

St Mary's Farnham Royal Church of England Primary School

Through FAITH, as a FAMILY we aspire to grow. Thriving for all our FUTURES, enabling us to FLOURISH individually and as a community



Medical Needs Policy

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Policy written by: Miss C. Johnson

School Vision

Through FAITH, as a FAMILY we aspire to grow. Thriving for all our FUTURES, enabling us to FLOURISH individually and as a community.

For I know the plans I have for you, plans to prosper you and not harm you, plans to give you hope and future
Jeremiah 29:11

Introduction

The St. Mary's Farnham Royal's medical needs policy has been developed to ensure that children with medical needs have the same access to education as their peers. There may be times when a child will need access to medicines during the school day and this policy should be used as a guide to ensure that such medicine is administered safely. All medicine administered by school staff will be recorded. This policy adheres to the statutory guidance provided by the DFE in its publication "Supporting pupils at school with medical conditions" (April 2014) It also fulfils the school's legal obligations under Section 100 of the "Children and Families Act 2014".

Medical Needs in 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 St Mary's will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support they provide, St Mary's will establish relationships with relevant local health services to help them. The views of parents and pupil will also be sought in managing the condition.

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 will 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), will be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be disabled. Where this is the case the governing body will 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 (EHC) plan which brings together health and social care needs, as well as their special educational provision.

Notifying the school of a medical need

At the start of each academic year, parents are required to complete a medical history form which gives details of a child's past and current medical conditions. As a part of this form, parents will specify any specialised treatment pattern required, either to manage the condition on a day to day basis, or in case of an emergency. Once these forms are received, school staff may decide that further information is needed. When this is the case, or, if a medical need develops during the school year, the parent / carer should have a meeting with either;

- A) The child's class teacher
- B) The SENDCo
- C) A member of SMT (Usually the Head Teacher or Deputy Head Teacher)

D) A member of the school admin team who holds advanced first aid / medicines in school certification

At this meeting the child's medical needs can be discussed. Within 2 weeks of notification of a medical condition, the school will draw up a health care plan in conjunction with the parent / carer containing details of the child's illness, medication and procedure in case of emergency. Advice may also be sought from the relevant healthcare professionals who are involved in the child's care. Good practice nationally would suggest that it is advantageous to monitor medical conditions pupils have during their school life, as conditions do change from time to time. These plans will therefore be reviewed on a termly basis and updated if necessary. At this point, the relevant staff will be notified that a care plan is in place for this child. If the medical need is severe, all staff will be notified via CPOMS and a copy of the care plan (including a photograph of the child) will be kept in a secure location.

Schools do 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 the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Medicines in school

Prescription Medicines

Medicines prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber should only be brought to school when it is essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

In cases where it is essential that medication is taken by a student during the school day we require parents/carers to:

- Complete a paper copy of the 'parental agreement for school to administer medicine' form which can be obtained from reception
- Provide the medicine in its original container including the prescriber's instructions for administration and dosage. **Medicines not in their original container will not be accepted by the school and will be returned to the parent/carer**

Prescribed medicines will be stored in a cupboard in the medical room which is kept locked at all times and administered by a member of staff trained in first aid. It is the responsibility of the child to attend the medical room to receive their medication.

Medicines that need to be refrigerated will be kept in the fridge in the medical room.

Medicines which have reached their expiry date will be returned to the parents/carers for disposal.

If a child is going on a school trip while taking a prescribed medicine, the parent / carer will be asked to arrange for an adequate supply to take with them. The trip leader will arrange for the medicine to be stored safely and issued to the child according to the prescriber's instructions. Before any school trip all parents / carers will have completed a medical consent form detailing any medical condition their child has. If these details change please inform the school. A paper copy of the annual medical consent form can be obtained from reception.

Use of Inhalers

Reliever medicine is extremely safe. Although reliever inhalers should be treated as medicine, staff need not worry that a child may overdose on their reliever inhaler. In addition, if a child without asthma uses another child's reliever inhaler this will not be harmful.

Reliever inhalers are prescribed for use by an individual child only and as such they should not be used by anyone else. The guidance also says however that in an emergency when a pupil is having a severe asthma attack, using another child's reliever inhaler is preferable to being unable to give any medicines. It is important to remember that in an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.

Any questions about medicine in school should be referred to the school receptionist who is a qualified first aider

Roles and Responsibilities

The Role of the school

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. St Mary's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care

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professionals), local authorities, and parents and pupils will be critical. The Headteacher and / or SENDCo will ensure that all relevant staff are made aware of a child's medical condition and that measures are in place to manage it effectively.

Parents / Carers

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/Carers are key partners and will be involved in the development and review of their child's individual healthcare plan. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Where appropriate, they should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

The Role of the Governing Body

The governing body will ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. Schools, local authorities, health professionals and other support services should work together to ensure that children with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

In making their arrangements, governing bodies 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. Governing bodies 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 their 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 their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

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. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement, or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Further relevant legislation

Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must in discharging their functions in relation to the conduct of the school promote the well-being of pupils at the school.

Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school.

Section 3 of the Children Act 1989 provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.

The NHS Act 2006: Section 3 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. **Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible. Section 2A provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.

Governing Bodies' duties towards disabled children and adults are included in the Equality Act 2010, and the key elements are as follows:

- They must not discriminate against, harass or victimise disabled children and young people
- They must make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

Section 2 of the Health and Safety at Work Act 1974, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child that has been prescribed a controlled drug.

The Medicines Act 1968 specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation. Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools (including academy schools and alternative provision academies).

The Special Educational Needs Code of Practice 2014

Section 19 of the Education Act 1996 (as amended by Section 3 of the Children Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full time, or such part time education as is in a child's best interests because of their health needs.