Cape Primary School Policy for Pupils with Medical Needs

Approved by:	Provisions Committee	**Date:**	08/03/21
Last reviewed on:	02/03/26		
Next review due by:	March 2027		

Change Log:

Date	By Who	Comment
March 2025	S. Baker	Reviewed and updated to latest version of KCSiE, liability insurance details updated.
March 2026	S. Baker	Reviewed and updated to latest version of KCSiE,

The school mission statement states:
"We will work in partnership to create a happy and safe environment where everyone is valued; achieving excellence, challenging and encouraging each other, inspiring achievement and celebrating success."
This mission statement is also extended to others in the community who work with our pupils to support their well-being in whatever role.
The school admissions procedure gives priority to pupils with an Education and Health Care Plan. It is recognised that this may include a child with long or short-term medical needs. In addition, at any one time there may be in the school a number of pupils with medical needs, either short or long-term. This policy sets out the provision and duty of care for these children.

Aims

- ✓ To enable the school to make quality provision for pupils on role who have medical conditions so that they have full access to education, including school trips and physical education and can access and enjoy the same opportunities at school as any other child as set out in section 100 of the Children and Families Act 2014 and the DfE document: *Supporting Pupils in Schools with Medical Conditions September 2014*
- ✓ To list procedures to ensure that the medical needs of pupils at The Cape Primary School are met
- ✓ To ensure the school complies with the Equality Act 2010 and the SEN Code of Practice 2014, where a child's medical condition is linked to a Special Educational Need

Objectives

- ✓ Pupils with medical needs will be integrated as fully as possible into full-time mainstream education
- ✓ Pupils and parents will know the named person who has responsibility for ensuring that medical needs are monitored and met wherever possible
- ✓ A record will be up-to-date of the pupils attendance to ensure that a pupil's educational needs are being met
- ✓ There will be a partnership between pupils, parents, school, health and social care
- ✓ professionals to ensure that the needs of children with medical conditions are effectively supported.
- ✓ The school will be fully informed of a pupil's medical needs in order to made provision for them and in order to ensure their educational needs are met

Procedures

As soon as a child is offered a place at Cape Primary School, parents will be requested to supply any information about medical conditions which their child has so that an appropriate support plan and training can be put into place before the child starts at school. This may involve communication with any prior setting the child has attended and consultation with parents and health professionals. Where there is any difference of opinion between parents and health professionals as to required interventions, advice will be sought from other agencies including school health and children's social care.
Where a need is urgent, school will not wait for a formal diagnosis before providing support to pupils. However, 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.

If a child has a short-term medical need which necessitates absence from school, the parents/carers should inform the school and the school will provide work if the child is well enough so that their education does not suffer.

If a child has a longer term medical need which necessitates a longer period of absence from the school, the school will communicate with outside agencies to ensure there is a continuity of education at the appropriate level for the child. School has a responsibility to provide work for children that are off sick and this will be met through discussion with the class teacher and headteacher.

If a child has a lengthy absence from school because of a medical need, a case conference involving home, school and medical professionals may be required to discuss the child's reintegration into school. Strategies for re-integration may include a reduced timetable, provision to stay indoors at breaktimes and pupil/staff buddies.

Where there are frequent absences for medical reasons, an Early Help referral may be made to call a meeting to share information and agree how the situation can best be managed and as to whether any additional support is needed from health agencies.

If a child is absent or likely to be absent for SATs tests, the primary responsibility for exam entry remains with the school. The school will negotiate with the LA and any other agencies involved ensuring that the child's interests are addressed in this regard.
If a child has a medical needs which does not prevent their attendance in school but may affect day to day routines or emergency procedures, it is the responsibility of parents/carers to inform the school (e.g. epi-pen, inhalers) in as much detail as possible so that the school can make appropriate provision on a day to day or emergency basis. This should be done through the medical information forms sent home annually for updating and/or through consultation with a senior member of staff. All staff will have access to the pupils' medical details. A list of all
medical needs are kept in each class and shared with supply staff.

No pupil will be excluded from a school or extra-curricular opportunities because of his/her medical needs unless a risk assessment deems it necessary; in this case, every effort will be made to adapt an opportunity for the child's needs. It is the duty of parents/carers to ensure that the correct medical information is supplied in the case of residential visits on the forms supplied.

Administration of medicines in school
Only drugs prescribed by a GP will be administered or allowed in school for the health and safety of other pupils. The administration of any other medicines is the responsibility of the parent/carer. If a child needs to take a prescribed medicine during the school day on a daily, regular, sporadic, emergency or seasonal basis, whether short or long term, parents/carers are asked to inform the school and arrange to meet with our Family Support Workers, Miss Bedford or Mrs Roberts, to

complete an administration of medicines form using the proformas provided for this purpose by school health.

Medicine will be administered under the supervision of a member of staff who will ensure that the prescribed amount is taken in the way prescribed. Once an agreement has been reached about the administration of medicine, the aforementioned proformas should be completed and guidelines about administering medicines in school followed.

Individual health Care Plans

Some children with more complex or unstable medical conditions may need an Individual Healthcare Plan to help to ensure that the school effectively supports that pupil. See flowchart in the DfE policy on supporting pupils with medical needs. The purpose of such a plan is to ensure clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one.

The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view.

The format of the individual healthcare plan may vary to enable the school to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Individual healthcare plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

Individual Health care Plans will include 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, (children should be encouraged to manage the administration of their medicine under supervision), including in emergencies
• arrangements for monitoring administration including self-administration
• 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
• 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 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 child can participate
• 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.

Special Educational Needs
Pupils with medical needs may at times need to be entered on the Special Needs register. This should be done with the full consent of parents/carers and in consultation with outside agencies. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Risks to pupils
In line with their safeguarding duties, the governing body will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. The governors, therefore, reserve the right not to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Confidentiality
Medical details provided should be treated as confidential and only shared with others with the parent/carers' consent on a need-to-know basis.

Contacts

The named contact in school for medical information is Miss Richmond. It is essential that she has the most detailed medical information available, in order to inform staff and trained first aiders as necessary.

Implementation of the school policy for pupils with medical conditions - Roles and responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school'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 professionals), local authorities, and parents and pupils will be critical. The school will work collaboratively with all of the above agencies as required to ensure that the needs of pupils with medical conditions are met effectively.

The governing body will ensure that:

• the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.
• Arrangements are in place to support pupils with medical conditions in school, including making sure that this policy for supporting pupils with medical conditions in school is implemented and reviewed at least annually.
• pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
• sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
• 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.

The headteacher of the school will ensure that:

• The school's policy complies with current legislation and models of good practice and is effectively implemented in school and 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)
• All staff who need to know are aware of the child's condition and any key information needed to sustain and monitor the child's well-being and to support any emergency situation involving that child
• Sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in absence, contingency and emergency situations.
• staff responsible for the administration of medicines or supporting a child with a medical condition have sufficient training and understanding to support the medical needs of any child for whom they are responsible
• arrangements are in place to share information about medical conditions with supply staff or people leading out of hours activities, including notification of a named school contact available to deal with any concerns/queries
• The headteacher has overall responsibility for the development of individual healthcare plans and monitoring their effectiveness
• School staff are appropriately insured and are aware that they are insured to support pupils in this way.
• Contact is made with the school nursing service in the case of any child who has a

medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
• new staff are made aware of children with medical conditions with whom they may come into contact
• risk assessments incorporate a consideration of arrangements required to support a child's medical condition, particularly if the child is offsite

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 take into account the needs of pupils with medical conditions that they teach. School staff should 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 nurses/ healthcare professionals
Every school has access to school nursing services. They are 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 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 healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).

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. Other pupils will often be sensitive to the needs of those with medical conditions and should be given the information required (bearing in mind issues of confidentiality) to enable them to be supportive to a child with medical conditions.

The child's role in managing their own medical needs:

After discussion with parents, children should be encouraged, at an age appropriate level, to develop the competence to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Children who can take their medicines themselves or manage procedures will require an appropriate level of supervision and/or support. Where this is not appropriate, then relevant staff member should help to administer medicines and manage procedures for them.
If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

Parents
Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authorities
Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation 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 well-being of children so far as relating to their physical and mental health, and their education, training and recreation.
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. Local authorities should work with schools to support pupils with medical conditions to attend full time. 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 make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year). The local authority has issued an updated version of 'Management of children with medical needs in education' December 2020. School will use the guidance to support practice in school.]

Providers of health services
Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical commissioning groups (CCGs)

CCGs commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to cooperate with schools supporting children with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

OFSTED

The OFSTED inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

Staff training and support

Staff will be supported by the headteacher and SENCO, in conjunction with health professionals if needed, in carrying out their role to support pupils with medical conditions. Staff should have adequate training for this role, training needs being identified during the compilation of healthcare plans. This training should comprise as a minimum of:

- A discussion about the child's condition
- What support/treatment is needed
- What medicines/treatment is needed and how/when/by whom this will be administered
- Signs and symptoms to be aware of
- Implications for the child's participation in classroom, offsite or out of hours activities
- The sharing of any healthcare plan or administration of medicines form

Further training and support will be offered from school health if needed or requested. The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. However, some staff may have pre-existing knowledge of certain conditions or specific support that is required so may not need further or extensive training.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff will be asked to confirm this is the case before implementing any support for pupils with medical conditions. Where possible, the class teacher as a minimum and anyone involved in implementing a healthcare plan should be involved in discussions about the child's needs. The DHT/DSP, Wendy Richmond or Family Support Workers, Mrs Roberts/Miss Bedford, will liaise with school health for advice on training that may be needed to help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency

measures so that staff can recognise and act quickly when a problem occurs. School health will be requested to provide specialist training where needed e.g. on epipens/diabetes management, continence care.
Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
Healthcare professionals, including the school nurse, should provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
Whole school awareness training will be held annually so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy.
The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.
The governing body will monitor as to whether external training is required for this policy to be implemented effectively and commission training if required.

Managing medicines on school premises

The governors' policy is that:

• medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
• no child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
• Non-prescription medicines will not normally be given other than in exceptional circumstances and with the prior consent of the headteacher. In this case, the same procedures will be followed as for prescribed medicines.
• Children at Cape Primary School are under 16 and therefore should never be given medicine containing aspirin unless prescribed by a doctor.
• Medication, e.g. for pain relief, will only be given for long standing conditions and following discussion with parents and healthcare professionals to establish whether it is needed and being used appropriately in which case a form will be completed with instructions for administration. It should never be administered without first checking maximum dosages and when the previous dose was taken.
• Parents should be informed that, where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
• School staff are instructed to only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
• All medicines will be stored safely in medical bags out of the reach of children and with supervision/secure arrangements whereby pupils could not accidentally or deliberately access medication not intended for their use. Some specific medication may be kept in a locked medical cabinet.

• Where a medicine is needed to be readily accessible and this would not pose a risk to other pupils, e.g. asthma inhalers, they should be stored in the classroom or in a place whereby children know where their medicines are at all times and can access them immediately.
• Where relevant, staff and pupils should know who holds the key to the storage facility.
• Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips
• School will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school. School staff may administer a controlled drug to the child for whom it has been prescribed.
• Staff administering medicines should do so in accordance with the prescriber's instructions.
• School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted and parents will also receive a copy of the advice slip.
• When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
• Parents should be informed if their child has been unwell at school and when medication has been required if it is not normally used on a daily basis

Spare asthma inhaler
In line with legal guidelines effective from 1/10/14, the school may choose to have sufficient spare inhalers to be used in an emergency situation. Staff will be trained annually as to when these are needed and how they should be used for maximum effectiveness as well as when to call for emergency help if this treatment is not effective.

Impaired Mobility/Conditions requiring adaptations to be made
Providing the approval of the GP or Consultant has been given there is no reason why children wearing plaster casts or using crutches should not attend school with appropriate risk assessments and control procedures.
Restrictions will be necessary on games or practical work to protect the child or others. Similarly, some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interest of safety. If a child is being taken on a school journey where medical treatment may be needed and the parent is not prepared to give written instruction and an indemnity on the subject of medical treatment, the school might decide that the pupil should not go on the journey. Where a child's medical condition prevents them in participating in a school activity and this is certified by a doctor e.g. swimming, alternative arrangements will be made in school for the duration of that activity. However, unless certification is received exempting the child from the activity, it is assumed that, if they are in school, they are well enough for all activities planned. Therefore, parents will be requested to arrange supervision for the child during any activity from which they choose to withdraw them.

Emergency procedures

As part of general risk management processes, the school has arrangements in place for dealing with emergencies. Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. The school will ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.
If in any doubt about a child's condition or there is any likelihood that a rapid deterioration could take place, the school should call an ambulance without delay and then notify parents.

Unacceptable practice

In line with legislation from September 2014, the following practice is unacceptable and should not generally be tolerated at Cape Primary School:

• preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary;
• assuming that every child with the same condition requires the same treatment;
• ignoring the views of the child or their parents; or ignoring medical evidence or opinion, (although this may be challenged);
• sending children with medical conditions home frequently or preventing them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
• if the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable;
• penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
• preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
• requiring parents, or otherwise making them feel obliged, to attend school to administer prescribed 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;
• preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

<u>However, staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan and with regard to implications for the health and safety and supervision of other pupils.</u>

Liability and indemnity

The governing body should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk for staff providing support to pupils with medical conditions and administration of medicines. At The Cape Primary School, this cover is provided through Zurich

Municipal insurance – policy no: QLA-02G034-0063. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer which is the governing body.

Complaints

Complaints concerning the support provided to pupils with medical conditions should be dealt with via the school's complaints procedure which can be found on the school website. 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 9, 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 sources of information

Other safeguarding legislation

Keeping Children Safe in Education – September 2025

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 wellbeing 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. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.

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

Other relevant legislation

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

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.

Associated resources
Links to other information and associated advice, guidance and resources e.g. templates and to organisations providing advice and support on specific medical conditions will be provided on the relevant web-pages at GOV.UK. (also on the school website)

Other contacts
EWO: Ms Dawn Thompson - DT Attendance Consultancy Ltd.
School nurse:
The Lyng Centre
Frank Fisher Way
West Bromwich
B70 7AW
0121 612 2974

SENAT/Educational Psychology team: Sandwell Inclusion Support 0121 569 2777, by email at inclusion_support@sandwell.gov.uk or at Connor Education Centre, Connor Road, West Bromwich, B71 3DJ

CAMHS (Child and Adult mental health):
48 Lodge Road
West Bromwich
B70 8NY
Tel: 0121-612-6620 or 0800-389-4924

Children's social care
0121 569 3100

Hospital teacher:
Sandwell General Hospital:
Hospital Switchboard 0121 553 1831
Lyndon Ground Ward 0121 507 3266
Lyndon 1 Ward 0121 507 3800

Princess Diana Children's Hospital: Educational Matters
James Brindley School
0121 333 8792
jamesbrindley.school@nhs.net

Medical matters: Liaison sisters at the relevant hospital
Other useful agencies might include the many and various support organisations which can be accessed through the internet.