



## SOUTH LAKES ACADEMY

# SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY AND PROCEDURES

Roles	
Head teacher:	Tunde Christie
SENDCo:	Tunde Christie

Approved by	
Name:	Tunde Christie
Position:	Head teacher
Signed:	<i>Tunde Christie</i>
Date:	<b>June 2024</b>
Proposed review date:	<b>June 2025</b>

## REVIEW SHEET

Each entry in the table below summarises the changes to this policy and procedures made since the last review (if any).

Version Number	Version Description	Date of Revision
1	Original	November 2019
2	Minor updates	July 2021
3	No significant policy changes. Major updates throughout to significantly cut content but more clearly express procedures & current good practice expected from staff. Updates to template forms to identify when a medicine is a controlled drug and requires a witness. New text in section 4.8 covering records retention. New references to new Asthma and Anaphylaxis Procedures.	Jan 2022
4	Reviewed as still current requiring no legal or significant policy changes. Minor content updates to reflect the separation of appendices from the main document for ease of use. Significantly updated and removed appendices include the 999 Flowchart/poster (now more useful as a poster including w3w or other options, Forms A-C3 (gender category now sex and option to add pronouns included), Forms D1 & D2 with clearer expectations, Emergency Salbutamol use letter (now 3 slips to one sheet and includes an option to notify parents of a child's self-administration of their own inhaler as recommended by Asthma UK), and the Parent Invite to IHCP meeting (now includes the suggestion that parents add things to an enclosed blank IHCP to bring to the meeting). Login to <a href="http://www.kymallanhsc.co.uk">www.kymallanhsc.co.uk</a> and click on the links on the contents page to download them.	Dec 2022
5	Reviewed. No legal or significant policy changes required. Links updated including to the new KAHub <a href="http://www.kymallanhub.co.uk">www.kymallanhub.co.uk</a> and added 3 advisories where, if using our <b>V3 model Administration of Medicines Procedures</b> , cuts can be made to this policy and the others referred to instead (managing medicines, Salbutamol, and AAls) new since this policy was last reviewed by KAHSC.	June 2024

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- Flowchart: [Developing an Individual Healthcare Plan \(IHCP\)](#)
- Notice: [Summoning Emergency Services](#)
- Form A: [Individual Healthcare Plan \(IHCP\)](#)
- Form B: [Staff Training Record – Supporting Pupils with Medical Conditions](#)
- Form C1: [Parental Consent to Administer a Medicine \(without a medical practitioner’s signature\)](#)
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- Form CD: [Combined Parental Consent to Administer Medicine & Record Administration](#)
- Form D1: [Record of Medicine Administered to an Individual](#)
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- Form E1: [Record of Medicines Administered: All children](#)
- Form E2: [Record Card: All Children: Emergency Salbutamol Inhaler Administration](#)
- Form E3: [Record Card: All Children: Emergency Adrenaline Administration](#)
- Letter: [Parental invitation to contribute to development of their child’s individual healthcare plan](#)
- Letter: [Notification to parents of inhaler use](#)

## 1 Definitions

For the purposes of this document a child, young person, pupil, or student is referred to as a 'child' or a 'pupil' and they are normally under 18 years of age. However, we are registered to educate students up to the age of 24, therefore they will be included under the term 'student'.

Wherever the term 'parent' is used this includes any person with parental authority over the child concerned e.g., carers, legal guardians etc.

Wherever the term 'Head teacher' is used this also refers to any Manager with the equivalent responsibility for children.

Wherever the term 'school' is used this also refers to the day-to-day school and also the afterschool tutoring service.

## 2 Statement of Intent

The proprietor of South Lakes Academy (hereinafter referred to as 'the school') Has a statutory duty (under section 100 of the Children and Families Act 2014), to ensure arrangements are in place to support pupils with medical conditions.

The aim of this Policy and procedures is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education including physical education, school sports, and physical activity (PESSPA), and achieve their academic potential. It is based on the Department for Education (DfE) document [Supporting pupils at school with medical conditions](#) will be reviewed regularly, and made accessible to pupils, parents, staff, and other adults as appropriate.

This school is committed to ensuring parents feel confident that effective support for their child's medical condition will be provided and that their child will feel safe at school.

We recognise that there are also social and emotional implications associated with medical conditions and that pupils can develop emotional disorders, such as self-consciousness, anxiety, and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. This school has a duty to comply with the Act in all such cases.

Some pupils with medical conditions may also have Special Educational Needs and/or Disabilities (SEND) with an Education, Health, and Care (EHC) plan in place bringing together provision to manage all of them. For these pupils, this Policy should be read in conjunction with our SEND Policy and the DfE statutory guidance document '[Special Educational Needs and Disability: Code of Practice 0-25 Years](#)'.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils, and their parents.

## 3 Organisation

### 3.1 The Head Teacher

The Head teacher of this school Tunde Christie has the overall responsibility to ensure this Policy is developed and implemented effectively with partners. They have overall responsibility for the development of IHCPs and will implement arrangements to ensure that:

- this Policy is effectively communicated and implemented with all stakeholders.
- all staff are aware of this Policy and procedures and understand their role.

- enough staff are trained and available to implement this policy, carry out the procedures, and deliver against all individual healthcare plans (IHCPs), including in emergency situations.
- staff are appropriately insured and aware of the insurance arrangements.
- recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported are considered.
- there is a named person (usually the SENDCo) who will liaise with the LA, parents, and other professionals in relation to children with health needs.
- professional medical support is sought where a pupil with a medical condition requires support that has not yet been identified.

### **3.2 School staff**

Every member of school staff:

- may be asked to provide support to pupils with medical conditions, including the administering of medicines, although teaching staff cannot be required to do so.
- should consider the needs of pupils with medical conditions in their lessons or other work when managing risks or when deciding whether or not to volunteer to administer medicines.
- will receive enough training to achieve the required level of competency before taking specific responsibility for supporting pupils with medical conditions.
- will know the signs when a pupil with a medical condition needs help and what to do in response.

### **3.3 Pupils**

Pupils with medical conditions are often best placed to provide information about how they affect them. All pupils should:

- be fully involved in discussions about their medical support needs if they have any.
- contribute to the development of their IHCP, if they need one, and follow it.
- be sensitive to the needs of all pupils with medical conditions.

### **3.4 Parents and carers**

Parents and carers are key partners in the success of this Policy and should:

- notify the school if their child has a medical condition.
- provide enough up-to-date information about their child's medical needs.
- be involved in the development and review of their child's IHCP.
- carry out any agreed actions in the IHCP.
- ensure that they, or another nominated adult, are contactable at all times.

### **3.5 Other healthcare professionals**

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.
- provide advice on developing IHCPs.
- provide or signpost the provision of relevant specific support in the school for children with particular conditions, e.g., asthma, diabetes, anaphylaxis, and epilepsy.

### **3.6 Providers of health services**

Providers of health services will need to cooperate with school, including ensuring good communication, liaising with the school nurse and other healthcare professionals, and participating in outreach training.

### **3.7 Local authorities**

Our Local Authority (LA):

- commission's school nurses for local schools.

- promotes co-operation between relevant partners.
- makes joint commissioning arrangements for education, health, and care provision for pupils with SEND.
- provides support, advice and guidance, and suitable training for school staff, ensuring that IHCPs can be effectively delivered.
- works with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

### 3.8 Ofsted

Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social, and cultural development.

## 4 Arrangements and Procedures

### 4.1 Notification that a pupil has a medical condition

When the school is notified that a pupil has a medical condition that requires support in school, Tunde Christie (Head teacher) will be informed and will initiate the procedure described in the Flowchart: Developing an IHCP.

For a pupil starting at this school in the ordinary September intake, arrangements will be in place before they arrive and will be informed by their previous educational and/or care setting (if any).

For a pupil who joins this school mid-term or is an existing pupil with a new diagnosis, we will work to ensure arrangements are put in place within two weeks.

For pupils leaving this school to attend another educational setting, we will appropriately inform the setting they are moving to of the pupil's needs during the transition process.

School does not have to wait for a formal diagnosis before providing support to a pupil because in some cases their medical condition may be unclear or there may be a difference of opinion. The Head teacher will make judgements based on all available evidence (including medical evidence and consultation with parents or carers).

### 4.2 School attendance and re-integration

After a period of absence through ill health, hospital education or other alternative provision there will be period of re-integration which will vary for each child, but in principle we will:

- have an early warning system to inform the LA when a child becomes at risk of missing education for 15 days in any one school year due to their health needs e.g., our regular attendance reviews informed by our knowledge of pupils' potential vulnerabilities.
- take steps to facilitate a child successfully staying in touch with school while they are absent e.g., email, newsletters, invitations to school events, approved and supervised phone, video chat or other direct contact by classmates or staff.
- plan for consistent provision during and after a period of education outside school and who/what services we have available to support us to do this - for example in what ways can we ensure the absent child can access the curriculum and materials that he or she would have used in school.
- work with the LA to set up an individually tailored reintegration plan for each child that needs one, actively seeking extra support to help fill any gaps arising from the child's absence.
- make any *reasonable* adjustments to provide suitable access for the child as required under equalities legislation.

We will also consider the emotional needs of children who require re-integration and that such re-integration may not always be as a result of an absence but could be as the result of a serious or embarrassing incident at school.

### 4.3 Individual Healthcare Plans (IHCP)

The school, healthcare professionals and parents or carers will agree, based on evidence, whether an IHCP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Head teacher makes the final decision.

The IHCP is a working document that will help school effectively support a pupil with a medical condition. It will provide clarity about what needs to be done, when and by whom and aims to capture the steps which school should take to help the child manage their condition and overcome any potential barriers to get the most from their education. It will focus on the child's best interests and help ensure that this school can assesses and manage identified risks to their education, health and social wellbeing and minimise disruption.

An IHCP will cover:

- the medical condition, its triggers, signs, symptoms, and treatments.
- the pupil's needs, including medicine (dose, side-effects, and storage) and other treatments, time, facilities (privacy, shower, sleep), equipment (glucose testing, AAls etc.), access to food and drink (when used to manage a condition), dietary requirements, and environmental issues (dust, pollen, crowds etc.).
- specific support for the pupil's educational, social, and emotional needs e.g., how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions etc.
- the level of support needed, including in emergencies.
- whether a child can self-manage their medicine and how this can be supported.
- who will provide necessary support, their training needs, expectations of their role, and confirmation of their proficiency to carry it out effectively.
- cover arrangements for when named supporting staff 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 Head teacher for medicines to be administered by a member of staff, or self-administered by the pupil during school hours or activities,
- separate arrangements or procedures required for school trips and activities 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; and
- what to do in an emergency, including who to contact, and contingency arrangements.

If a child has an emergency health care plan prepared by their lead Clinician, it will be used to inform development of their IHCP.

IHCPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

IHCPs are reviewed at least annually, when a child's medical circumstances change, or following an incident, whichever is sooner. When an IHCP update is made, the SENDCo should trigger a review of associated information e.g., school insurance arrangements if it is a new medical procedure, or the asthma register recording parental consent to administer the school's emergency inhaler if consent is newly given or withdrawn.

Where a pupil has an EHCP, the IHCP is linked to it or becomes part of it.

Where a child has SEND but does not have an EHCP, their SEND should be mentioned in their IHCP.

Where a child is returning from a period of hospital education, alternative provision, or home tuition, we work with the LA and education provider to ensure that their IHCP identifies the support the child needs to reintegrate (see section 4).

#### 4.4 Pupils managing their own medical conditions

After discussion with parents, pupils who are competent to manage their own health needs are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHCP.

Where possible pupils will be allowed to carry their own medicines and relevant devices. If not, they will be able to access them quickly and easily.

If a pupil refuses to take a medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the IHCP as well as inform parents. This may trigger a review of the IHCP.

If a pupil with a controlled drug passes it to another person for use, this is a criminal offence and appropriate disciplinary action will also be taken (see the School Behaviour Policy).

#### 4.5 Training

Any member of school staff providing support to a pupil with medical needs will receive suitable training to fulfil their role. A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions except for aspects included through specific 'bolt on' training that the provider is competent to deliver e.g., use of adrenaline auto-injectors (AAI).

Staff will not undertake healthcare procedures or administer medicines without appropriate training.

Staff training needs will be assessed through the development and review of IHCPs, on a termly basis for all school staff, and when staff leave, or a new staff member arrives.

Through training, staff will have the competency and confidence to support pupils with medical conditions and fulfil the requirements of IHCPs. It will help them understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

**Designated staff will undergo 'specific awareness' training** on induction to relevant tasks and regularly to manage a specified condition, administer complex medicines, or carry out medical procedures to be delivered by an appropriately competent healthcare professional.

We will look to ensure it covers:

- responding appropriately to a request for help from another member of our staff.
- administering the medicines or procedures.
- recognising when emergency action is necessary.
- making appropriate records; and
- ensuring parents are informed (see links to letters and the IHCP on the contents page).

If no other record of training is made, we will make one use Form B (see contents page for link).

The family of a child will often be key in providing relevant information about how a child's needs can be met. If families provide specific advice, they will never be relied on as the sole source of advice.

#### 4.6 Supply staff

Supply staff will be:

- provided with access to this policy and procedures.
- informed of all relevant medical conditions of pupils they will have a responsibility for.
- covered under the school's insurance arrangements.

## 4.7 Managing medicines

Medicines are only to be administered at school when we have been instructed to by a relevant medical professional or a parent or carer **and** it would be detrimental to the pupil's health or school attendance not to do so. Such medicines can be prescription or non-prescription **but not herbal.**

Other policy decisions on the administration of medicines which staff must follow include that:

- Pupils under 16 must not be given prescription or non-prescription medicines without their parent's written consent, except when it has been prescribed without parents' knowledge. School will encourage the pupil to involve their parents while respecting their right to confidentiality.
- Pupils under 16 must not be given a medicine containing aspirin unless prescribed by a doctor.
- the [NHS](#) recommends that all children avoid all herbal medicines due to the dangers that the unregulated market poses to buyers, so they will not be administered by school staff without the agreement of a medical professional.
- Pain relief should not be administered without first checking maximum dosages and when the previous dose was taken. Every effort will be made to contact parents prior to administration, where necessary, to check this and to inform them that pain relief **will be** given.
- The repercussions of staff administering an underdose or overdose of a pupil's medicines to them should be identified from the patient information sheets that come with them and be specifically drawn to the attention of staff to include what they should do next if they are worried a mistake has been made.
- School can only accept medicines that are in-date, labelled, in the original container as dispensed by a pharmacist or sold over the counter and which contain instructions for administration, dosage and storage. Pre-loaded medicines like salbutamol cannisters and adrenaline or insulin auto-injectors must still be in date but can be accepted in the dispenser rather than the packaging.
- Parents must be informed any time medicines are administered that is not as agreed in an IHCP.
- All medicines must be stored safely, in their original containers and in accordance with their storage instructions. Medicines can be kept in a refrigerator containing food when in an airtight and clearly labelled container. Access to the fridge holding medicines is restricted and if large quantities will be kept, school will consider purchasing a suitable lockable fridge.
- Pupils should know where their medicines are at all times and are able to access them immediately, whether in school or off-site. Where relevant, pupils are informed of who holds the key to the relevant storage facility.
- When medicines are no longer required, they are returned to parents for safe disposal.
- Records must be kept of all medicines administered to individual pupils.

### **Controlled drugs**

The supply, possession, and administration of some medicines e.g., methylphenidate (Ritalin) are strictly controlled by the Misuse of Drugs Act 1971 and its associated regulations and are referred to as 'controlled drugs'. They will be managed as follows:

- Delivered and collected daily by a parent or carer to or from a named member of staff unless this is unreasonable or managed by agreement through a home-to-school transport provider.
- Stored in a non-portable container which only named staff members have access; however, these drugs will be easily accessible in an emergency.
- Staff can administer a controlled drug to a pupil for whom it has been prescribed and they should do so in accordance with the prescription instructions and in front of a suitable adult witness.
- A record must be kept of the administration of controlled drugs in the same way as other medicines but with the legible signature/initials of the staff administering them and the witness.

## 4.8 Record keeping and retention

School will 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 the pupil experiences are also to be noted.

When a pupil has a course of or on-going medicine(s) they will have an individual record sheet for each medicine completed and signed by a parent when they deliver it (see contents page for link).

When a pupil's medicine is a controlled drug, their individual record sheets will allow for the signature of a second witness to the administration. Details of receipts and returns of the controlled drug will be accurately recorded on the administration record (see contents page for link).

When a pupil is given a medicine as a one-off e.g., pain relief, it will be recorded on a general record sheet along with such medicines administered to other children (see contents page for link).

Records relating to the administration of medicines by school staff are classed as school records as opposed to pupil records. Consent forms should be held in a separate file to the pupil file and can be held together. These consent forms should not be transferred to the next school or setting and is why they should be kept separate from the pupil personal file.

It is generally recommended that records for the administration of medicines signed by school staff should be held for 2 years from the date of the last entry on the sheet.

Individual child records of medicines administered by school staff, like Forms CD, D1, and D2, can be securely destroyed once the child has left the school and should be held in a file separate to the pupil's personal file. Again, these administration records should not be transferred to the next or subsequent school or other educational setting.

## 4.9 Emergency procedures

Medical emergencies will be handled under the school's emergency procedures.

Where an IHCP is in place, it should detail:

- what constitutes an emergency; and
- what to do in an emergency.

Pupils will be involved in age and developmentally appropriate ways in our emergency procedures e.g., fetching help or equipment, and to increase community awareness, build peer-to-peer resilience, promote leadership skills, and reduce stigma or bullying.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents or carers arrive. This may mean that they will need to go to hospital in the ambulance and may need support with arrangements for their own transport back to school or home.

## 4.10 Salbutamol inhalers

Asthma is a long-term condition that affects the airways (the tubes that carry air into and out of the lungs) and usually causes symptoms such as coughing, wheezing, and breathlessness. As many as 1 in every eleven children has asthma. If someone with asthma comes into contact with one of their asthma triggers, it can make their symptoms worse and even bring on an asthma attack making it difficult to breathe.

Now that the Human Medicines (Amendment) (No.2) Regulations 2014 allow (but do not require) schools to keep a salbutamol asthma reliever inhaler for use in an asthma emergency, school has decided that keeping a supply will not currently benefit pupils significantly – however this may change if any of our students were asthmatic.

## 4.11 Allergens

Exposure to an allergen can cause an allergic reaction resulting in life threatening anaphylaxis where the resultant swelling can stop someone from breathing. Allergens can be found in foods like shellfish, eggs, dairy etc., objects like dye in clothing, latex etc., insect stings and bites, or in the air like pollen, dust, mould, animal dander etc.

### 4.11.1 Other food handlers

Other potential food handlers (food technology, classroom baking) will be made aware of information about the [14 Food Allergens | Anaphylaxis UK](#), so they can take it into account when planning any

food-related activities for children with known allergies. Staff are also trained to be alert to signs that a child may have a previously unknown allergy or has developed a new one.

#### **4.12 Adrenaline Auto Injectors (AAI)**

Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy. It usually develops suddenly, gets worse very quickly, and can be very serious if not treated quickly with adrenaline because the resultant swelling can stop someone from breathing.

Now that the Human Medicines (Amendment) Regulations 2017 allow (but do not require) schools to keep an adrenaline auto-injector (AAI) for use in an anaphylaxis emergency, school has decided that keeping a supply will not currently benefit pupils significantly – However this will be reviewed if we have students with known allergies.

#### **4.13 Other arrangements**

##### **4.13.1 Home to school transport**

While it is the responsibility of the LA to ensure pupil safety on statutory home to school transport the LA may find it helpful to be aware of the contents of a pupil's IHCP that school has prepared.

The LA *must* know if a pupil travels on home to school transport and has a life-threatening condition and carries emergency medicine so that they can develop an appropriate transport healthcare plan. School undertakes to appropriately share IHCP information with the LA for this purpose and will make this clear to parents in the development meeting.

Where transport is organised by the school on a private arrangement with parents, the responsibility for ensuring that the transport operator is aware of a pupil with a life-threatening medical condition rests with school in consultation with the parents. In some cases, it may be appropriate to share elements of a pupil's IHCP with the transport operator.

##### **4.13.2 Defibrillators**

Sudden cardiac arrest is when the heart stops beating, and it can happen to people at any age and without warning. When it does happen, quick action (in the form of early Cardio-Pulmonary Resuscitation - CPR - and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's normal heart rhythm when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe. Our nearest defibrillator is in the town hall, should the town hall be closed then there is a 24-hour accessible one at the bus station

School staff are appropriately trained in its use and the local NHS and ambulance service have been notified of its location.

#### **4.14 Unacceptable practice**

While it is essential that all staff act in accordance with their training, in any given situation they should be confident in using their discretion and judging each case on its merits with reference to a child's IHCP. It is not however, generally acceptable practice at this school to:

- prevent children from easily accessing their inhalers and medicine and administering their medicines 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 staff will be supported to appropriately challenge this where they have genuine concerns).
- 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 e.g., 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 medicine 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, e.g., by requiring parents to accompany the child.

#### **4.15 Complaints**

If parents, carers, or pupils are unhappy with the support provided, they should discuss their concerns directly with Tunde Christie – Head of Centre. If this does not resolve the issue, they can make a formal complaint through the normal school complaints procedure. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.