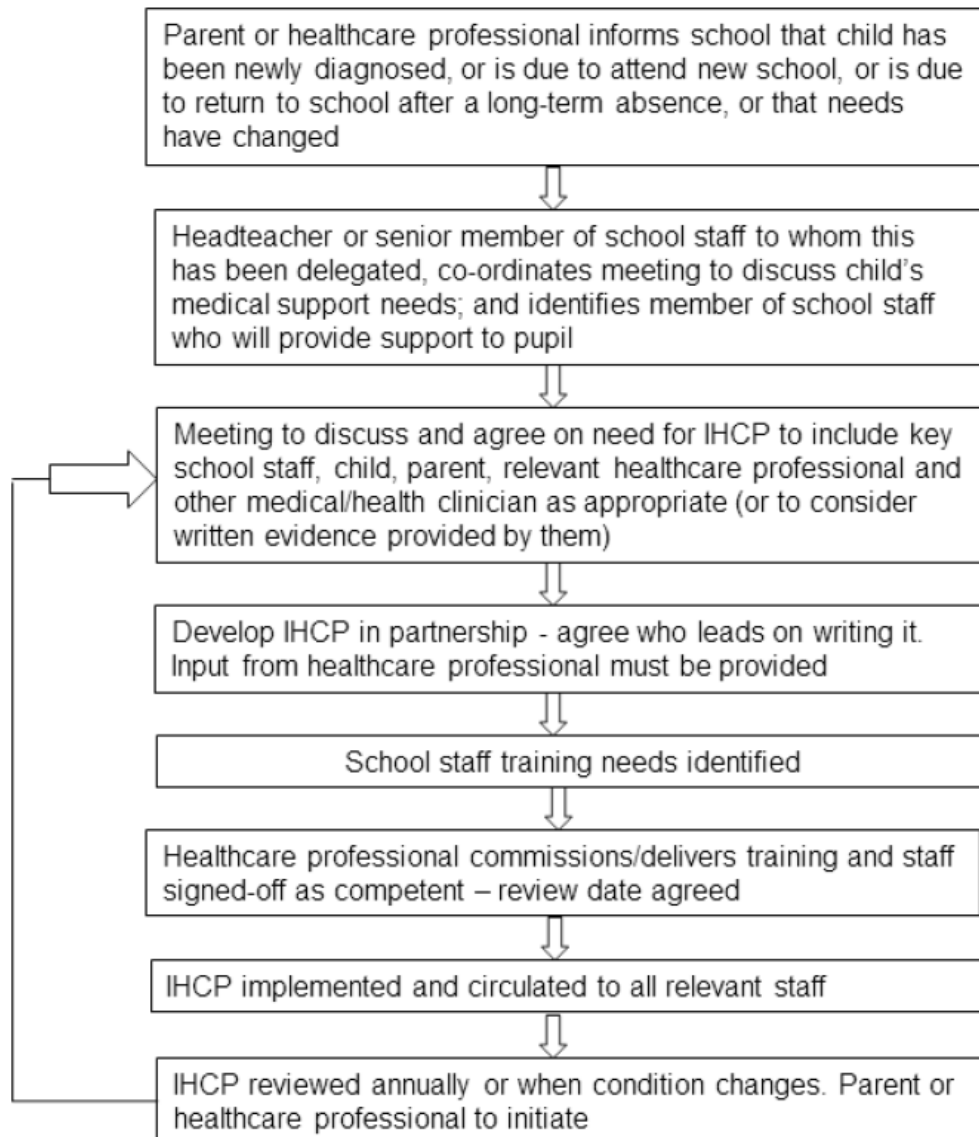
Individual cover may need to be arranged for any healthcare procedures, in particular those which would be considered invasive or normally undertaken by a medical professional. If in any doubt please contact the Insurance and Risk Management Team who will check with external insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear in the Health Care Plan 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 rather than the employee.

17.1 Staff who assist with administering medication to a child in accordance with the procedures detailed within this policy are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that these procedures are followed as described here. The indemnity though will not be given in cases of fraud, dishonesty, or criminal offence. In the most unlikely event of any civil action for damages being taken against you, the County Council will accept responsibility in accordance with the indemnity. Any member of staff will be fully supported throughout the process should an allegation be made.

18. Complaints

18.1 Should parents/carers be dissatisfied with the support provided, they must discuss their concerns directly with the school. This will be with the child's class teacher/form tutor in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the Chailey School Complaints Procedure.

Annex A: Model process for developing individual healthcare plans



CHAILEY SCHOOL

Student Medical Health Care Plan

Name of Student: _____

Tutor Group _____

Date of Birth: _____

Medical Diagnosis or condition	
Clinic / Hospital contact	General Practitioner
Name	Name
Telephone number	Telephone number
Details of symptoms (continue on separate sheet if necessary)	
Details of any medication including dosage and administration	
Daily care requirements	
Description of what constitutes an emergency and any action required if this occurs (continue on separate sheet if necessary)	
Follow up care (if relevant)	
Procedures to be followed when transporting the student (e.g. home to school transport, off-site visits):	

If medication is required whilst my child is in school or on a visit I will complete a medication administration form

1st review: Signed Parent / Carer _____

Date _____

2nd review: Signed Parent / Carer _____

Date _____

3rd review: Signed Parent / Carer _____

Date _____

CHAILEY SCHOOL

Risk Awareness for Individual Health plan

Name of Student: _____

Tutor Group _____

Date of Birth: _____

Medical Diagnosis or condition	
Supporting staff	
Name	Name
Role / job title	Role / job title
Arrangements for cover for supporting staff	
Training requirements for supporting staff	
Healthcare professional recommendations	
Specific support for educational, emotional and social needs (to be completed by SENCO and Student support managers)	
Additional information	

Signed: SENCO _____ Date _____

Signed (other staff) _____ Date _____

1st review completed: Date _____ Signed: _____

2nd review completed: Date _____ Signed: _____