Kirkheaton Primary School

__Students with Medical Needs Policy_ 2025/2026

Date of Next Review:	Sept 25
Date of Implementation:	Sept 26
Date Approved by Governors:	
Policy Reviewer:	Richard Coates

Rights Respect Responsibility Resilience

1. Introduction

1.1
This policy is written in line with the requirements of:
· Children and Families Act 2014 - section 100
· Supporting students at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, Department for Education (DfE), December 2015
· 0-25 SEND Code of Practice, DfE 2015
· Mental Health and behaviour in schools: departmental advice for school staff, DfE November 2018
· Equalities Act 2010
· Schools Admissions Code, DfE December 2021
· ESCC Accessibility Strategy
· ESCC SEND Strategy
SEND MATRIX https://czone.eastsussex.gov.uk/inclusion-and-send/senmatrix/the-matrix/
East Sussex policy for the education of children and young people unable to attend school because of health needs (link: https://www.eastsussex.gov.uk/educationandlearning/schools/attendancebehaviour/too-sick/)
· ISEND Front Door https://czone.eastsussex.gov.uk/inclusion-and-send/frontdoor-referrals/ and include the following documents: Additional Needs Plan or IHCP, registration certificate and current medical evidence. Potential referrals can be discussed with TLP · 01273 336888

At Kirkheaton Primary School, our core values of Rights, Respect, Resilience, and Responsibility are embed

1.2
This policy should be read in conjunction with the following school policies
Inclusion & SEND Policy, Safeguarding and Child Protection Policy, Off-site Activities and Educational Visits policy, Equality Objectives and Accessibility Plan and Complaints Procedure Policy.

1.3
This policy was developed with the local authority, representatives of the governing body, healthcare professionals and parents/carers of students with medical conditions and this policy will be reviewed annually.

1.4

Systems are in place to ensure that the Designated Safeguarding Lead is kept informed of arrangements for children with medical conditions and is alerted where a concern arises, such as an error with the administering of medicines or intervention, or repeated medical appointments being missed, or guidance or treatments not being followed by the parents or the child.

aiming for success today to prepare for challenges and opportunities tomorrow. We are respectful, honest and courteous to empower each other on our unique learning journeys. We look after ourselves and each other, and show empathy, respect and compassion to all people and our environment along the way. We encourage tolerance, resilience and reflection, which in turn allows everyone to make progress every lesson. We work together as a harmonious community to be the very best versions of ourselves.
This makes us Kirkheaton
Ethos
At Kirkheaton Primary School, we aim to develop, in all our students, key values which we consider contribute to the achievement of what we refer to as, Personal Excellence.
Rights
To strive to do your best on all occasions. Take on new challenges and challenge yourself to reach the highest possible standards and be personally successful.
Respect
To respect and value all members of our community, recognising and celebrating our differences. Respect ourselves, valuing what we can each bring to our community.
Resilience
Understand the needs of others and support those who sometimes need our help. Contribute to charitable work which supports those less well-off in the world.
Responsibility
Be well mannered in all situations, displaying the basic courtesies that we all value. Greet those you work with regularly; be particularly welcoming and polite to visitors and show appreciation for those who support and work closely with you.
Responsibility
Always be honest, even when it may appear difficult. Be honest to yourself - know your strengths and your weaknesses.

2. Definitions of medical conditions

2.1
Students' medical needs may be broadly summarised as being of two types:

Short-term affecting their participation at school because they are on a course of medication.

Long-term potentially limiting access to education and requiring on-going
support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents/carers feel confident that the school will provide effective support for their child's medical condition and that student·s feel safe.

2.2
Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have special educational needs (SEND) and may have a statement or Education,
Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEND, this policy should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice (DfE January 2015) which explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs. For students who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this policy in respect to those children.

3. The statutory duty of the governing body

3.1
The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting students at school with medical conditions.
The governing body of Kirkheaton Primary School fulfil this by:

· Ensuring that arrangements are in place to support students with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;

· Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and

therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;

· Ensuring that the arrangements give parents/carers and students confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that students need;

· Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;

· Developing a policy for supporting students with medical conditions that is reviewed regularly and accessible to parents/carers and school staff (this policy);

· Ensuring that the policy includes details on how it will be implemented

· Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting students at school with medical conditions and that they are reviewed at least annually or earlier if evidence is presented that the student·s needs have changed (see section below on individual healthcare plans);

· Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting students at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided
(see section below on staff training and support);

· Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);

· Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);

· Ensuring that the policy sets out what should happen in an emergency situation
(see section below on emergency procedures);

· Ensuring that the arrangements are clear and unambiguous about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);

· Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);

· Ensuring that the correct level of insurance is in place and appropriate to the level of risk (see section on Liability and indemnity);

· Ensuring that the policy sets out how complaints may be made and will be handled concerning the support of students with medical conditions (see section on complaints).

4. Policy implementation

4.1
The statutory duty for making arrangements for supporting students at school with medical conditions rests with the governing body. The governing body have delegated the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

4.2
The overall responsibility for the implementation of this policy is given to the appropriate knowledge of school procedures to ensure such students are appropriately supported.

4.4
The SENCO will be responsible for arranging for the drawing up, implementation and ongoing review of the individual healthcare plan for each student, in conjunction with parents/carers, making sure relevant staff are aware of these plans. These plans will also apply to off site visits and other school activities outside of the normal timetable.

4.5
All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be

made aware of arrangements and guidelines in this policy, upon taking up their post.

5.
Procedure to be followed when notification is received that a student has a medical condition

5.1
This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when students' needs change. For children being admitted to Kirkheaton Primary School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to Kirkheaton Primary School mid-term, we will make every effort to ensure that arrangements are put in place as soon as practically possible.

5.2
In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life- threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and students can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

5.3
We will ensure that staff are properly trained and supervised to support students' medical conditions and will be clear and unambiguous about the need to actively support students with medical conditions to participate in offsite visits, or in sporting activities, and not prevent them doing so. We will make arrangements for the inclusion of students in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or providing support to students. In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and

consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by the SENCO supported by Heads of Year and/or Pastoral Support Leader staff, alongside a senior member of the Leadership team. From this an individual healthcare plan will be written in conjunction with the parent/carers by the SENCO, supported by both the pastoral and student support/medical team, and put in place.

6.
Individual healthcare plans

6.1
Individual healthcare plans will help to ensure that Kirkheaton Community School effectively supports students with medical conditions. They will 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. They are likely to be helpful in the majority of other cases too, especially where medical conditions are longterm and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher, with advice from the relevant parties, is best placed to take a final view.

6.2
Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan 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. Where a child has SEND but does not have a EHC plan, their special educational needs should be mentioned in their individual healthcare plan and Additional Needs Plan (ANP).

6.3
Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers 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. Students should also be involved whenever appropriate. The aim should be to capture

the steps which Kirkheaton Community School should take to help 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.

education or alternative provision, we will 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.

6.5
Where home to school transport is being provided by East Sussex County Council, we will support the development of any risk assessments and share the individual healthcare plan with the local authority and driver/escort. Where students have a life threatening condition or a medical need that requires an emergency response, individual healthcare plans should be carried on the vehicle detailing the procedure to be followed in the event of an emergency. In the event that home to school transport is not being provided by East Sussex County Council, the risk assessment and healthcare plan will be shared as appropriate.

6.6
Individual healthcare plans will suit the specific needs of each student, but will also include the following information:
· The medical condition, its triggers, signs, symptoms and treatments;

· The students 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 students 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 (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 nominated lead from Student Support, for medication to be administered by an appropriately qualified member of staff, or self-administered by the student during school hours;

· Separate arrangements or procedures required for offsite visits or other school activities outside of the normal school timetable that will ensure 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.

7.
Roles and responsibilities

7.1
Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at Kirkheaton Community School.

7.2
In addition we can refer to the School Health Team, using the online referral form which can be found at https://www.kentcht.nhs.uk/service/school-health-serviceeast-sussex/ for support with drawing up Individual Healthcare Plans, awareness training around common medical conditions, liaison with lead clinicians including identifying specialist training and advice or support in relation to students with medical conditions.

7.3
Other healthcare professionals, including GPs and paediatricians should notify the School Health Team when a child has been identified as having a medical condition that will require support at school. Specialist local health

teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy, anaphylaxis).

7.4
Students 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 or Additional Needs Plan. Schools should complete a Student Voice tool to support the development of these plans.

7.5
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 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.

7.6
East Sussex County Council will work with us to support students with medical conditions to attend full time. Where students would not receive a suitable support children with medical conditions at school.

7.8
The Ofsted common inspection framework promotes greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of students, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of students with special educational needs and disabilities, and also by students· spiritual, moral, social and cultural development. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

8.
Staff training and support

8.1

Whole school awareness training and briefings are arranged so that staff are aware of the school·s policy for supporting students with medical conditions and their role in implementing that policy.

School staff who have received training for administrating medicines are shown in Appendix A. Other specialist training undertaken by staff is available upon request.

8.2
We record staff training for administration of medicines and /or clinical procedures.

8.3
All staff who are required to provide support to students for medical conditions will be trained by healthcare professionals qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training ourselves and will ensure that it remains up-to-date.

8.4
Training should be sufficient to ensure that staff are competent and have confidence in their ability to support students with medical conditions, and to fulfil the requirements set out in the 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.

8.5
For the protection of both staff and children a second member of staff will be present while more intimate procedures are being followed.

8.6
Staff must not give prescription medicines or undertake healthcare 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

8.8
The family of a child will often be essential in providing relevant information to school staff about how their child's needs can be met, and parents/carers will be asked for their views. They should provide specific advice, but should not be the sole trainer.

9.
The child's role in managing their own medical needs

9.1
If, after discussion with the parent/carer, it is agreed that the child is competent to manage their own medication and procedures, they will be encouraged to do so. This will be reflected in the individual healthcare plan.

9.2
Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for selfmedication quickly and easily; these will be stored in the cupboard in the Student Support office to ensure that the safeguarding of other children is not compromised. Kirkheaton Primary School also recognises that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to selfmanage, then relevant staff will help to administer medicines and manage procedures for them.

9.3 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 and inform the DSL. Parents/Carers will be informed so that alternative options can be considered.

10.
Managing medicines on school premises and record keeping

10.1 At Kirkheaton Primary School the following procedures are to be followed: · 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 parents written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parent/carer. In such cases, every effort should be made to encourage the child or young person to involve their parents/carers while respecting their right to confidentiality.

· With parental written consent we will administer non-prescription medicines with the exception of aspirin or aspirin containing medicines, unless it is prescribed by a doctor. Medication, e.g. for pain relief, should never be administered

without first checking maximum dosage and when previous dose was taken. Parents/Carers should be informed.
· Where clinically possible, medicines should be prescribed in dose frequencies
· Medicines must be handed to a member of the Student Support office, as soon as the child arrives at school.
· Medicines will be stored safely in the Student Support office. All non- emergency medication will be kept in a locked cupboard used only for that purpose. Some medicines need to be refrigerated. These may only be kept in a refrigerator containing food if they are in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines.

· Students will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility in the Student Support office.

· Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors should be always readily available in Student Support and not locked away. Students requiring such devices are identified and a ·register· of affected students is kept up to date. Asthma inhalers should be marked with the child's name.

· A student who had been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another student for use is an offence. Monitoring arrangements may be necessary. Otherwise we will keep all controlled drugs that have been prescribed for a student securely stored in a non-portable container and only named staff will have access. The name of the person(s) responsible for the cabinet or administering medication should be stated on the cabinet. Controlled drugs should be easily accessible in an emergency. In cases of emergency the key must be readily available to all appropriate members of staff to ensure access. A record should be kept of any doses used and the amount of the controlled drug held in the school;

· Staff administering medicines should do so in accordance with the prescriber's instructions. Kirkheaton Primary School will keep a record of all medicines administered to individual students 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. Written records are kept of all medicines administered to students.

These records offer protection to staff and students and provide evidence that agreed procedures have been followed;

· Only one member of staff at any one time should administer medicines (to avoid the risk of double dosing). Arrangements should be made to relieve this member of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers medicines a system will be arranged to avoid the risk of double dosing, e.g. a rota, routine consultation of the individual child·s medicine record before any dose is given, etc.

· When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be ·

Procedures are in place to ensure that medication expiry dates are checked and that replacement medication is obtained.

11. Medication Errors

11.1 A medication error is when the administration deviates from the instructions of the medical professional and parent. Medication errors typically occur when schools have more than one student with the same name. Some examples of medication errors include administration of: · a medication to the wrong student

· the wrong medication to a student
· the wrong dosage of medication to a student
· the medication via the wrong route ·
the medication at the wrong time ·
missing a dose of medication.

11.2 Each medication error must be reported to the Headteacher, DSL and the parents.

The incident will also be reported via the ESCC online incident reporting system.
Procedures are in place to minimise the risk of medication errors.

12.
Emergency procedures

12.1 The Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

12.2 Where a student 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 students in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

12.3 If a student needs to be taken to hospital, staff should stay with them until the parent/carer arrives, or accompany a student taken to hospital by ambulance. The school is aware of the local emergency services cover arrangements and that the correct information is provided for navigation systems.

13.
Offsite visits and sporting activities

13.1 We will actively support students with medical conditions to participate in offsite visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

13.2 We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that students with medical conditions can be included safely. The individual healthcare plan will be updated with specific parents\carers and relevant healthcare professions and will be informed by our Offsite Visits Policy.

13.3. Staff with the role of administering medicines must have relevant and current training to do so. A first aid qualification does not cover the skills and knowledge required for the administration of medicines.

13.4. Specific procedures on the transporting, storing, etc of medication whilst on an offsite visit is detailed within the school·s Offsite Visits Policy.

14.
Work experience

14.1 The school will assess the suitability of work experience (WEX) placements, with support from the WEX Team. The risk assessment will include the activities being undertaken, travel to and from the placement, supervision during non-teaching time or breaks and lunch hours. This will not conflict with the responsibility of the employer to undertake a risk assessment to identify the significant risks and necessary control measures when students/young people below the minimum school leaving age are on site.

15.
Other issues for consideration

15.1 The Governing Body has approved the installation of a defibrillator and associated staff training. It is located outside Main Reception

16.
Hygiene/Infection Control

16.1 All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to appropriate PPE including protective disposable vinyl gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Further information is contained in the First Aid Policy and the Guidance for Schools on First Aid.

17.
Equipment

17.1 Some students will require specialist equipment to support them whilst attending school. Staff will check the equipment, in line with any training given, and report concerns to the relevant person in school.

17.2 The maintenance contract/safety checks for all equipment and the procedure to be followed in the event

of equipment failure, will be detailed within the individual healthcare plan.

17.3 Staff will be made aware of the use, storage and maintenance of any equipment.

· Prevent students from easily accessing their inhalers and medication and administering their medication when/where needed. · Assume that every student with the same condition requires the same treatment;

· Ignore the views of the student or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);

· Send students 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;

· Send a student, with a known medical condition, who becomes ill to the Student
Support office unaccompanied, or with someone unsuitable;

.
Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;

.
Prevent students from drinking, eating or taking toilet breaks whenever they need to in order to manage their known medical condition effectively;

.
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 parent/carer should have to give up working because the school is failing to support their child·s medical needs; or

.
Prevent children from participating, or creating unnecessary barriers to them participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

19.

Liability and indemnity

19.1 Staff who assist with administering medication to a student in accordance with the procedures detailed within this policy are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that these procedures are strictly followed, as described here. The indemnity though will not be given in cases of fraud, dishonesty, or criminal offence. In the most unlikely event of any civil action for damages being taken against you, the County Council will accept responsibility in accordance with the indemnity. Any member of staff will be fully supported throughout the process should an allegation be made.