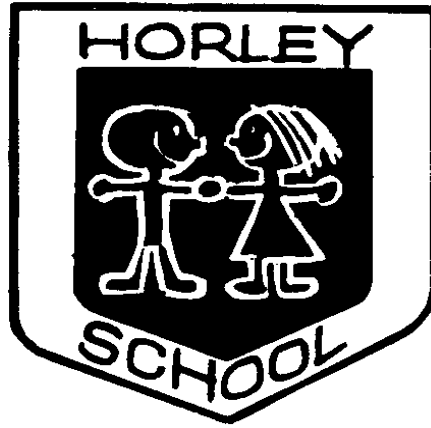


# HORLEY INFANT SCHOOL



## SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

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**Link Governor (statutory policies only):**

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Horley Infant School 'Supporting Pupils with Medical Conditions' is in line with Surrey guidance and reflects statutory changes of the Children and Families Act 2014.

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# Supporting Pupils with Medical conditions

## Introduction

This guidance is based on the DFE statutory guidance Supporting pupils at school with medical conditions (<https://www.gov.uk/government/publications/supportingpupils-at-school-with-medical-conditions--3>) December 2015.

This policy is in line with Surrey guidance and reflects statutory changes (Children and Families Act 2014) regarding the role of governing bodies, in effect from September 2014.

The purpose of this guidance is to define managing medication in school and to put in place an effective management system to support individual children. At some time, most children will have a medical condition that may affect their participation in school activities; this may be short-term, perhaps finishing a course of medication.

It is recognised that the administration of medicines by teachers and school staff is not a part of standard contracts. This is a voluntary role and staff who provide support for children with medical needs, or who volunteer to administer medication, need support from the Headteacher and parents, access to information and training and reassurance about legal liability. Close co-operation between schools, parents, health professionals and other agencies will provide a suitably supportive environment for children with medical needs. Thereby, whenever possible, children will maximise their access to education within Horley Infant School.

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that school will provide effective support for their child's medical condition and that pupils feel safe. It is crucial that school receives and fully considers advice from healthcare professionals, and listens to and values the views of parents and pupils.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

**Confidentiality**

All information about a child's medical condition must be kept confidentially. The Headteacher should agree with the parent, who else should have access to records and other information about the child. It is essential that relevant staff are informed on a strictly need to know basis and it is in the best interests of the child.

## **1 Supporting pupils with medical conditions in school: who is responsible?**

Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

Governing bodies must ensure that arrangements are in place in schools to support pupils and that school leaders consult health and social care professionals, pupils and parents to ensure the needs of children with medical conditions are properly understood and effectively supported

It is important that responsibility for children's medication is clearly defined and that each person involved with children with medical conditions is aware of what is expected of them. Close co-operation between school, parents, health professionals and other agencies is essential to ensure that any necessary medical interventions during school activities are undertaken safely and correctly. School needs to agree and record secure arrangements to provide appropriate medical support for each child needing it, via prior discussion with their parents and relevant health professions before commencement.

In most circumstances the administration of medicines is the responsibility of parents and they should be administered at home. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to so

### **Legislation**

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.

The Children and Families Act 2014 changed the way children with special educational needs and disabilities (SEND) are supported. The law aims to improve the system by giving more importance to the views, wishes and feelings of children and their families.

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

The Special educational needs and disability code of practice SEND code of practice: 0 to 25 years - GOV.UK explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs. For pupils who have medical conditions that require education, health and care plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

### **Parents, guardians and carers**

Parents are responsible for making sure that their child is well enough to attend school and able to participate in the curriculum as normal. However, General Practitioners (GPs) may advise that a child should attend or recommence school while still needing to take medicines. In other cases, to enable children with a chronic illness to lead as normal and happy a life as possible, it may be necessary for them to take prescribed medicines during school hours.

In order for Horley Infant School to plan effective support arrangements parents need to provide sufficient information about their child's medical condition and any treatment or special care needed at school, at the admission stage, and keep the school informed of any

new or changing needs. If there are any special religious and/or cultural beliefs, which may affect any medical care that the child needs, particularly in the event of an emergency, it is the responsibility of the parent to inform school and confirm this in writing. Such information should be kept in the child's personal file at Horley Infant School for as long as necessary with updates in consultation with the health nursing team. Parents and the Headteacher need to reach agreement on the school's role in helping with the child's medical needs. Ideally, the Headteacher or Home school Link worker should seek parental agreement before passing on information about the child's health to other staff, but it should be acknowledged that sharing information is important if staff and parents are to ensure the best care for a child.

Some parents may have difficulty understanding or supporting their child's medical condition themselves. Health services can often provide additional support and assistance in these circumstances.

### **The Employer**

Surrey County Council is responsible for making sure that all employees involved in implementing this policy have adequate training to undertake the work safely and correctly. This should be arranged in conjunction with the Local School Health Teams in liaison with other health professionals as appropriate. Should a volunteer require training in managing a medical condition of a child, advice can be sought from the School Health Team. Any specific or general queries can also be directed to the School Health Team (see Section C).

The employer should be satisfied that any training received by its staff is sufficient for its purpose. The health care professional delivering the training should confirm proficiency of the trainee in medical procedures and recommend a refresher- training period.

It is Surrey County Council Policy to maximise inclusion for children and young people with medical needs in as full a range of educational opportunities as possible. To promote this aim, school will assist parents and health professionals by participating in agreed procedures to administer medicines when necessary and reasonably practical.

There is no requirement for staff to undertake these responsibilities, unless administering medicines is included in the contractual duties of some support staff. Consequently, for Horley Infant School to have an effective Administration of Medicines Policy and so meet the needs of the children, we must secure the support of volunteers from the existing teaching and support staff.

### **The Governing Body**

In meeting the duty to make arrangements to support pupils with medical conditions, functions can be conferred on a governor, a headteacher, a committee or other member of staff as appropriate.

The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so it should ensure that such children can access and enjoy the same opportunities at school as any other child. It is Surrey County Council policy to maximise inclusion for children and young people with medical needs in as full a range of educational opportunities as possible. To promote this aim, school will assist parents and health professionals by participating in agreed procedures to administer medicines when necessary and reasonably practical. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

In making their arrangements, the governing body should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The Governing body should therefore

ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

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

There is no requirement for staff to undertake these responsibilities, unless administering medicines may be included in the contractual duties of some support staff. Consequently, to comply with this policy, school must secure the services of:

- Volunteers from existing teaching or support staff
- Employees with specific contractual duties to undertake this work
- Other persons as agreed in accordance with this guidance.

The Governing body must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.

The school must have a designated person with responsibility for children people with medical conditions. The setting is responsible for ensuring that staff who volunteer to administer medication are properly trained. .

### **The Headteacher**

When school staff volunteer to give children help with their medical conditions, the Headteacher will, where appropriate, agree to their doing this, and will ensure there are a number of sufficiently trained staff to implement the policy and deliver against all individual healthcare plans. The Headteacher is accountable for decisions about the school's role in administering medication.

All parents will be made aware of this policy and the school's procedures for dealing with medical conditions. Parents should keep their children at home if acutely unwell.

For each child with medical conditions, the Headteacher will need to agree with the parents exactly what support the school staff can provide. Where there is a concern about whether the school can meet a child's needs, or the expectations of the parents appear unreasonable, the Headteacher can seek further advice from the Area Schools Officer, or SEND Case Officer where applicable.

Any member of staff providing support to a child with medical needs will have received suitable training. The nature and provision of this training will be dependant upon the particular needs of the child.

### **Staff Indemnity**

Surrey County Council fully indemnifies all its staff against claims for alleged negligence providing they are acting within the remit of their employment.

As the administration of medicines is considered to be an act of "taking reasonable care" of the child, staff agreeing to administer medication can be reassured about the protection their employer would provide. In practice this means that the County Council, not the employee, would meet the cost of damages should a claim for alleged negligence be successful. Staff will be made aware of this before being asked to administer any medication.

It is expected that staff who agree to administer medication will take the same care that a reasonable, responsible and careful parent would take in similar circumstances. In all circumstances, particularly in emergencies, staff are expected to use their best endeavours. The consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

## **2. Prescribed Medicines**

**No child will be given medication without written consent from the parents.**

Medicines should only be administered in settings when it would be detrimental to a child/young person's health or attendance not to do so. Only prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include the child/young person's name, instructions for administration, dosage and storage can be accepted. The exception to this is Insulin, which must be in date, but is generally provided inside a pen or pump, rather than in its original container

### **Non-prescribed medicines**

Non-prescribed medication, e.g. Piriton and Paracetamol will only be given in very exceptional circumstances and at the discretion of the Headteacher.

## **3. Medicines brought into school**

### **Carriage of medicines to schools**

- Medicines should be brought to school by the parent or other responsible adult, and handed to a responsible named member of staff. The exception to this is medicines classed as controlled drugs (see Appendix XIII).
- Parents must bring in any equipment required to administer the medicine e.g. medicine spoons, oral syringes, syringes for injections, sharps waste containers. Parents are also responsible for the disposal of sharps waste containers.
- Arrangements must be made for any other emergency medications (such as pre-loaded adrenaline injection e.g. Epipen / Jext) to be immediately available both on and off site.
- In respect of the carriage and storage of oxygen a risk assessment will be completed by the Headteacher, the local fire service informed of the presence of oxygen on the site and a warning sticker displayed.

## **4. Storage of Medicines in School**

Medicines will be locked away in a lockable cabinet or non portable container with the key readily available to appropriate named members of staff to ensure access in case of emergency. The exceptions to this may be:

- a) Medicines for use in emergency situations such as; asthma, anaphylaxis, diabetes and epilepsy, when immediate access would be essential.
- b) Medicines needing refrigeration. If medicines need to be refrigerated they will be stored in a clearly named container in the fridge in the staff room. It is the responsibility of parents to advise on appropriate storage of their child's medication.



Medicines must be kept in the container supplied and labelled by the pharmacist which states:

Name of the child	}	This is normal pharmacy procedure when issuing all medicines
Name of the medicine		
Strength		
Formulation		
Dose/frequency of administration		
Instructions for administration		
Date of dispensing		
Cautionary advice		
Quantity of the medicine		
Expiry date (if short dated)		

It will be made clear to parents that they are responsible for ensuring medicines do not exceed their expiry date. Instructions regarding any specific requirements for the disposal of equipment/waste product, e.g. syringes, gloves, should be kept with the medication and equipment. NB: Under no circumstances should any medicine be transferred into another container for keeping/storage.

## 5. Arrangements for administering medicine in school

Practical arrangements for administering medicines in school may vary according to particular circumstances. There must be an assessment of the risks to the health and safety of staff and others, and measures put in place to manage any identified risks.

A member of classroom staff is responsible for bringing the child to the office to administer medication.

Other than in the case of medication administered in an emergency, all medication will be given away from the classrooms, in one of the offices.

### Self-administration by child

Children may be allowed to take responsibility for self-administration of medicines e.g. inhalers. If this is the case it must be part of the written agreement/care plan between the child, their parents and the school. The written agreement should include whether administration requires supervision. In addition to parental consent, medical advice with regard to self-administration by the child should be available and noted in the written agreement. However, it cannot be taken as an alternative to parental consent. If a child is to self administer, a suitable location for this should be made available e.g. the school office

### Administration by staff

Staff must not administer medicines or undertake health care procedures without appropriate training (updated to reflect any individual health care plans.)

Staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so unless it is within their contract of employment.

Two members of staff must be present when administering medication.

Staff with responsibility for administering medicines must be familiar with the identity of the child receiving the medicine. If the child is not known to the member of staff then a second member of staff who does know the child must be available and the child must be asked to give its name.

Unless it is an emergency situation, medicines must be administered in a location where the privacy and confidentiality of the child may be maintained. Therefore medicines must be administered in any of the offices, not in the classrooms or entrance area. Facilities should be available if the child needs to rest and recover.

Medicines must be administered and documented for one child at a time and completed before another child is seen.

Staff must wash their hands before and after administering each medication.

Before administering a medicine staff must check:

- The identity of the child
- The written parental consent form for administration of the medicine(s)
- That the written instructions received from the parent and the medicines administration record match the instructions on the pharmacy dispensed label of the medicine container i.e. name of the medicine, formulation, strength and dose instructions
- The name on the pharmacy dispensed label matches the name of the child that the medicine is to be administered to
- Any additional or cautionary information on the label which may affect the times of administration, give information on how the medicine must be administered, or affect performance e.g. an hour before food, swallow whole do not chew, or may cause drowsiness
- The medicine administration record to ensure the medicine is due at that time and it has not already been administered
- The expiry date of the medicine (if one is documented on the medicine container or the pharmacy dispensed label).
- All the necessary equipment required to administer the medicine is available e.g. medicine spoon, oral syringe, injecting syringe.

If there are concerns or doubts about any of the details listed above the member of staff must not administer the medicine. They must check with the child's parent or a health professional before taking further action. All advice and actions must be documented, signed and dated.

If the member of staff has no concerns the medicine can be administered to the child.

Staff involved with the administration of medicines should be alert to any excessive requests for medication by children or by parents on their behalf. In any cases of doubt advice may be obtained from the School Health Team.

Staff's own views/attitudes to medication should not override the instructions/ prescription of medication by the child's GP or Consultant Paediatrician. In cases where there is such a possibility, those staff should be advised not to be involved.

The medicine formulation must not be interfered with prior to administration (e.g. crushing a tablet) unless there are written instructions/information provided from the parent and advice from a health professional. This must be documented.

Immediately after the medicine has been administered the appropriate written records must be completed, signed and dated.

If for any reason the medicine is not administered at the times stated on the medicine administration record the reason for non administration must be recorded, signed and dated and the child's parent informed as soon as possible.

### **Children Refusing Medication**

If a child refuses to take a medicine they must not be forced to. The refusal must be documented and parents informed as soon as possible on the same day. There may be specific instructions about refusal to take medication in the child's individual care plan; if this is the case staff must follow these. If the refusal to take the medicine could result or does result in an emergency then the emergency procedure must be followed.

## 6. Record Keeping

The following is a summary of the records, which school MUST keep in connection with the administration of medicines:

- Names of trained and competent staff responsible for medicines storage, including access, and medicines administration.
- Names of trained and competent staff responsible for storage, including access of controlled drugs and their administration.
- If available a completed individual care/treatment plan for a child with long term conditions such as diabetes, epilepsy, asthma.
- An action plan for an individual child for a medical emergency. This may form part of the care/treatment plan, if the child has one.
- A completed written parental consent form (see appendix II) each time there is a request for a medicine to be administered in the school. A new form must be completed if a new medicine is to be administered or if there are changes to the existing medicine(s) e.g. different dose, strength, times. A verbal message is not acceptable. A new supply of correctly labelled medicine must be provided by the parent.
- For children who are self administering, as well as written parental consent, there must be a written agreement with the child's parent and the school to allow this. The written agreement must include whether the child will require supervision. A risk assessment must be done to decide whether the child can keep the medicine securely on themselves or in lockable storage. Medicines classed as controlled drugs cannot be kept by the child (see appendix XIII).
- All medicines administered in school must be accompanied by written instructions (see appendix II) from a parent and/or prescriber specifying the medicine, strength, formulation, dose, the times (or frequency) and/or circumstances it is to be given. A new form must be completed if there are any changes e.g. different dose, strength, times. A verbal message is not acceptable. A new supply of correctly labelled medicine must be provided by the parent.
- If staff are responsible for administering the medicine(s) a record of administration should be kept. The record should include;
  - the name of the child
  - date of birth
  - medicine details (name, formulation, strength)
  - dose administered
  - date & time of administration
  - name of the person administering the medicine (see appendix III)
- If the child is self administering and requires supervision the above record should be kept. It should be clearly indicated on the record that the member of staff is supervising the medicine administration.
- Reasons for non-administration of medicines must be recorded and the parent/carer must be informed as soon as possible on the same day.

- The quantity of medicines received by staff and the quantity of medicines returned to the parent. This must be signed and dated by a member of staff.

## **7. Disposal of Medicines**

Staff should not normally dispose of medicines, including controlled drugs when no longer needed, but should return to parents. Parents are responsible for disposal of date-expired medicines. However, in cases where this may not be possible, a member of staff will take them to a local pharmacy for disposal. Community retail pharmacies will not accept sharps for disposal.

Used Auto Adrenaline Injector (AAI) devices can be given to ambulance paramedics on arrival, or disposed of in a pre-ordered sharps bin for collection by the local council <https://www.surreycc.gov.uk/waste-and-recycling/recyclingsearch-tool/healthcare-clinical-waste>

## **8. Intimate or Invasive Treatment**

If a child requires intimate or invasive procedures, parents will be asked to speak to the child's consultant in the hope of a different treatment being prescribed. If this is not possible further discussion will take place between school staff, parents and medical staff before a decision is made to administer in school. Staff will not be put under pressure to agree to assist in such treatments.

## **9. Training of Staff**

Initial validated training with certification must be provided and regular updating from qualified professionals must be given to staff that volunteer to administer all medicines including those for diabetes, epilepsy, and anaphylaxis or to meet any unusual needs. In some cases this may be provided by specialist liaison nurses, but in all cases, requests should be addressed initially to the School Health Team. A record should be kept of the following: trainers, provenance, those trained, date trained, date of expected update of training and date carried out. A risk assessment should be carried out to establish the number of members of staff who should be trained. A checklist of staff who have been trained to manage and administer medication will be kept (see appendix VIII).

## **10. Educational Visits and Associated Travel**

Any child with medical needs will be encouraged to participate in school trips. Teachers should make themselves aware of how a child's medical condition will impact on their participation, whilst allowing for enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. It may be necessary to take additional safety measures for such visits; consideration of this would be made during a pre-trip risk assessment. In any cases of doubt advice can be obtained from the Head of Strategic Risk Management at County Hall (see Section C).

## **Sporting Activities**

Most children with medical conditions can participate in the Physical Education (PE) curriculum and extra-curricular sport. Horley Infant School staff will be sufficiently flexible for all children to take part in ways appropriate to their own abilities. Any restrictions on the child's ability to participate in PE should be clearly identified and incorporated in their Individual Treatment Plan.

## **Emergency Travel**

When emergency medical treatment is required, an ambulance should be called. Staff should not take children to hospital in their own car.

## **Young People on Work Experience**

Young people who come to Horley Infant School on work experience will be asked to provide details of medical conditions; this information is shared with staff only as necessary to ensure the young person's needs are met and their health maintained.

## **11. Management of Medical Conditions**

Where a child has a known medical need an action plan or individual care/treatment plan will be prepared before a medical emergency arises. The plan should be completed and agreed between:

- the relevant medical experts
- the school
- the parent and, where appropriate, the child

The plan will be tailored to the particular circumstances of the child but should include the following:

- a communication system for alerting staff who are trained to administer particular medications (e.g. use of Pre-loaded adrenaline injection –Epi -pen etc)
- a system for calling an ambulance where necessary
- contacting parents
- evacuating other children from the room (i.e. in the event of a seizure)
- first aid provisions.

Medical emergencies, whether illness or injury, make significant emotional demands upon staff who are involved. It is important that support is available to them – which might include a sympathetic listener and time to compose themselves.

A contingency plan must be established in case for any reason the normal routine for treatment breaks down, e.g. the trained staff members are absent. This should be included in the Individual Treatment Plan for the child and is likely to include calling for an ambulance.

## **Medic Alert - Bracelets/Necklaces**

Medic alert Bracelets/Necklaces are worn to alert others of a specific medical condition in case of an emergency. As these items can be a source of potential injury in games or practical activities, consideration should be given, in appropriate circumstances, to their temporary removal and safe keeping by the person in charge of the activity. In such cases staff will need to be alerted to the significance of these bracelets/necklaces and be clear whom they belong to when taking charge of them.

## 12. Emergency Assistance

At Horley Infant School all members of staff have the responsibility and authority to call an ambulance if they are of the opinion that a child's medical state requires them to do so. All staff have a responsibility to ensure they know how to call the emergency services and know what information to provide.

All staff should know who is responsible for carrying out emergency procedures when these are needed.

Where a member of staff is accompanying a child to hospital, the child's blue file, with the child's details, emergency contact information and medical information, should be taken.

When a child becomes unwell at school or is injured in an accident (other than minor cuts or bruises) he or she will be looked after in a quiet, comfortable place and parents will be asked to collect their child as soon as possible. It will then be the responsibility of the parent to accompany the child to their GP surgery or hospital outpatients department as appropriate.

In some situations, however, it may be necessary for professional medical care to be sought immediately, e.g. suspected fractures, all eye injuries, serious head injuries, acute illness or other serious medical conditions (after using pre-loaded adrenaline injection) that will not respond to first aid treatment. In such circumstances the adult who is caring for the child at the time must instruct another member of staff to call an ambulance. Parents must also be contacted by a member of staff, ideally this will be the Headteacher, Home School Link Worker or someone who knows the parent.

Where a child has to be transported to hospital and it has not been possible to arrange for a parent to accompany them, a member of staff should attend with the child and remain at the hospital with them until a parent arrives. Consent is generally not required for any life saving emergency treatment given in Accident and Emergency Departments. However, awareness is required for any religious/cultural wishes i.e. blood transfusions, which should be communicated to the medical staff for due consideration. In the absence of the parents to give their expressed consent for any other non-life threatening (but nevertheless urgent) medical treatment, the medical staff will carry out any procedures as deemed appropriate. The member of staff accompanying the child cannot give consent for any medical treatment, as he/she does not have parental responsibility for the child.

The member of staff accompanying a child to hospital should ensure they take the child's blue file with them, which contains personal details, parent names and contact numbers plus information about known allergies and medical conditions and any other medical information held in school eg care plan.

## 13. Unacceptable Practice

Although school staff will use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;

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

### **Complaints**

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



## **Recommended further reading and information**

- Department of Health Chart “Guidance on Infection Control in Schools and other childcare settings”
- “Health and Safety in Schools” leaflet (NUT Sept 1989)
- Circular 199/96 (Health and Safety) “Supporting Children with Medical Needs” (NUT Nov 1996).
- DfEE Guidance “Supporting Children with Medical Needs.”
- “Guidance for the Management of Meningococcal Disease in Surrey” Surrey Communicable Disease Control Service
- Administration and Control of Medicines in Care Homes and Children’s Services
- Early Years guidance on administering medicines’

## Appendices

The attached embedded pdf is an extract of the Surrey Council policy document and contains the Appendices and Sections per the table below, to access these, double-click this document image:



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