


# BRONTE SCHOOL



## SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY (Including EYFS)

	Date	Signed
Date reviewed	Sept 2022	 (Mrs. Katie Hickmott: Paediatric Nurse)
Date Reviewed	Sept 2022	 (Mrs. Emma Wood, Headmistress)
Ratified by Proprietor	Sept 2022	 (Mr. Nicholas Clements, Proprietor)
Date of next review	<b>SEPT 2024</b>	

**Separate policies and arrangements are in place at Bronte Nursery, which reflect the age of the children and the nature of the setting.**

### **Contents**

Section 1.	Definitions of Medical Conditions
Section 2.	Statutory Duty of Proprietor
Section 3.	Policy Implementation
Section 4.	Procedure to be Followed when Notification is Received that a Pupil has a Medical Condition
Section 5.	Individual Healthcare Plans
Section 6.	Roles and Responsibilities
Section 7.	Staff Training and Support
Section 8.	The Child's Role in Managing their own Medical Needs
Section 9.	Managing Medicines on School Premises and Record Keeping
Section 10.	Emergency Procedures
Section 11.	Day Trips, Residential Visits, and Sporting Activities
Section 12.	Unacceptable Practice
Section 13.	Liability and Complaints
Appendix A	Model for developing Individual Healthcare Plans
Template A	Individual Healthcare Plan
Template B	Parental agreement for setting to administer medication
Template C	Record of medicine administered to Individual child (own medication)
Template D	Record of medicine administered to all children
Template E	Staff Training record
Section 14.	Policy written in lines with

## 1. Definitions of Medical Conditions

Pupils' 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 pupil's feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's Learning Support guidelines and procedures and the individual healthcare plan that will become part of the EHCP.

**The aim of the Policy is to enable regular attendance at school and to ensure that children feel safe and have their needs met.**

## 2. The Statutory Duty of the Proprietor

The proprietor remains legally responsible and accountable for fulfilling a statutory duty to supporting pupils at school with medical conditions. The proprietor of Bronte School will fulfil this by:-

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy, as closely as possible, 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 pupils confidence in the school's ability to provide effective support for medical conditions and 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 pupils need;
- Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because reasonable adjustments for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases and reserve the right to refuse admittance to a child at times where it would be detrimental to the health or education of that child or others to do so;
- 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 pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notifications are received that a pupil has a medical condition);
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- Ensuring that the policy covers the role of individual healthcare plans and states who is responsible for the development in supporting pupils at school with medical conditions (see section below on individual healthcare plans);
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils 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 school 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 pupils with medical conditions to participate in school trips, visits and 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 appropriate 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 pupils with medical conditions (see section on complaints).

### **3. Policy Implementation**

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the Proprietor. The Proprietor has conferred the following functions of the implementation of this policy to the staff below, however, the Proprietor remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to Mr Clements (Proprietor). He 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.

Katie Hickmott (Bronte School Nurse) will be responsible in conjunction with parents/carers, for co-ordinating the drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans

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.

#### **4. Procedure to be Followed When Notification is Received that a Pupil has a Medical Condition**

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 a pupils' needs change. For children being admitted to Bronte 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 Bronte School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

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 pupils 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.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to actively promote pupils with medical conditions to participate on school trips, visits and sporting activities and not prevent them in doing so. We will make arrangements for the inclusion of such pupils in such activities where it is safe and practical to do so and after taking advice from the appropriate health professional.

Bronte School does 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 available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where this 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 a member of the senior management team. Following these discussions, an individual healthcare plan will be written, in conjunction, with the parent/carers and class teacher by Katie Hickmott (Bronte School Nurse) and be put in place.

## 5. Individual Healthcare Plans

Individual healthcare plans will help to ensure that Bronte School effectively supports pupils 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 children 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 Bronte School Nurse 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 Appendix A.

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 child effectively. The level of detail within the plan 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, if relevant to their medical needs, will be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and the School 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 Bronte 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.

Bronte School will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that Bronte School assesses and manages risks to the child's education, health and social wellbeing and minimises disruption. Where a child 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 child will need to reintegrate effectively.

Template A provides a basic template for the individual healthcare plan. This format may be varied to suit the specific needs of each pupil however they should follow the template as much as possible.

For those children who have severe allergies and hold an Adrenaline pen in school their care plan may be adapted to suit their needs and up to date advice is taken from the anaphylaxis campaign. Bronte School asks all parents and staff to refrain from bringing any nuts or nut products into areas of the school where they are likely to come into contact with children due to some children with severe allergies. For those children who suffer with asthma please refer to the Guidelines relating to asthma and procedures for inhalers in school (including EYFS).

## 6. Roles and Responsibilities

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

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

Other **Healthcare Professionals, including GPs and Paediatricians** should notify the Community 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).

**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, as appropriate for their age, 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 and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

**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 that are in date, necessary equipment and ensure they or another nominated adult are contactable at all times.

**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.

**Integrated care systems** (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

## 7. Staff Training and Support

All staff who are required to provide support to pupils for medical conditions, will be trained by healthcare professionals qualified to do so. The training needed will be identified by the healthcare professional during the development or review of the individual healthcare plan. Bronte School may choose to arrange training ourselves and will ensure that it remains up-to-date.

Template E will be used to record staff training for administration of medicines and/or medical procedures.

Training should be sufficient to ensure that staff are: competent and have confidence in their ability to support pupils with medical conditions; and are able 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.

A record of staff training for administration of medicines and/or medical procedures is kept and accessible.

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 (see template).

All staff will receive induction training and regular whole school awareness training so that they are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. The Bronte School Nurse 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.

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.

## **8. The Child's Role in Managing their own Medical Needs**

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be expected to carry their own medicines/relevant devices or be able to access their medication for self-medication quickly and easily; these will be stored in their trays or dedicated cupboard in either the classroom or the Medical room to ensure that the safeguarding of other children is not compromised. Bronte School does also recognise that children who take their medicines themselves and/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.

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.

## **9. Managing Medicines on School Premises and Record Keeping**

At Bronte School the following procedures are to be followed:

- 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 parents written consent (see template B).
- With parental written consent, we will administer non-prescription medicines except those containing aspirin unless 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. A record will be kept and parents should be informed (Template C).
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours (i.e. 3 times per day).
- Bronte School 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.

- The storage of all medicines should be in a designated locked, cool, dry cupboard. Medicines which need to be stored at lower temperatures must be kept in a locked fridge. However, Bronte School does not have the need for many medicines that need to be kept in a fridge, so they are stored in a closed sealed, clearly labelled container within a domestic fridge kept in the medical room.
- The keys to the medicine cupboard are held by named staff who are authorised to administer medication, (staff administering medication must have attended a training session regarding administration of medication).
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available in the child's tray/class and not locked away. Another of these is kept in the medical room. Asthma inhalers should be marked with the child's name. If a child only has one inhaler at school, it will be kept in the medical room.
- During school trips the first aid trained member of staff will carry the First Aid bag and the children's medication/devices.
- A child 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 child for use is an offence. Monitoring arrangements may be necessary. Otherwise we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will 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 the school.
- Staff administering medicines should do so in accordance with the prescriber's instructions. Bronte School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom (see templates C and D). Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- Medicines that are prescribed to a child must not be used by another child, even if they are taking the same medication. The medication is the property of the person whose name appears on the dispensing label, and should be returned to the parent for disposal when no longer required.
- Medicines must be kept in their original container in which they were dispensed with the pharmacy label and information specific to that pupil; they must not be moved from one container to another, even if they are nearly empty. It would be considered to be secondary dispensing, which is illegal under the Medicines Act.

- For the medicines held by Bronte School, it is good practice to maintain stock rotation to ensure that older stock is used first; Records of new stock need to be kept. The following information is required:
  - Date Received
  - Name strength and dosage of all medicines
  - Quantity received
  - Signature of staff that receives the medicine
- When administering medication the following procedure should be followed:
  - Check whether the pupil is allergic to anything
  - Check if pupil has taken any medication recently, and if so what
  - Check if the pupil has taken the medication before and if there were any problems
  - The medicine profile sheet must be checked for possible side effects and contra indications
  - Check the expiry date on the container
  - The pupil should take the medication under the supervision of the person issuing it
  - Record the details of this on the medication form (Template C and D) and written note to be sent home informing parents on the same day or as soon as reasonably practicable. This will state the date, time and dose of the medication given.
- Make a clear, accurate and immediate record of all medicines administered or refused, recording dates and times of all medication given. All documentation must be in black ink, signed and dated by the person administering the medication.
- All medications held in the cupboard must be recorded in the medicine book/sheet and a running balance maintained. (Template D)
- Any prescription medicine given must be recorded on Template C, and parents informed by note.
- All approved over the counter medicines administered must be recorded on medicine sheet. (Template D)
- A record of sample signatures and initials for each member of staff who administer medications is kept in the medical folder.

## 10. Emergency Procedures

Mrs Wood (Headmistress) or the Leadership Team 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.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do. This should include: ensuring that all relevant staff are aware of emergency symptoms and procedures; and that 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.

At the Bronte school a “blue star system” is used in an emergency. Each classroom and area of the school has a blue star. If an emergency happens in any area of the school, anyone (child or adult) can take the blue star to another member of staff which informs them that help is needed **immediately**. Each star has the name of where it came from on it.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

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

We will actively support pupils with medical conditions to participate in day trips, residential 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.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

### **Other Issues for Consideration**

Where a pupil uses home-to-school transport arranged by the Bronte (Bronte mini-bus) and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the transport provider.

Bronte School holds an asthma inhaler for Emergency Use. Please refer to the Guidelines relating to Asthma and Procedures for use of inhalers (including EYFS).

## **12. Unacceptable Practice**

Although staff at Bronte School should use their discretion and judge each case on its merit 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\carers; 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 unaccompanied;
- 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 breaks whenever they need to in order to manage their medical condition effectively;

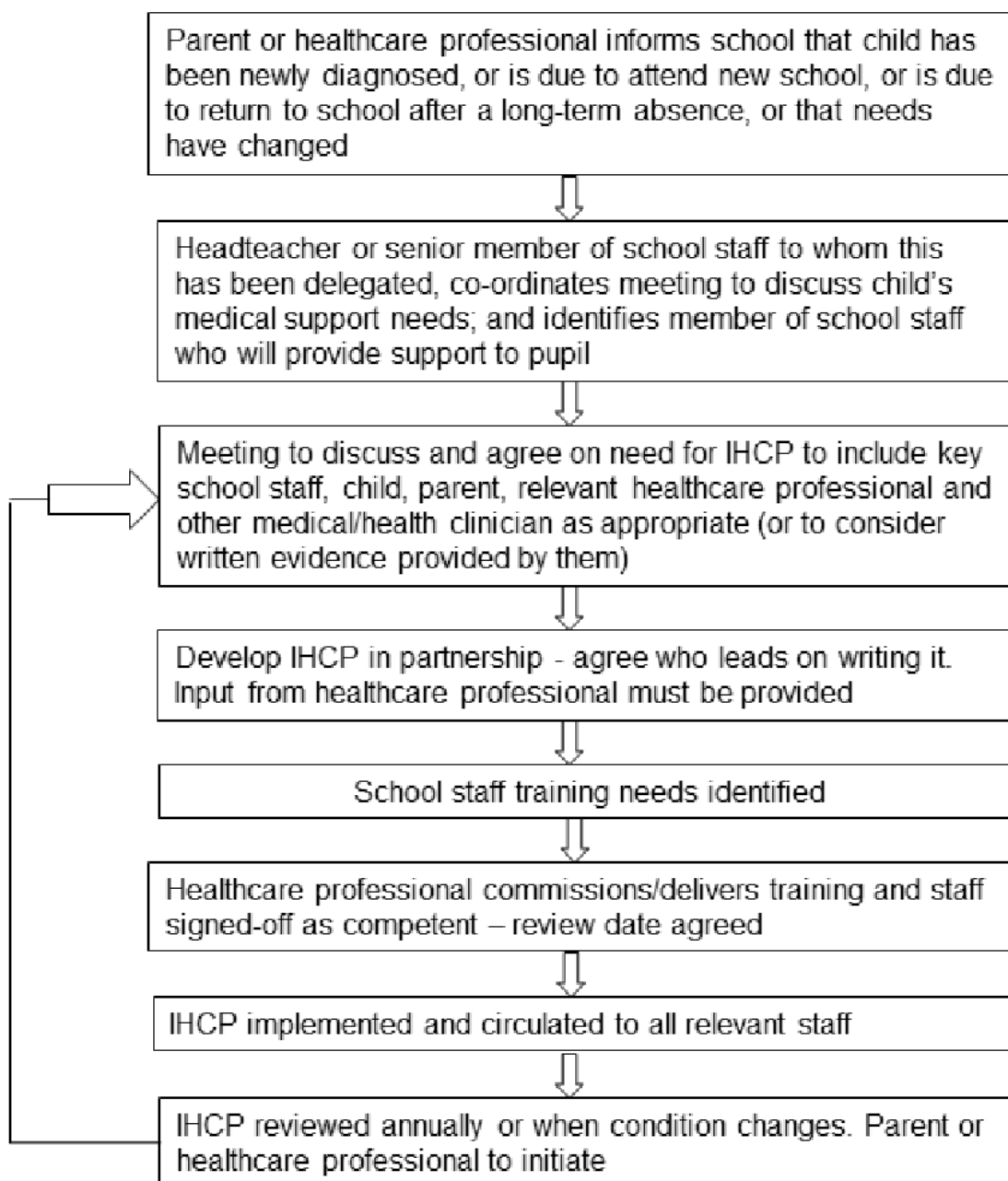
## **13. Liability and Indemnity**

Bronte School is fully covered with liability and indemnity insurance brokered through Poundgate.

### **Complaints**

Should parents\carers be unhappy with any aspect of their child's care at Bronte School, they must discuss their concerns with the school. This will be with the child's class teacher 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, if necessary, bring concerns to the attention of Mrs Wood (Headmistress). In the unlikely event of this not resolving the issue, the parent\carer can make a formal complaint using the Bronte School Complaints Procedure.

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



## Template A: Individual Healthcare Plan

Child's name

--

Class

--

Date of Birth

--

Child's Address

--

Medical Diagnosis or condition

Date

--

Review Date

### **Family Contact Information**

Name

--

Phone no.

(Home)

--

(Mobile

--

Name

--

Phone no.

(Home)

--

(Mobile)

--

### **Clinic/Hospital Contact**

Name

Phone No.

--

### **GP**

Name

Phone No.

--

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## [Template A continued](#)

Describe medical needs and give details of child's symptoms

--

Daily care requirements (*e.g. before sport/at lunchtime*)

--

Describe what constitutes an emergency for the child and the action to take if this occurs

--

Follow up care

--

Who is responsible in an emergency (*state if different for off-site activities*)

--

Plan developed with

--

Staff training needed/undertaken – who, what, when

--

Form Copied to

Parents

School

File

## BRONTE SCHOOL

### **PARENTAL AGREEMENT FOR BRONTE STAFF** **TO ADMINISTER MEDICINE**

Bronte School will not administer any medicine to your child unless you complete and sign this form.

Child's Name (block letters please) .....

Date of Birth .....

Class .....

Medical  
condition/illness.....

Name of  
medicine.....

Dosage and method.....

Times to be given.....

Duration of course of medication.....

**Note: Medicines must be in the original container as dispensed by the pharmacy.**

The above information is to the best of my knowledge, accurate at the time of writing and I give consent to Bronte staff to administer the medicine in accordance with the First Aid Guidelines (including EYFS). I will inform the school immediately if there is any change in dosage or frequency of the medication or if the medicine should be stopped.

Print Name .....

Signature ..... Date .....

Template C: Record of Medicine Administered to an Individual Child.

## Record of Medications

**Name**..... **Expiry Date** .....

[illegible]

Template D: Record of Medicine Administered to all Children. Each Medicine will be listed separately.

## Record of Medications

**Medication** ..... **Expiry Date** .....

[illegible]



Template E: Staff Training Record – administration of medicines and/or medical procedures (unless provided by Training Provider)

Name \_\_\_\_\_

Type of Training Received \_\_\_\_\_

Date of Training \_\_\_\_\_

Training Provided by \_\_\_\_\_

Profession and Title \_\_\_\_\_

I confirm that (name of member of staff) has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated regularly.

Trainer's signature

Print Name

Date

I confirm that I have received the training detailed above and feel competent in delivering the necessary treatment required.

Staff Signature

Print Name

Date

Suggested Review Date

#### **14. This Policy is written in line with the requirements of:-**

- Children and Families Act 2014 - section 100
- Supporting pupils 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
- Special educational needs and disability code of practise: 0-15 years (2015)
- Mental Health and behaviour in schools: departmental advice for school staff, DfE Equalities Act 2010
- Schools Admissions Code, DfE 2021
- Asthma.org.uk

This policy should be read in conjunction with the following school policies:

- Learning Support Guidelines and Procedures
- Safeguarding and Child Protection Policy
- Whistleblowing Procedures
- Complaints Procedure (including EYFS)
- Guidelines relating to Asthma and procedures for the use of Emergency Salbutamol Inhalers in school. (Including EYFS)

This policy was developed with support from the Proprietor and senior staff and will be reviewed regularly and necessary updates made.