

Moorside Primary School



**Supporting Children at School with
Medical Conditions**



MOORSIDE PRIMARY SCHOOL

PURPOSE, VISION & VALUES

Our Purpose

Moorside Primary is a school at the heart of our diverse community in the West End of Newcastle.

We pride ourselves in belonging to a caring school community where everyone is welcome.

We strive to deliver an outstanding education for all our children.

We help everyone to become caring and active citizens.

We encourage everyone to thrive and achieve their full potential.

Our Vision

We want everyone in our school to work together to make us as good as any school can be.

We want to create new opportunities for everyone to succeed.

We want to create a culture which broadens all of our horizons.

We want everyone to be able to tackle the challenges we will face in an ever changing world.

We want all of our children to effectively engage with each other and with our community.

Our values

We all believe...

Our local community deserves a school they can be proud of.

We are a caring community where everyone is welcome.

We all value, respect and support each other.

Our community has the right to be safe and healthy.

Our children should have the chance to enjoy and be enthused by their time in our school.

We all agree...

Everyone will always try their best and take pride in all that they do.

Everyone will demonstrate good manners at all times.

Everyone will respect each other and show consideration.

Everyone will respect and care for our environment and resources.

Everyone will celebrate each other's successes and achievements.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to arrange for supporting children at their school with medical conditions.

At Moorside Primary School we take our responsibilities with regard to the Health and Safety of our children, staff and visitors very seriously.

- We wish to support children at school with medical conditions and ensure that they are properly supported, so that they have full access to education, including school trips and physical education.
- The Governing Body **ensure** that arrangements are in place in school to support children at school with medical conditions.
- School leaders consult Health and Social Care professionals, children and Parents/Carers to ensure that the needs of children with medical conditions are effectively and accurately supported.

Introduction

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

Parents/Carers of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because children 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/Carers feel confident that schools will provide effective support for their child's medical condition and that the child feels safe. In making decisions about the support they provide, schools should establish relationships with relevant local Health Services to help them. It is crucial that schools receive and fully consider advice from Healthcare professionals and listen to and value the views of Parents/Carers and children.

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, impacts on their ability to integrate with their peers and affects their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a child's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit any negative impact.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, the Governing Body **must** comply with their duties under that Act. Some may also have Special Educational Needs and/or disabilities (SEND) and may have an Education, Health and Care Plan (EHCP) that brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the Special Educational Needs and Disability (SEND) Code of Practice.

In line with their safeguarding duties, the Governing Body should ensure that a child's health is not put at unnecessary risk for example from infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Moorside Primary School ensures that the 'Supporting Children with Medical Conditions Policy' is updated at least annually. The Head Teacher holds overall responsibility. We are committed to ensuring that staff are aware of procedures, are properly trained and that they put the appropriate risk assessments are in place. The policy will be monitored and discussed by the Full Governing Body.

If the school is aware of a medical condition, however minor, they will arrange a meeting with the Parent/Carer to discuss whether an individual healthcare plan is required. Information will be gathered to identify and assess the main needs that arise from the medical condition and these will be shared with staff, if deemed appropriate.

Individual healthcare plans

The guidance from the Department of Education is that 'Children with Medical conditions' should have an individual healthcare plan in place. Individual healthcare plans can help to ensure that schools effectively support children with medical conditions. They provide 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 Head Teacher, Healthcare professional and Parent/Carer should agree, based on evidence, when an individual healthcare plan would be inappropriate or disproportionate.

If an individual healthcare plan is deemed appropriate, then these will be reviewed annually or as required.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the Local Authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Individual healthcare plans will include the following:

- The medical condition, its triggers, signs, symptoms and treatments;
- The child's resulting needs, including medication (dose, timings, side effects and storage);
- Other treatments which including facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements;
- Environmental issues e.g. crowded corridors, travel time between lessons;
- Specific support for the child's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, 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/Carers and the Head Teacher for medication to be administered by a member (an agreed member of staff) of staff, or self-administered by the child 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, e.g. risk assessments; (and specific needs identified within this);
- Where confidentiality issues are raised by the Parent/Carer or 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. In some cases, children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

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 co-operatively with other agencies. Partnership working between school staff, Healthcare professionals (and, where appropriate, Social Care professionals), Local Authorities, Parents/Carers and children will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of children with medical conditions are met effectively.

Some of the most important roles and responsibilities are listed below:

- **Governing Body** – must arrange to support children with medical conditions in school, including making sure that a policy for supporting children with medical conditions in school is developed and implemented. They should ensure that children with medical conditions are supported to enable the fullest participation possible in all aspects of school life. The Governing Body should ensure that a sufficient number of staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to children with medical conditions are able to access information and other teaching support materials as needed.
- **Head Teacher** – should ensure that their school's policy is developed and effectively implemented with partners. The Head Teacher has overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support children in this way. They should contact 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 service. Please note as a school we currently buy into the school nurse service enabling us to have a school nurse on site once every two weeks.
- **School staff** – any member of school staff may be asked to provide support to children with medical conditions, including the administering of medicines, although they cannot be required to do so.
- **School nurses** – 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 that will require support in school.
- **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, epilepsy).

- Children – 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 children will often be sensitive to the needs of those with medical conditions.
- 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 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.
- Health Needs 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 co-operation between relevant partners such as the 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 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 children with medical conditions to attend full time. Where children 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 school for fifteen days or more because of this (whether consecutive or cumulative across the school year).
- Providers of Health Services – should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurse services and other Healthcare professionals such as specialist and children's community nurses, as well as participating 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) – 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 co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004. 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 – their inspection framework places a clear emphasis on meeting the needs of disabled children and children with SEND, and considering the quality of education and the progress made by these children. Inspectors are already briefed to consider the needs of children 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

This policy will be shared with Parents/Carers and staff to ensure that everyone is aware of their responsibilities. The Head Teacher will determine whether training is required and organise this appropriately.

Staff will not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). In some cases, written instructions from the Parent/Carer or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in a child's individual health care plans.

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/Carers should be asked for their views.

The child's role in managing their own medical needs

Children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily.

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

Managing medicines on school premises

- 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 sixteen should be given prescription or non-prescription medicines without their parent's written consent.
- A child under sixteen should never 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 alongside discussions with Parents/Carers.
- Where clinically possible, medicines should be prescribed in dose frequencies that enable them to be taken outside school hours.
- Moorside Primary School will 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 should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they 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.

- Moorside Primary 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.
- When no longer required, medicines should be returned to the Parent/Carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Record keeping

Moorside Primary School will keep records to protect to staff and children and provide evidence that agreed procedures have been followed. Parents/Carers should be informed if their child has been unwell at school.

Emergency procedures

Where a child has an individual healthcare plan, this should 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 children 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/Carer arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Day trips, residential visits and sporting activities

As part of the communication between Parents/Carers and staff, Parents/Carers should advise the schools of how their child's medical condition will affect their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.

Moorside Primary School will consider whether making reasonable adjustments might enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This will require consultation with Parents/Carers and children; and advice from the relevant Healthcare professional to ensure that children can participate safely. Please also see Health and Safety Executive (HSE) guidance on school trips.

Other Considerations - Asthma Inhalers

Currently all children that have an inhaler should have one in school at all times. All children that have been prescribed an inhaler will need an individual healthcare plan to be held in school. Changes to regulations regarding inhalers will mean that schools will be able to hold asthma inhalers for emergency use. This is voluntary, and the Department of Health is publishing a protocol that will provide further information.

Good Practice

- Ensure that all children can easily access their inhalers and medication and administer their medication when and where necessary.
- We will not 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.
- We will not penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.

- We will not prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- We will not require Parents/Carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No Parents/Carers should have to give up working because the school is failing to support their child's medical needs.
- We will not prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring Parents/Carers to accompany the child.

Liability and indemnity

Moorside Primary School holds Professional and Public Liability Insurance arranged through Zurich.

Complaints

Please see the separate complaints policy.

Other safeguarding 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 wellbeing of children at the school.

Section 175 of the Education Act 2002 provides that Governing bodies of maintained schools must arrange 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 wellbeing of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to co-operate in the making of these arrangements.

The NHS Act 2006: Section 3 gives Clinical Commissioning Groups (CCG) 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 is 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 is 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 children 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 who 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 children. 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 and Disability Code of Practice

12 www.gov.uk/government/publications/send-code-of-practice-0-to-25

13 www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions

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

[View links to other information and associated advice, guidance and resources e.g. templates, and to organisations providing advice and support on specific medical conditions.](#)

MEDICAL FORMS TO BE COMPLETED

Individual healthcare plan

Name of school/setting	Moorside Primary School
Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

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Daily care requirements

--

Specific support for the child's educational, social and emotional needs

--

Arrangements for school visits/trips etc.

--

Other information

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Describe what constitutes an emergency, and the action to take if this occurs

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Who is responsible in an emergency (*state if different for off-site activities*)

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Record of medicine administered to an individual child

Name of school/setting	Moorside Primary School
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of Parent /Carer _____

Record of medicine administered to an individual child

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			