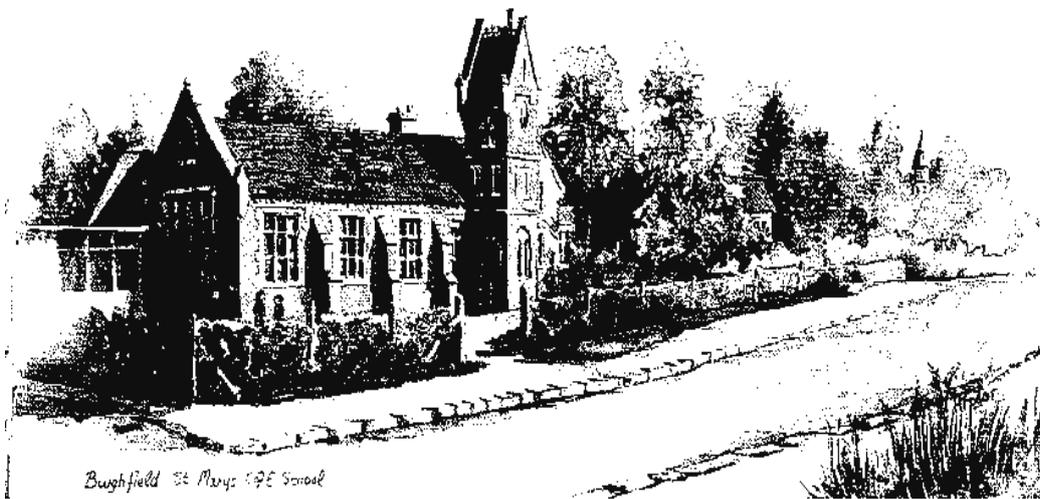


# Burghfield St Mary's C of E Primary School



## First Aid and Supporting Pupils with Medical Conditions Policy

'a caring Christian learning environment that inspires'

## **Introduction**

This document should be read in conjunction with the Health and Safety Policy.

## **Policy Management**

**School:** This policy is produced, implemented and managed by the Head teacher, with reference to the staff and other interested parties as necessary to ensure that it reflects actual practice. It will be circulated to all staff, governors and volunteers. Copies of all relevant regulations are available in the School Office and on the School's website.

**Governing Body:** The Sites and Buildings Committee is responsible for reviewing this policy, at least annually, to take account of new initiatives and regulations; changes in the curriculum/physical environment of the school; developments in technology; or recommendations on how the policy might be improved. Amendments are recommended to the Governing Body for final decision and approval.

**Approval:** Approved by the Governing Body on 30<sup>th</sup> March 2022

**Next review due:** March 2023

Headteacher

Signed.....

Date.....

Chair of Full Governing Body:

Signed.....

Date.....

## Policy Statement

The governors and head teacher of Burghfield St Mary's Primary School accept their responsibility under the Health and Safety (First Aid) Regulations 1981 and acknowledge the importance of providing first aid for employees, children and visitors within the school.

The governors are committed to the authority's procedure for reporting accidents and recognise their statutory duty to comply with the reporting of injuries, diseases and dangerous occurrences regulations (1995).

The provision of first aid within the school will be in accordance with the authority's guidance on first aid in school.

## Statement of First Aid Organisation

The school's arrangements for carrying out the policy include **nine key principles**:

- the Head teacher will undertake a risk assessment of the first aid requirements of the school. This will be located in the Head teacher's Office and reviewed annually, or upon change in circumstances, such as new staff, change of use of building or significant change of pupil numbers. The Head teacher is responsible for ensuring that training is renewed every 3 years, or according to the details on the certificate;
- place a duty on the governing body to approve, implement and review the policy in light of an annual review of the first aid risk assessment;
- place individual duties on all employees;
- to report, record and, where appropriate, investigate all incidents;
- record all occasions when first aid is administered to employees, pupils and visitors;
- provide suitable equipment and materials to carry out first aid treatment;
- make arrangements to provide training to employees (the Office Manager will maintain a record of such training and review annually);
- establish a procedure for managing accidents in school which require first aid treatment;
- provide information on the processes and systems in place for first aid on induction to new employees.

## Arrangements for First Aid

### **1. Materials, equipment and facilities**

The school will provide materials, equipment and facilities as set out in the DfE guidance on first aid for schools, which can be accessed via the following link:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/306370/guidance\\_on\\_first\\_aid\\_for\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306370/guidance_on_first_aid_for_schools.pdf)

Basic first aid supplies are stored in designated cupboards in each classroom, with one in the main hall, together with named accident sheets for each child. Supplies and forms should be regularly checked by class teachers or support staff, and replenished at the beginning of each half term, as well as on an ongoing basis whenever the kits are used. Requests for the order of replenishment supplies should be sent to the Business Manager.

The main office is the designated first aid room for major incidents, while minor incidents may be dealt with elsewhere.

Medication for named individuals such as epi-pens, asthma inhalers and aqueous creams, should be kept within the classroom in a named wallet with a photograph of the child attached. The wallet will also contain an individual care plan. This must be taken on any trip or off site visit undertaken by the child. These wallets should also be removed from the classroom in the event of a fire alarm.

This is in line with the DfE guidance on first aid for schools, which can be accessed via the following link:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/306952/Statutory\\_guidance\\_on\\_supporting\\_pupils\\_at\\_school\\_with\\_medical\\_conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf)

Only staff who are qualified first aiders and those authorised by the school can administer first aid. A list of all qualified first aiders and those undergoing training is kept in the school office, together with copies of their certificates.

## **2. Offsite activities**

Any offsite activity should be accompanied by a qualified first aider. A qualified first aider not on the school list may be authorised to administer first aid on a trip. Trip organisers must familiarise themselves with first aid arrangements, the venue they are going to and a list of any pupils requiring medication.

At least one first aid kit will be taken on all offsite activities, along with individual pupil's medication, such as inhalers, epi-pens, etc.

Individual pupil's medical needs will be included in an individual pupil risk assessment. These will be written on entry/diagnosis and reviewed annually. 'First Aid' forms for offsite activities are held in the main office.

## **3. Information on first aid**

The Head teacher will inform all employees at the school of the following:

- arrangements for recording and reporting incidents;
- arrangements for first aid;
- those employees with qualifications in first aid;

- the location of first aid kits;
- the school's first aid policy.

In addition, the Head teacher will ensure that signs are displayed throughout the school providing the following information:

- names of employees with first aid qualifications;
- location of first aid supplies.

#### **4. Accident Reporting**

The governing body will implement the local authority's procedure for reporting all accidents to employees and all incidents of violence and aggression.

The governing body is aware of its statutory duty under RIDDOR (the Health and Safety Executive) in respect of reporting the following to the health and safety executive through Crest as it applies to all employees:

- an accident that involves an employee being incapacitated from work for more than three consecutive days;
- an accident which requires admittance to hospital for in excess of 24 hours;
- death of an employee;
- major injury such as fracture, amputation, dislocation of shoulder, hip, knee or spine.

For non-employees and pupils an accident will only be reported under RIDDOR via Crest where:

- it is related to work being carried out by an employee or contractor and the accident results in death or major injury;
- it is an accident in school which requires immediate emergency treatment at hospital.

For each incident where the Head teacher considers an accident to a visitor or pupil is reportable under RIDDOR, the advice of the authority will be sought (e.g. where a pupil has an accident it will be reported to the local authority; all accidents to non-employees e.g. visitors which result in injury will be reported to the authority).

All accidents and injuries, including all those to the head, should be recorded on the school's Pupil Accident/Incident Report Form kept in each classroom. An injury note should be sent home with the child, or a note made in the Home/School Diary.

In the event of serious injury, such as hospitalisation, broken limb or an injury that requires more than 3 days off school, the local authority and RIDDOR should be informed by the School Office. These serious incidents should be reported on a RED accident form and given to the School Office.

Copies of all forms should be sent to the Office where they are entered into a spreadsheet, which is used to analyse trends and patterns of incidents.

Those injuries regarded as significant, where parents have been contacted, are filed in the pupil's blue record folder. The others are stored according to record keeping regulations.

When a pupil is injured and the qualified first-aider is not sure of the seriousness of the injury, then further advice should be sought from the Head teacher. If in doubt, an ambulance should be called. Parents should be contacted and informed as soon as possible, particularly in cases needing referral outside school. The school only acts *in loco parentis* until the parent is present. Consideration should be made of those pupils who will not return home immediately from school and may be under the care of an afterschool club.

Class teachers will be informed of significant incidences outside of lesson time and of pupils who have a report letter to take home.

Minor injuries/pastoral care would be regarded as:

- minor cuts or grazes;
- minor marks to the body (i.e. bruises, skipping rope burns, etc).

Class teachers should be informed in this instance.

## **5. Pupil accidents involving their head**

The governing body recognise that accidents involving a pupil's head can be problematic because the injury may not be evident and the effects only become noticeable after a period of time. When emergency treatment is not required, the child will be monitored in school and a 'head bump' letter will be sent home to the child's parents/guardians.

## **First Aid Treatment**

In the event of a major injury, a designated first aider should be sent for immediately. An informed assessment will be carried out and the appropriate treatment given. Should the injury require medical assistance, a member of the office staff should be contacted immediately to seek urgent authorisation from the Head teacher (injury type permitting) and the relevant action taken.

Incidents during the day should be treated as follows:

- **lesson times** children may be sent to the office for an assessment of the severity of any illness or injury by the Head teacher, and appropriate action will be taken. Minor cuts/grazes may be dealt with in the classroom if there is a trained first aider/member of support staff present;
- **break times** staff on duty carry a small first aid kit (including single use ice-packs) and are able to support minor injuries on the playground/field;
- **lunchtime:** first aid cover is provided by lunchtime support staff in the hall and on the playground for minor injuries. Staff carry a small first aid kit (including single use ice-packs).

Should a child be feeling unwell or have been sick in school, the class teacher must be notified so that an informed decision can be made. Should the decision be that parents are to be notified/the child needs to go home, the office staff should be contacted to confirm authorisation with the Head teacher/member of SLT and parents contacted by the office.

## **6. Transport to hospital or home**

The Head teacher will determine what is a reasonable and sensible action to take in each case where:

- the injury is an emergency an ambulance will be called, following which the parents will be called;
- hospital treatment is required but it is not an emergency, then the Head teacher will contact the parents for them to take over responsibility for the child;
- parents cannot be contacted then the Head teacher may decide to transport the pupil to hospital.

Where the head teacher makes arrangements for transporting a child then the following points will be observed:

- only staff cars insured to cover such transportation will be used;
- no individual member of staff would be alone with a pupil in a vehicle;
- a second member of staff will be present to provide supervision for the injured pupil.

## **7. Epi-pens**

There are a number of pupils in school requiring epi-pens. The administering of epi-pens must be carried out by the nearest member of staff in the event of an emergency and/or when anaphylactic shock is apparent, irrespective of whether Piriton has been administered first. Relevant staff receive regular epi-pen training, which includes identifying the symptoms of anaphylactic shock.

## **8. Pupils with a specified need**

Every classroom has a SEN folder stored in the classroom cupboard. Within this folder is a section which indicates medical need. On entry into the school, or upon diagnosis, every child is asked to complete a medical form within the school application pack. Where a need has been identified, a specific medical need form is completed and a copy of this form will be contained within this folder. All staff who work with a particular class are expected to have a knowledge of the contents of this folder. A copy of these forms is also held in the main office.

A list of pupils with specified medical needs including dietary needs is generated by the main office. It should be clear whether these pupils have medication in school and where this is located. The child must be aware that they need to report to an adult should they feel unwell.

## **9. Pupils with specific dietary requirements**

Pupils must be fully risk-assessed when food-tasting activities take place at school.

## **10. Administration of medicines**

Medication should only be brought into school where it would be detrimental to a pupil's health not to be able to take it during the school day. The medication should be prescribed by an appropriate professional, such as a GP or Dentist, and should be provided in the original named container describing the contents and instructions for administration and accompanied by a completed Administration of Medicines/Treatment consent form. Ideally, parents should be encouraged to request medication that can be taken outside the school day.

Parents must complete an 'Administration of Medicines/Treatment' consent form before medication is given to a pupil. When seeking consent, consideration should be given to the arrangements required for administering and managing the medication concerned and this should form part of the consent sought. This will ensure that all parties are happy with the arrangements made. Only qualified first aiders may administer first aid or medicines to pupils, staff or visitors. When administering the medication the member of staff must check the following:

- pupil's name
- prescribed dose
- expiry date
- written instructions on the packaging

They must also record the time and day a dose was given and by whom. Ideally, junior pupils will be encouraged to manage and administer their own medication, where appropriate.

In some cases, pupils may be prescribed medicines that are controlled by the Misuse of Drugs Act 1971, and associated legislation, such as methylphenidate. It is permissible for the school to look after a controlled drug, provided it is for the pupil it has been prescribed for. The drug should be kept in a locked, non-portable container in the staffroom and only named staff should have access. A log is kept of who had access and when the drug was administered.

Under certain circumstances, and in order to allow the pupil continuing access to education, the Head teacher may agree for staff to administer non-prescription medicine on a short-term basis. In these circumstances, written agreement should be sought from the parents prior to accepting the medication, a risk assessment should be completed and records kept. Children under 8 are not normally given non-prescription medication; children under 16 are not given aspirin or medicines containing Ibuprofen, unless prescribed by a Doctor.

Medicines should be stored in accordance with the product instructions and preferably in the original packaging. The labelling should clearly state the name of the pupil, the dose, frequency of administration, name of the medicine and stored securely in a lockable cupboard. Staff and the pupils concerned should know the location of the medication and who has access to it. Medicines needing refrigeration should be clearly labelled and stored in the fridge in the staffroom. Access to the refrigerator should be restricted and ideally inaccessible to pupils.

Once medicines are no longer required, they should be returned to the parent for suitable disposal. It is not the responsibility of the school to arrange disposal and this should be included in the arrangements agreed with the parents when consent is sought. The school will return all medicines to parents/carers on the last day of the summer term.

Information about the medical condition of any pupil with long-term medical needs will be provided by the parent/carer when the pupil is admitted or when the pupil first develops the medical need. In certain circumstances, a written Health Care Plan involving the pupil (as appropriate), parents and relevant health professionals will be drawn up. The aim of the plan is to ensure that the necessary arrangements are in place to adequately support the pupil and to ensure that all aspects of care have been covered.

# **SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY**

## **Aims of policy**

Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education ensuring no pupil suffers unnecessarily because of a health related condition. Medical conditions may impact on social and emotional development as well as having educational complications. The school has had regard to the statutory guidance produced by the DfE. The school's policy on SEND contains provision in respect of those with special needs and the administration of medicines is dealt with as above.

The governing body must ensure that arrangements are in place to support pupils at school with medical conditions. They should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported. They will also help to ensure pupils stay safe, enjoy and achieve, make a positive contribution, feel confident in the care they receive and achieve economic wellbeing once they leave school.

## **Responsibilities**

The Head teacher will:

- put in place arrangements that provide effective support within the school for pupils with medical conditions, which reflect an understanding of the effect on a pupil's ability to learn;
- assume overall responsibility for implementation of the policy, ensuring that, where appropriate, it complies with the schools policies on disabilities and special educational needs;
- establish procedures to be followed when the school is notified that a pupil has a medical condition, providing for consultation with and advice from healthcare professionals and parents;
- determine who is responsible for liaising with parents and healthcare professionals;
- ensure that all staff who need to know are aware of relevant pupils conditions, that sufficient staff are trained to provide necessary support, so that someone with the requisite skills is always available;
- arranging contact with the school nursing service in the case of a pupil who has not been brought to their attention needing support;
- ensuring appropriate insurance arrangements are in place to protect staff.

Staff will:

- put the welfare and well-being of pupils first at all times;
- be aware of this and related policies and the way in which medical conditions can impact on participation;
- undertake suitable training and achieve the appropriate level of competence before assuming responsibility;
- ensure they know how to respond effectively when help is required.

## Long-term Medical Needs

- The school must be given sufficient information about the medical condition of any pupil with long-term medical needs. This should be provided when the child is admitted or when the pupil develops the medical need.
- It may be appropriate to have a written Individual Health Care Plan, involving the pupil, parents and relevant health professionals. The plan will aim to ensure that the necessary arrangements have been put in place to adequately support the child and to ensure that all aspects of care have been covered (see DFE document Supporting pupils at school with medical conditions April 14 for further information).
- Where a health care plan exists the teaching assistant for the identified/named child on the Care Plan will administer the medicine in line with the directions on the Care Plan.
- All first aid trained staff are made aware of the medical conditions being managed at school and trained annually on how to manage the identified conditions.
- Parents must inform staff of any medical conditions such as diabetes, severe asthma, instances of anaphylactic shock or epilepsy, in order that appropriate records can be maintained. Such a condition must be reported to the Head teacher initially, then a written record will be entered on the child's school file. School Health will also be informed via the School Nurse.

An **Individual Health Care Plan** should consider the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;

- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

For further information, please refer to Supporting Pupils at School with Medical Conditions, April 14, Annex A which can be accessed via the following link:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf)

## **Medicines in School**

A child who is clearly unwell should not be in school. However, there are certain circumstances when it is suitable for a child who is receiving medication to continue attending school (e.g. when completing a course of antibiotics, long term medication for diagnosed conditions, etc).

### **Prescribed Drugs**

- Medication should only be brought into school where it would be detrimental to a pupil's health not to take medicine during the school day.
- The medication should be prescribed by an appropriate professional, such as a GP or Dentist. It should be provided in the original container describing the contents and instructions for administration. Ideally, parents will be encouraged to request medication that can be taken outside the school day.

### **Controlled Drugs**

- In some cases, children may be prescribed medicines that are controlled by the Misuse of Drugs, 1971, and associated legislation. In such circumstances, discussions will be held between the Head teacher and the parent/carer.

### **Non-prescription Medicines**

- We do not administer non-prescription medicines except under exceptional circumstances (e.g. the Head teacher may agree to administer the medicine on a short term basis in order to allow the pupil continuing access to education). In these circumstances, written agreement will be sought from the parent/carer prior to accepting the medication.
- Children under 8 are not normally given non-prescription medications.

## Short Term Medical Needs

- Children may attend school whilst finishing a short course of medication to minimise the need for absence. Such medicines should only be brought into school if it would be detrimental to the child's health if they were not administered during the school day.
- If medicines are prescribed 4 times a day, the school strongly encourages parents or carers to make arrangements to come into school to administer these medicines themselves. Parents and carers will definitely be required to administer the first 24 hour dose of any new prescription, for example antibiotics.

Please consider whether your child is well enough to be at school if they require medicine 4 times a day.

## Administering Medication

- The administration of any medicines in school is done in agreement with the Head teacher. Parents are required to give permission for the administration of any medication by completing the appropriate form. The Head teacher (or a designated member of staff) will make appropriate decisions.
- When administering the medication, the staff member should check the following information prior to administration:
  - pupil's name
  - prescribed dose
  - expiry date
  - written instructions on the packaging.
- Adequate records are kept of when the dose was given and by whom.
- The instruction leaflet with prescribed medicines should show any side effects, expiry date, etc.
- The staff must be kept fully informed by parents/carers if the child is taking medication within or out of school hours that may affect performance in school.
- The Head teacher (or designated member of staff) will be offered appropriate in-service training to report back to all staff regarding correct procedures on the administration of medicine in school. All staff must receive regular training for the administration of specific drugs, e.g. auto injectors.
- Annually (in September) a form is sent out to each family to update relevant records and to record details of any medication needed in school e.g. inhalers etc. This information is held on the school database and in the purple SEN folder stored in each classroom.
- Burghfield St Mary's Primary School is a Nut Free School and parents will be reminded regularly.

## Storing Medication

- The Head teacher, or in his absence a designated member of staff, is responsible for the storage and administration of all medication.
- Medicines are stored in accordance with the product instructions and in the original packaging. The labelling must clearly show the name of the pupil, the dose, frequency of administration and the name of the medicine.
- Medicines are stored securely in the Main Office. Staff and the pupils concerned know the location of the medication and who has access to it.
- If necessary, medicines are kept in a fridge specifically for the task.
- Medication such as inhalers and adrenaline pens, insulin and blood testing kits are readily available for use by the named individuals. These are taken from the building in the event of a fire alarm.
- For reasons of safety, security and hygiene, no other medicines are kept in the classrooms.
- Once the medicine is no longer required or has passed its expiry date, it is returned to the parent/carer for suitable disposal. It is not the responsibility of the school to dispose of medication.
- Medication should be in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents are asked to collect all medications/equipment at the end of the school year, and to provide new and in-date medication at the start of each term.
- Needles and other sharps are disposed of in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are returned to parents.
- Medication for named individuals such as epi-pens, asthma inhalers and aqueous creams should be kept within the classroom in a named wallet with a photo of the child attached. The wallet will contain an individual care plan as outline in the following document:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/306952/Statutory\\_guidance\\_on\\_supporting\\_pupils\\_at\\_school\\_with\\_medical\\_conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf)

- These wallets should be removed from the classroom in the event of a fire alarm.

## Intimate Care

- All children have the right to safety, privacy and dignity when contact of an intimate nature is required (eg, assisting with toileting or removing wet or soiled clothes).
- A Care Plan will be drawn up between the school, the child and the parent/carer for any pupil who requires intimate care on a regular basis.
- Children are encouraged to act as independently as possible and to undertake as much of their own personal care wherever practicable. When assistance is required,

staff will ensure that another appropriate adult is in the vicinity and is aware of the task being undertaken.

- If in doubt, all staff will seek the advice of the Headteacher or designated member of staff.

## **Common Medical conditions in school**

### **1. Asthma Exercise-induced asthma**

All relevant children should use their inhalers as directed by their GP. All children have access to their inhalers.

During any swimming lesson or other sporting activity, a Support Assistant will oversee vulnerable children.

### **2. Epilepsy**

Staff are aware that screens/monitors can trigger an “epileptic” reaction in some children.

### **3. Head lice and worms**

Parents will be notified when outbreaks appear in school. It is the parents’ responsibility to inform the school should their children have head lice or worms and treat it accordingly.

### **4. Skin and eye infections**

Children are not permitted to attend school until any contagious condition has cleared e.g. conjunctivitis, impetigo, ringworm etc.

Parents will be informed by the class teacher or office staff if their child has any condition that is causing concern, particularly if it is of an infectious or contagious nature including head lice.

## **Monitoring and Evaluation**

The Governor with Safeguarding responsibilities will monitor documentation termly and the Head teacher will report to the governing body annually on the number of pupils with permanent or long-term medical conditions or individual health plans. The Head teacher will also report on how training needs are assessed, training undertaken, the number of children unable to participate in trips or physical exercises as a result of a medical condition, any incidents caused through incorrect procedures with medicines, and any complaints received.

## Unacceptable Practice

- 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 view of the child or their parents; or ignore medical evidence or opinion; (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, 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 conditions 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 Procedure

If a parent feels dissatisfied with the support provided, they should be encouraged to 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.

## Linked Policies

Please also refer to the "Intimate Care Policy."