

THE CROSSLEY HEATH SCHOOL ACADEMY TRUST
8225755



The Crossley Heath School

Savile Park, Halifax, West Yorkshire HX3 0HG

Supporting Students with Medical Conditions

September 2024

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THE CROSSLEY HEATH SCHOOL
MEDICAL NEEDS POLICY

Responsibility:	SENDCo
Reviewed:	September 2024
Date for Review (yearly review)	September 2025

This policy is to be read in conjunction with the SEND Policy, Mental Health and Wellbeing Policy and the DfE guidance document ‘Supporting students at school with medical conditions’ December 2015.

1. Introduction

Students may have a medical condition that affects participation in school life. A medical need is a clinically identified or diagnosed health need. This may be short term e.g. finishing a course of medication, broken limb or a long-term condition e.g. diabetes, epilepsy, that if not managed could disadvantage them and limit their access to education.

Some students with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010.

Some students may also have Special Educational Needs (SEN) and an Individual Learning Profile (ILP), or an Education, Health and Care (EHC) plan which brings together health and social care needs as well as their special educational provision (refer to SEND policy). These plans provide clarity about what needs to be done, when and by whom. Individual plans may be initiated by a member of school staff or another healthcare professional involved in providing care to the student. Where the student has a special educational need, the individual health care plan should be linked to the child's ILP or EHC plan where they have one. Students who have an Individual Health Care Plan will have their needs reviewed annually or earlier if the child's needs change.

The aim of this policy is to ensure that students 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 and medical professionals retain prime responsibility for their child's health and should provide the school with information about their child's medical condition. Appendix 1 (page 8) offers stakeholders guidance on notifying school about student medical needs and the subsequent communication processes.

Students should be kept at home if they are acutely unwell and, in the case of contagious diseases, should only return when they are no longer infectious.

Reasonable adjustments in school where possible. Medical evidence may need to be provided in some circumstances, for example a doctor's note is needed for long term granting of medical reasonable adjustments e.g. early lunch pass/toilet pass etc.

2. Aims

This policy aims to ensure that:

- Students, staff and parents understand how our school will support students with medical conditions

- Students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities

The Trustees will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of students' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support students with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant students
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Chris Davis (SENDCo).
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3. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting students at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting Students with medical conditions at school](#).

This policy also complies with our funding agreement and articles of association.

4. The Role of Staff

4.1 The Trustees

The trustees have ultimate responsibility to make arrangements to support students with medical conditions. The trustees will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

Trustees will ensure that staff who administer medicines and support students with significant or on-going medical needs have received suitable training and are competent before they take carry out their role. Any member of staff could volunteer or be asked to administer medicines to students but there is no compulsion or requirement for them to do so.

4.2 The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there are enough trained staff available to implement this policy and deliver against all Individual Healthcare Plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil 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

- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

4.3 Staff

Supporting students with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to students with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support students with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so. Teachers will consider the needs of students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

4.4 Parents/carers

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are always contactable

4.5 Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

4.6 Health Care Professional

Our school nursing service will notify the school when a student has been identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any Students identified as having a medical condition. They may also provide advice on developing IHPs.

5. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits, and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

6. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

7. Individual Healthcare Plans (IHPs)

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans 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 IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers 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.

IHPs will be linked to, or become part of, any Education, Health and Care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. Staff will consider the following when deciding what information to record on IHPs:

- 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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil's condition and the support required
- Arrangements for written permission from parents/carers 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
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition

8. Intimate Care Needs

Some students may have medical needs that require support for intimate care. For the purpose of this policy, intimate care can include: feeding, oral care, washing, dressing/undressing, toileting, menstrual care, treatments such as enemas, pessaries or suppositories, enteral feeds, catheter and stoma care, supervision of a child involved in intimate self-care, applying prescribed creams and ointments, administering, brushing hair and performing grooming activities.

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

- All children have an educational entitlement irrespective of their difficulties with toileting o every child has the right to be safe
- every child has the right to personal privacy
- every child has the right to be valued as an individual
- every child has the right to be treated with dignity and respect
- all children have the right to be involved and consulted in their own intimate care to the best of their abilities
- all children have the right to express their views on their own intimate care and to have such views taken into account
- Every child has the right to have levels of intimate care that are appropriate and consistent

Where anticipated, intimate care arrangements are agreed between the school, relevant medical professionals, parents and if appropriate, by the child. Intimate care plan agreements are signed by the parent and, where appropriate, by the child and stored in the child's file.

Designated staff will receive relevant training to ensure any intimate care needs are met appropriately and in line with best practice. Only in an emergency would staff undertake any aspect of intimate care that has not been agreed to by parents, the child or school. Parents would then be contacted immediately.

All staff and volunteers must adhere to the principles in the safeguarding and whistleblowing policy if they witness care not being provided in line with the care plan or if there are concerns that respect and dignity are not prioritised.

9. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so
and
- Where we have parents/carers' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

9.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

9.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers, and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

A priority lunch pass or toilet pass will only be issued when the school has received medical notification that this is necessary

9.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
 - Assume that every pupil with the same condition requires the same treatment
 - Ignore the views of the pupil or their parents/carers
 - Ignore medical evidence or opinion (although this may be challenged)
 - Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
 - If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
 - Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to, to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupils, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g., by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

10. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives or accompany the pupil to hospital by ambulance.

11. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

12. Record keeping

The Health Care Assistant will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place that all staff are aware of.

13. Liability and indemnity

The Trustees will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

14. Complaints

Parents/carers with a complaint about the school's actions regarding their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

15. Monitoring arrangements

This policy will be reviewed and approved by the governing board every year

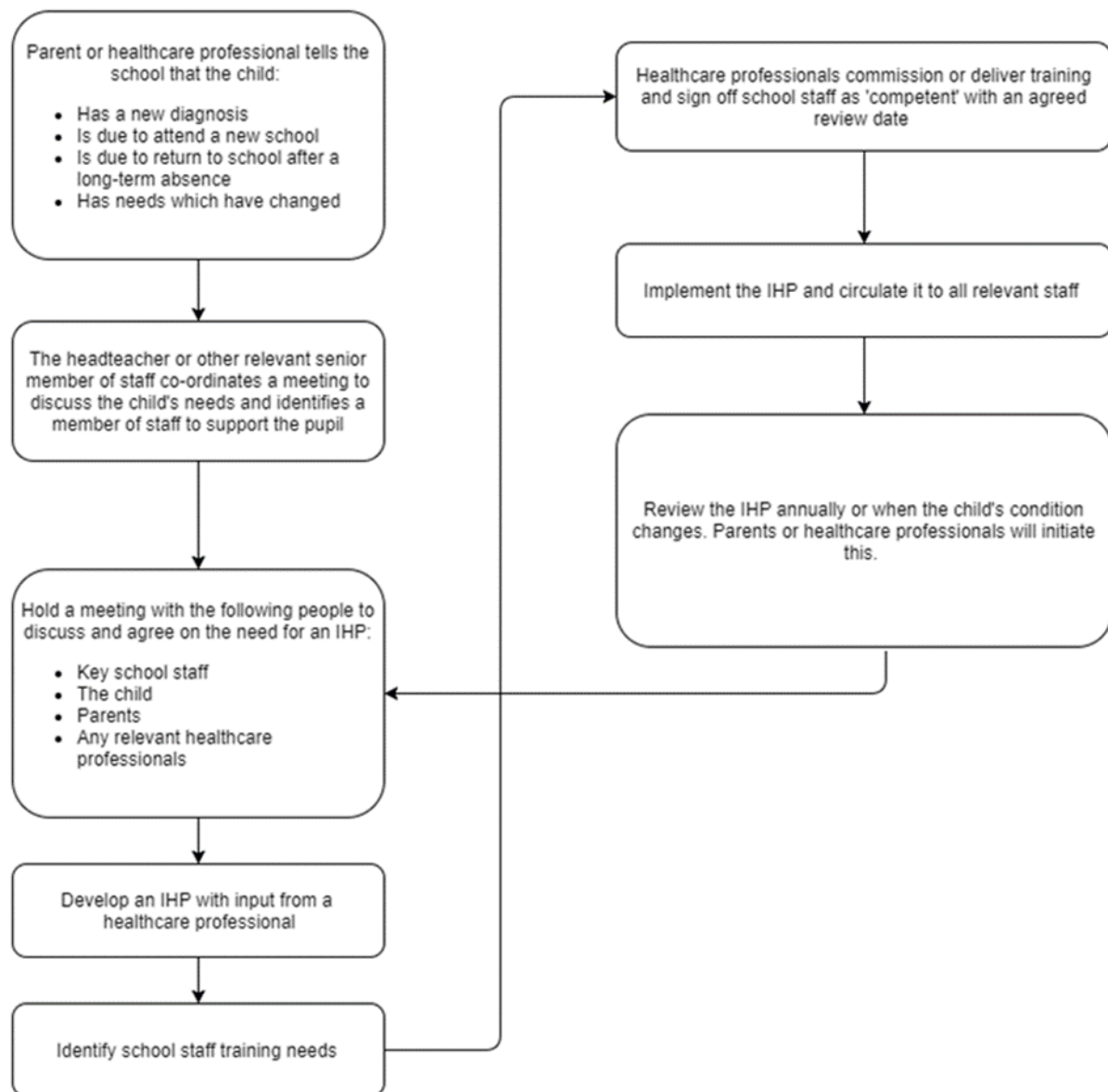
16. Links to other policies

This policy links to the following policies:

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- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition



APPENDIX 2

MEDICAL NEEDS
PARENTAL CONSENT FORM FOR SCHOOL TO HOLD MEDICINES/SUPERVISE SELF ADMINISTRATION

Student's Name	
Form	
Medical condition/illness	
Name/type of medicine	
Date dispensed	
Expiry date	
Dosage/timing	
Any precautions?	
Any side effects?	
Contact Details	
Date medication handed in to school	
Name	
Relationship	
Daytime phone number	
Medication held by student	YES/NO
Medication held by named member of staff	YES/NO

The information is to the best of my knowledge accurate at the time of writing, and I give consent for school to hold and where required supervise the administration of the medicine detailed above.

I will inform school immediately in writing if there is any change in dosage or frequency of medication or if the medicine is stopped.

Date_____ Parent (s) Signature_____

Appendix 3

Intimate Care Needs Plan

Use this template for pupils who need regular support with toileting, washing and/or changing.

PARENTS/CARERS	
Name of child	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for making sure care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
CHILD	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	

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Date	
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This plan will be reviewed twice a year.

Review Date:

Next Review Date:

Reviewer: