



Leigh Academy  
**Milestone**

## **Supporting Pupils with Medical Conditions Policy**

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**Date:** May 2025

**Approved by:** Sarah Goosani

**Next review due by:** May 2026

## **Contents**

1. Aims
2. Legislation and statutory responsibilities
3. Roles and responsibilities
4. Equal opportunities
5. Individual healthcare plans
6. Managing medicines
7. Emergency procedures
8. Training
9. Record keeping
10. Liability and indemnity
11. Complaints
12. Monitoring arrangements

# 1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The Governing Board will implement this policy by:

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

**The named person with responsibility for implementing this policy is Sarah Goosani, Principal**

## 2. 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 pupils at their school with medical conditions.

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

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

## 3. Roles and responsibilities

### 3.1 The Governing Board

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

### 3.2 The Principal

The Principal will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHCPs), including in contingency and emergency situations following completion of a risk assessment as required
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHCPs
- 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 healthcare team
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Ensure a 'back to school' meeting is organised following a pupil has been away from school for an extended period due to medical needs or because they were admitted to hospital, the meeting will be chaired by a member of SLT and be attended by:
  - Parent/carer
  - Assistant Principal/Vice Principal
  - Class Teacher
  - School Healthcare Team
  - NHS Nursing Team if appropriate

- Moving and Handling Team if appropriate

### 3.3 Staff

Supporting pupils 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 pupils with medical conditions, including the administration of medication. Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training from Kent Community Health Foundation Trust (KCHFT) Special School Nursing Service, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All class staff will be familiar with IHCPs and know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

It is the teacher's responsibility to ensure all staff have read and understood the IHCP. Teachers sign [IHCP Change Form.docx](#) to confirm receipt of the new or amended IHCP and to say they will make sure all class staff will read the IHCP. Class staff are required to sign [IHCP amendment staff signing sheet.pdf](#) to confirm they have read and understood the IHCP.

Class staff will request additional support from the school medical team if required.

To support feeding needs, staff will read the feeding plan/dysphagia report prior to feeding a child if appropriate and will have had the feeding demonstrated by a member of the class team who already supports the child.

Class teams will liaise directly with families if a pupil comes into school unwell.

First Aid trained staff will lead in situations when First Aid is required.

### 3.4 Parents/carers

Parents/carers will:

- Take part in a pre-admissions meeting before their child starts school to inform school of any health needs their child has and the support they require
- 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 IHCP Provide copies of specialist reports or plans to be included in the IHCP via [pupilhealthcareplans@milestone.latrust.org.uk](mailto:pupilhealthcareplans@milestone.latrust.org.uk)
- Carry out any action they have agreed to as part of the implementation of the IHCP e.g. provide medicines and equipment.
- Send medicines in, in line with specifications of agreed IHCP as set out in the Medication Policy, for children who travel on transport, medicines will be given to the escort/driver, not put in a child's bag
- Not send pupils to school if they are unwell
- Understand that medical staff within school are not trained or qualified to diagnose medical conditions
- Be contactable at all times and have the means to have their child collected from school if required and ensure the school has up to date contact details at all times
- Attend a back to school meeting if their child has been away from school for an extended period due to illness, medical needs or because they were admitted to hospital, and share with the school the hospital discharge note if admitted to hospital along with any associated reports.
- Ensure medication that comes to and from school via home and respite settings is placed in a sealed envelope with the parents/carers signature across the seal, handed to school staff by an adult and not put into the pupil's bags.

## **Parents Employed as Staff**

In order to support children's health needs in school, it is imperative that the usual policies, standard operating procedures and protocols are followed. Class Teams are trained by the special school nurses to be competent to deal with the health needs of each child. Class staff and the medical team will follow the specialist plans as detailed in each child's IHCP.

Parents will be notified if their child is unwell, if they have had an accident or if there is an emergency at the appropriate time and way (home to school diary, telephone, email or in person) depending on the situation.

If, as a parent, they override or disagree with a member of staff's decision or management of an emergency situation, they will need to take your child off site and take full responsibility for their presenting medical condition.

## **3.5 Pupils**

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

## **3.6 School Nursing Service and other healthcare professionals**

Kent Community Health NHS Foundation Trust Special School Nursing Service is a commissioned service to work with the school to make sure children with complex health needs can access education safely. The special school nurses work collaboratively with school staff empowering them through training and competency assessments to support children's health needs in school.

Healthcare professionals, such as GPs and pediatricians, will liaise with the healthcare team via letter or to [pupilhealthcareplans@milestone.latrust.org.uk](mailto:pupilhealthcareplans@milestone.latrust.org.uk) and notify them of any pupils identified as having a medical condition. Parents will consent to medical professionals sharing health information with school.

Leigh Academy Milestone has a team of healthcare assistants who work with class teams, the special nursing service and other health professionals to support pupils' medical needs in school.

## **4. 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.

## **5. Individual Healthcare Plans (IHCP)**

The Principal has overall responsibility for the development of IHCPs for pupils with medical conditions.

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 pupils' best interests in mind and will set out:

- What needs to be done
- When
- By whom

All pupils have an IHCP. Plans will be drawn up in partnership with the special school nursing service, parents/carers and relevant healthcare professionals, who are required to provide specialist reports or plans. The pupil will be involved wherever appropriate.

Key medical information will be sent to the LA as part of the Annual Review for them to update Section C of the EHCP, the SEN will be mentioned in the IHCP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Governing Board and the Principal will cross reference the KCHFT NHS Medical Standard Operating Procedures and, if necessary, will consider the following when deciding what information to record on IHCPs:

- 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 factors
- 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 Principal 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/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements.

## 6. Managing Medicines

School follows the KCHFT NHS Trust's Medicines Policy for Supporting Children in Schools with Special Provision and Standard Operating Procedures.

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.

If pain relief etc. is to be given before 12pm, staff will ring the parents/carers first to check if a morning dose has already been given. This phone call is witnessed by a second member of staff and signed off by both. The documentation is then signed off by a member of the senior leadership team and placed in the pupil's medical file.

The school will only accept prescribed medicines that are:

- Medication in-date
- Correctly labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage
- Have the correct prescription or hospital letter

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. Where appropriate, pupils will be informed about where their medicines are at all times and be able to access them immediately. Emergency medicines and devices such as asthma inhalers, blood glucose testing meters, Buccalomid Midazolam and adrenaline pens will always be carried by trained staff supporting each pupil. These medications are locked away in the medical room overnight and signed in and out each morning and evening if the pupil is in school, by a trained member of staff. Trained staff are responsible for the safe handling and storage of the medication for that day and emergency medications must only be handled and administered by trained and competent staff. These medications must be passed to another trained and competent member of staff as required and must not be left unattended at all times.

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

Medication will be returned home and not kept on site during the Christmas, Easter and Summer holidays.

All medication that comes to and from school via home and respite settings must be in a sealed envelope with the parents/carers signature across the seal. It must be handed to school staff by an adult and not put into the pupil's bags.

School staff will not check or sign for this medication and therefore will not be responsible for the contents of the envelope. The medication will be locked away in the medical room for the duration of the school day before being handed back to the parent/carer/escort at the end of the day.

## 6.1 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.

All other controlled drugs are kept in a secure cupboard in a double locked box in the school medical room and only named staff have access. Controlled drugs are signed out and stored in a locked box for off site visits.

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

**All controlled drugs will be administered with two members of staff present. The amount given and who the drug is given by are recorded, and both staff members sign to confirm that the correct dosage is given.**

## 6.2 Pupils managing their own needs

Pupils who have the medical capacity 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 IHCPs.

Pupils will be allowed to carry their own medicines and relevant devices where appropriate and with support. 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 IHCP and inform parents/carers so that an alternative option can be considered, if necessary.

## 6.3 Unacceptable practice

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Separate any part of the IHCPs from their red folder – this includes photocopying separate sheets – unless in extreme emergency circumstances
- 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 IHCPs
- 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 in order 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 pupil, 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.

## **6.4 Asthma**

The Department of Health guidance on the use of emergency salbutamol inhalers in school (DH, 2015) recommends that school keep an emergency salbutamol inhaler – The inhaler should only be used for children who have a diagnosis of asthma and are prescribed a reliever inhaler. In this instance there should be a separate parental consent form (See Asthma Consent Form). This inhaler can only be used if the pupil's own inhaler is not available to them. To avoid possible risk of cross infection the plastic spacer is NOT to be reused. School to return the inhalers to the community pharmacy for safe disposal. School to obtain a new spacer as per guidance on obtaining an inhaler and spacer.

There is an emergency asthma kit at Leigh Academy Milestone. This is stored in the medical room. This is to be used only by children who have been prescribed a reliever inhaler and written parental consent to use the emergency inhaler if their inhaler is not available.

Ref: Leigh Academies Trust Administering Medicines Policy 4.7

## **7. Emergency procedures**

There are a number of First Aiders in all phases across the school. Staff will seek support from First Aiders. First Aid will be administered as required. See First Aid Policy.

Additional support is available from the medical team if needed by calling on channel 3 on the radio. Clear communication is essential, stating your location and what you need help with.

KCHFT Special School Nurses train staff to be competent in procedures so as to be able to follow pupils' IHCP and manage emergencies. All pupils' IHCPs clearly set out what constitutes an emergency for that child and explains what to do. A copy of the IHCP will be provided if required by emergency services.

It is very important to have clear roles especially when managing seizures e.g. note times of seizure, support and reassure the child, administer medication, call for assistance or an ambulance, communicate with senior leadership, site team if an ambulance has been called and admin team to call families. As class teams have been trained and competency checked for clinical procedures, they are expected to lead incidents. The medical team and senior colleagues will let you know that additional support is available and it is for the class team to communicate what support is needed.

Any member of staff can call an ambulance in an emergency situation. Class teams do not have to wait for a member of the medical team or senior leadership team to decide. When calling an ambulance, it is important to make sure you have all the information needed. It is usually best to call for an ambulance when you are with the child so you can provide the information needed.

Where there is an emergency that class staff are not able to deal with, class teams will decide if emergency services (999) must be called and support from the school medical team will be available. The senior leadership team must be informed but this must not delay a call for an ambulance. Parents and carers will be informed to take or accompany the child to hospital if required, staff will stay with the child until the parent/carer arrives.

A debrief and support for staff will be available as required.

### **7.1 Management of Enteral Feeds**

#### **Enteral Feeds**

If a child is fed enterally via a gastrostomy or jejunostomy, the feed must be administered by a member of staff who has completed the theory and competency training from KCHFT Special School Nursing Service. All the checks must be completed by a member of staff who has completed KCHFT's core / theory medication and gastro training.



### **Medication via Enteral Routes** (see See section 7.4 of

KCHFT Medicines Policy for Supporting Children in Schools with Special Provision). Only trained school staff that have completed their enteral feeding competency should administer enteral medication.

### **If a Gastrostomy Tube Comes Out**

(Reference: The Royal College of Nursing: Meeting Health Needs in Educational and Other Community Settings. The following clinical procedure should NOT be undertaken by unregistered health and non-health qualified carers: *Re-insertion of percutaneous endoscopic gastrostomy tubes, balloon type gastrostomy tubes or low profile devices except as advised in an emergency.\**)

The following procedure must therefore be followed:

School staff must be familiar with and follow KCHFT NHS Foundation Trust's Home Enteral Nutrition (HEN) Service Guidelines. A copy of this is available in the child's IHCP.

If a child has any type of gastrostomy or jejunostomy staff must radio the School Nurse and school medical team.

If a School Nurse is on site and available, they will lead the clinical decision making and management of the situation. If the tube is either a balloon gastrostomy or a button, the nurse would replace it and complete the necessary checks. If it is a jejunostomy, the nurse would maintain the stoma and the child would need to go to hospital.

In either case parents must be informed.

If a School Nurse is not on site, the Leigh Academy Milestone medical team will contact the Community Nurse (CCN) to inform them. If the Community Nurse is available, they will come to school to replace the tube.

If the CCN is not available, parents will need to come to school to replace the tube.

If parents are not able to get to school within the hour, only a trained and competent member of the medical team who has been trained by the KCHFT Community Nurse will reinsert a gastrostomy / Enplug into the stoma to maintain the tract. The gastrostomy site will be covered to maintain the stoma and keep the button in position. The tube can not be used until either a School Nurse, Community Nurse or Parent can complete the procedure.

If the child has a Continuing Health Package and their health needs are supported by an agency HCA or Nurse, this professional will lead on the clinical decision making and management of the situation as per the agency's care plan. The Leigh Academy Milestone medical team is available to support. School staff would inform the family.

## **8. Training**

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. Training will be provided by KCHFT Special School Nursing Service.

The training will be identified during the development or review of IHCPs.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Principal and CPD Leader. Training will be kept up to date and in line with what is deemed to be good practice.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfill the requirements in the IHCPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
- Enhanced training will be provided for any staff that require this

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

The Special School Nursing Service provides a training database. Each individual member of staff is responsible for their own competency training. Class leads are responsible for ensuring enough staff are trained and competent to support the medical needs of each child in their class. If more training is needed, class leads and individuals can request this from the special school nurses directly.

## **9. Record keeping**

The Governing Board will ensure that written records are kept of all medicine administered to pupils.

IHCPs are kept in the classroom and medical room, which all staff are aware of and must be taken for off site visits. They are also available on Behaviour Watch. IHCPs must be returned to where they are stored in the classroom as soon as the pupil returns to the room.

Only the original IHCPs must be used during the school day. Photocopies can be given to emergency services when needed.

Staff must document incidents and accidents on either an Accident Form on Behaviour Watch, a Safeguarding slip or a First Aid form depending on the situation.

The Medical Team will complete First Aid forms if they administer it or record the incident in the child's file.

The Medical Team Leader will carry out an investigation into incidents and near misses. This will be documented on the Incident / Near Miss form. Incidents and Near Misses will be followed up with an action plan.

## **10. Liability and indemnity**

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

## **12. Complaints**

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

## **13. Monitoring arrangements**

This policy will be reviewed and approved by the Governing Board every 2 years.