

THE SYDNEY RUSSELL SCHOOL



Medical Policy

November 2022



Contents

| | |
|---|---|
| Introduction | 3 |
| Roles and Responsibilities | 3 |
| Medication | 4 |
| Day trips, residential visits and sporting activities | 5 |
| Individual Healthcare Plans | 5 |
| Complaints | 6 |



Introduction

On 1 September 2014 a new duty came into force, Section 100 of the Children and Families Act 2014 placed a statutory duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs, 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.

Roles and Responsibilities:

Governing body:

The Governing body ensures that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Principal:

The Principal ensures that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Principal will ensure that all staff who need to know are aware of the child's condition. They also ensure that sufficiently trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The Principal has overall responsibility for the development of individual healthcare plans and makes sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

Parents:

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. In some cases they may 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 and equipment and ensure they or another nominated adult are contactable at all times. When providing medication to the school it is their responsibility to take note of any expiry dates and replace when appropriate.

Pupils:

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 about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

School staff:

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should consider the needs of pupils with medical conditions that they teach. School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurse:

Is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with

medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals:

Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Local authority:

Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners – such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to decide under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Medication:

- Medicines will 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 will be given prescription or non-prescription medicines without their parent's written consent.
- A child under 16 should not be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Sydney Russell will only accept prescribed medicines if these 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 still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.
- All medicines are be stored safely in the Learning Support Centre First Aid room. Children know where their medicines are at all times and are able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are readily available to children and not locked away.
- When no longer required, medicines will be returned to the parent to arrange for safe disposal, or the school can dispose of these at the parents request.

- A child who has 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.
- Staff administering medicines do so in accordance with the prescriber's instructions, and keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom.

Day trips, residential visits and sporting activities:

Provisions will be put in place to ensure any students with a short- or long-term medical condition will be included if the activity is not determinantal to their medical condition.

When planning trips, the trip policy will be implemented to ensure all necessary provisions and precautions are executed.

Individual Healthcare Plans (HCP)

The headteacher has overall responsibility for the development of HCP's for pupils with medical conditions. This has been delegated to Debra Watling (Assistant-Vice Principal / SENCo).

- Plans will be reviewed or adapted if there is evidence that the pupil's needs have changed.
- They will be developed with the pupil's best interests in mind and will set out:
 - What needs to be done
 - When By whom
- Not all pupils with a medical condition will require an HCP. It will be agreed with a healthcare professional and the parents when an HCP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.
- Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.
- If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the HCP. The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed.
- When writing a HCP, Sydney Russell will 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.
 - If there is a requirement for extra time to complete exams, use of rest periods or additional support in catching up with any loss of learning time.
 - The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
 - Whom in the school needs to be aware of the pupil's condition and the support required.
 - Arrangements for written permission from parents and the headteacher 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 pupil can participate, e.g. risk assessments.

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.

The Sydney Russell Complaints Procedure.

http://www.sydneyrussellschool.com/?page_id=3784

