

Achieving Success Together



Mill Green School

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

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Introduction

Article 28 of the United Nations Charter on the Rights of the Child states that all children have the right to an education. Article 24 states that if every child has the right to the best possible health. This policy sets out the aims of Mill Green School to ensure that:

- Pupils, staff and parents 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

This policy should be read and understood alongside the following School and national statutory documentation and guidance:

- Mill Green School Vision and Values Statement
- Mill Green School SEND Policy and Report
- Mill Green School Children with Health Needs who Cannot Attend School Policy
- [The Education Act 1996](#)
- [The Education Act 2011](#)
- [The Equality Act 2010](#)
- [Special Educational Needs and Disability Code of Practice: 0 to 25](#)
- [Supporting pupils at school with medical conditions 2015](#)
- [The United Nations Convention on the Rights of the Child 1989](#)
- [Unison – Supporting Pupils AT School With Medical Conditions \(Revised January 2025\)](#)

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 (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

Roles and Responsibilities

The governing body

The governing body will ensure that arrangements are in place to support pupils with medical conditions. This includes school-led and partner services such as NHS commissioned clinical services, public health school nursing services and social care services, as required. It will ensure that such children can access the same opportunities at school as other children.

The governing body will take into account that many medical conditions that require support at school affect quality of life and may be life-threatening. The governing body will ensure that the arrangements focus on the needs of each child and how their medical condition(s) impacts on their school life.

The governing body will ensure that the arrangements that are put in place are sufficient to meet the statutory responsibilities and ensure that this policy, including procedures and systems are properly and effectively implemented.

The governing body will ensure that sufficient staff have received suitable training from identified partner services (NHS Integrated Care Boards and/or public health school nursing services) and are competent before they are responsible for supporting children with medical conditions.

The Headteacher

The Headteacher 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, including those commissioned by the NHS are 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
- Ensure that school staff are appropriately insured to support pupils with medical conditions.
- 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

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, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so. This will not extend to supporting those medical conditions which are long-term and require clinical or therapeutic support, including but not limited to gastrostomy, tracheostomy, postural support, physiotherapy or any other medical condition which requires direct intervention.

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

Parents

Parents will:

- 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 contactable at all times
- Ensure they or another nominated adult is contactable at all times and contact information is kept up-to-date.

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. In a Special School such as Mill Green this may be more difficult due to the needs of the young people. Where able, pupils 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.

The Local Authority

The Local Authority is the commissioner of school nurse provision and has a duty to promote cooperation between relevant partners such as the school's governing body and NHS commissioning bodies (Integrated Care Board).

Integrated Care Board

The [NHS Cheshire and Merseyside – Integrated Care Board](#) has a statutory responsibility to provide provision to:

- Ensure that the development, monitoring and Review of Individual Healthcare Plans (IHPs) are led by the appropriate commissioned service.
- Ensure that commissioned health services are in place within the school setting to ensure that the health and medical needs of young people are met on a day-to-day basis within the school setting. For example, those with long-term conditions, disabilities and additional health needs such as gastrostomy, tracheostomy care and postural support.
- Ensure that appropriate staffing is recruited to ensure that health support and services are appropriate and effective including NHS-employed staff such as registered healthcare professionals / healthcare assistants, physiotherapists / physiotherapy assistants, speech and language therapists and assistants. The commissioning of these should be informed by the health needs of the young people who attend Mill Green School and the legal responsibilities of the ICB to ensure that support and access to services is both arranged in a timely manner and has continuity during term-time.
- Ensure that their commissioning arrangements are adequate to provide the ongoing support that is essential to the safety of medically vulnerable young people whilst in school.
- Ensure that health-service providers co-operate with schools that are supporting children and young people with a medical condition.

The ICB should also be aware that the Local Authority are not responsible for commissioning medical / health related support, particularly in relation to clinical support in special schools.

As a Special School, Mill Green School recognises that pupils may have significant healthcare needs which fall outside of the remit of the Local Authority commissioned school nurses and as such will liaise with the ICB to ensure that these needs are met through NHS commissioned provision.

School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible or at the earliest opportunity, following admission to the school. The school nursing service, may also support staff to implement a young person's IHP and take part in the development, monitoring and review of any IHPs.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses, commissioned services and Senior Leaders to notify them of any pupils identified as having a medical condition. They may also provide advice on the development, monitoring and review of IHPs.

Delegation of Health Provision

Mill Green School is clear that there are limitations to the scope of school staff roles and responsibilities in providing health and wellbeing support to young people and adheres to the DfE guidance that clearly sets out the different commissioning responsibilities of the ICB for clinical services and the local authority for public health school nursing services. The shared understanding is essential to ensure the range of health needs that young people who attend Mill Green School are effectively and appropriately met at school.

Healthcare interventions may be considered suitable for delegation at the individual level e.g. from a nurse to a support worker. Where this takes place across organisations, the delegation must be legally compliant at an organisational level. Whilst specific provisions exist in the health and care statutory schemes that allow organisation level delegation, these provisions **do not** extend to the education sector.

Health-related activities carried out at Mill Green School are in agreement with staff and are taken on willingly and not imposed. Where relevant, duties are assessed and assigned on a person-by-person basis. It is not assumed that were a member of staff has agreed to support a young person with health needs, they have therefore agreed to, or a component to support other pupils.

Mill Green School will not propose amendments to an individual's job role or employment contract without consultation and agreement of said staff member, the Local Authority (as the employer) and representative trade unions.

Where a young person depends on health procedures and interventions that require registered healthcare professional delegation, the healthcare professional is responsible and accountable for ensuring any individual they delegate to receives appropriate training, including annual refresher training.

Where staff are provided with training to support agreed medical / health needs, healthcare professionals must provide confirmation of the proficiency of staff they have trained. Healthcare professionals must do so in accordance with their professional regulatory body standards e.g. The Nursing and Midwifery Council (NMC) or Health and Care Professional Council (HCPC), ensuring that any individual they delegate to has the appropriate skills, knowledge and competence to perform the task and to ensure that ongoing support is in place.

With regards to delegated activities, Mill Green School takes the stance that the general duty of care on schools and their staff does not confer obligations or powers to provide health services under the NHS Act 2006 and require that appropriate arrangements are in place for the ICB, health service providers and registered health care professionals to meet their respective legal and regulatory obligations of healthcare activity, including delegated interventions that pupils may require in school. This should cover any funding / resources around staffing, training and delegation arrangements, which should be identified and addressed in a timely manner to ensure that a child's medical condition does not prevent or restrict their access to school.

Supporting Achievement, Social and Emotional Wellbeing

There are often social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may become anxious or depressed. Long-term absences due to health problems may affect attainment, impact on a student's ability to sustain friendships and affect their wellbeing and emotional health. At Mill Green School we work closely with the pupil, their parents/carers and other practitioners to ensure that the impact of their medical needs on their achievement and social and emotional wellbeing is minimised.

Mill Green staff are highly skilled in providing excellent social and emotional support. Our team will develop bespoke programmes to support transition following a period of absence working with outside agencies where appropriate.

Equal Opportunities

At Mill Green we are 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 and any relevant healthcare professionals will be consulted.

Notification

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.

Individual Healthcare Plans

The responsibility of ensuring that there are IHPs in place at Mill Green School falls to both the Headteacher and the Integrated Care Board.

The Headteacher must ensure that young people with medical/health needs who attend Mill Green School, and whose need requires an IHP have one in place whilst in attendance at the school. It is however, the Integrated Care Board's responsibility to ensure that IHPs are developed, monitored and reviewed with input from the appropriate commissioned health professional(s).

Plans will be reviewed at least annually, or earlier if there is evidence that the young person'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 the appropriate healthcare professional and the parents 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, taking into account statutory responsibilities around ensuring that the health and medical needs of young people are met whilst in school.

Where there is a dispute, mediation with the appropriate bodies / organisations will be initiated, including, but not limited to the school, parent/carer(s), young person (where appropriate), lead health professional, Integrated Care Board representative, and Local Authority representative.

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

When determining the lead professional responsible for the development of the IHP, the medical condition of the young person and their needs will determine the appropriate lead i.e. whether a school-led plan or health-led plan is most appropriate.

A **school-led plan** may be appropriate in the case of a pupil who occasionally required over-the-counter medicines to manage a mild medical condition or who has a medical condition that does not require any direct intervention at school, but where staff need to be aware of the condition and how it may impact on their education.

A **health-led plan** would be appropriate for a young person with a diagnosed long-term medical condition such as asthma or epilepsy. The same is the case for any medical condition or health need that requires any direct intervention at school to manage the condition or to ensure that the young person is able to access school and associated activities.

It is essential that the responsibilities of health bodies and professionals are considered, alongside the limitations on schools and the education workforce. Mill Green School will not place an unbounded responsibility on the workforce for the development of, and provision set out in IHPs. Healthcare activities, including clinical activities which sit outside the scope of statutory duties and powers as education providers must be carried out by an appropriate health-commissioned service.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. All pupils at Mill Green have an EHC plan and the IHP will form part of the documentation discussed at annual or transition reviews.

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 headteacher / role of the individual with responsibility for developing IHPs, 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 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/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

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' written consent

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

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 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 to arrange for safe disposal when no longer required.

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.

The administration of controlled drugs is an NHS healthcare activity and as such, the ICB is responsible for arranging associated services and support in school.

All 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.

Administration of Buccal Midazolam

Buccal Midazolam can only be administered by a member of the staff who has volunteered and has been designated as appropriate by the head teacher/provider and who has been assessed as competent by the named school nurse or linked epilepsy nurse. Training of designated staff will be provided by an appropriate medical professional and a record of the training undertaken will be kept by the head teacher/provider. Training will be updated at least once annually.

The prescription and consent form should reflect the specific requirements of each case and advice should be sought from specialist nurses/Consultant/GP.

1. Buccal Midazolam can only be administered in accordance with an up-to-date written prescription sheet from a medical practitioner and the signed consent form. It is the responsibility of the parent/carer if the dose changes, to also obtain a new prescription sheet from the GP/Consultant/Advanced Practitioner. The old prescription sheet should then be filed in the child's records.
2. The prescription sheet and Individual Healthcare Plan should be renewed yearly. The school nurse/health visitor will check with the parent/carer that the dose remains the same.
3. The consent form, prescription sheet and IHP must be available each time the Buccal Midazolam is administered; if practical it should be kept with the Buccal Midazolam.

4. Buccal Midazolam can only be administered by designated staff who have received training from an appropriate medical professional . A list of appropriately trained staff will be kept.
5. The consent form, prescription sheet and IHP must always be checked before the Buccal Midazolam is administered.
6. It is recommended that the administration is witnessed by a second adult.
7. The child should not be left alone until fully conscious with regular monitoring following administration. Parents/carers must be notified and a replacement provided the next day to ensure there is always a dose of Buccal Midazolam in school.
8. The amount of Buccal Midazolam that is administered must be recorded on the child's Buccal Midazolam record card. The record card must be signed with a full signature of the person who has administered the Buccal Midazolam, dated and parents/carers informed if the dose has been given in an emergency situation.
9. Each dose of Buccal Midazolam must be labelled with the individual child's name and stored in a locked cupboard, yet readily available. The keys / code should be readily available to all designated staff.
10. School/setting staff must check expiry dates of Buccal Midazolam each term. In special schools the school nurse / doctor may carry out this responsibility. It should be replaced by the parent/carer at the request of school/setting or health staff.
11. All staff who are designated to administer Buccal Midazolam should have access to a list of children who may require emergency Buccal Midazolam. The list should be updated at least yearly, and amended at other times as necessary.

Record Keeping

When a pupil is administered medicine, an individual written record of it will be kept in school. This record will include:

- Name of pupil
- Date and time of administration
- Who supervised the administration
- Who witnessed the administration
- Name of medication
- Dosage given
- A note of any side effects/reactions observed - Parents should be informed if their child has been unwell at school

In addition to individual pupil medication records, a daily record is kept of all medicines administered for cross-reference.

Medication Errors

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 pupil with the same name. Some examples of medication errors include:

- administration of a medication to the wrong pupil,
- administration of the wrong medication to a pupil
- administration of the wrong dosage of medication to a pupil,
- administration of the medication via the wrong route,

- administration of the medication at the wrong time

Any medication error **must** be reported to the Headteacher and immediate advice sought from medical professionals, either NHS 111 or 999 Emergency Services. Parents/Carers must be immediately informed. All information, including other medications being taken must be shared with professionals.

Any medication error will result in a fact-finding investigation taking place and a report filed to St Helens Health and Safety Team.

To avoid medication errors, student's medication should be held in a sealed bag with a recent photograph of the student. All medications administered are witnessed by a second member of staff.

All staff involved in the administration of medication receive appropriate training, including annual refresher training provided by the ICB as a delegated healthcare task.

Refusing Medication / Medical Intervention

If a pupil refuses to take their medication/medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the pupil's record sheet. Any medication not administered will be disposed of safely by the school.

The reason(s) for refusal to take medications/medical intervention must also be recorded, as well as the action then taken by the member of staff.

Parents/carers will be informed as soon as possible. Where the pupil is potentially placing themselves at risk by refusal, parents/carers will be informed immediately.

Where a parent / carer cannot be contacted and the refusal to take medication will have life threatening or life- limiting implications then a critical incident response must be undertaken. In cases where medications for life threatening conditions are prescribed, a risk assessment and action plan must be in place. It is vital that a parent/ carer/ responsible adult is contactable at all times. If a parent cannot be contacted, the Headteacher will continue to act in 'loco parentis' and will seek further medical advice if the situation is not immediately life threatening. Emergency Services will be contacted when necessary. Any decision made by the school would include Headteacher and Deputy Headteacher and other relevant senior leaders. Class teachers/ teaching assistants and/ or support staff will not be responsible for decision- making relating to refusal to take medication or what steps are taken to safeguard the pupil in this instance.

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
- 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 in order to manage their medical condition effectively
- Require parents, 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 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 to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

Supporting children and young people with allergies & medical conditions

On receiving information regarding allergies or medical conditions all staff are made aware of the allergy or medical need immediately. The Pastoral Support will then liaise with families and professionals to develop a healthcare plan and deliver any necessary staff training. Where appropriate they will then develop an allergy student profile which includes a picture of the student, a description of the allergy and allergic reaction symptoms. Profiles will be shared with all staff and held in the student file.

Parents/carers must provide two Epi-Pens where applicable, one of these should be kept in the students' classroom / with staff and the other held centrally. The admin team will check Epi-Pens routinely to ensure they are 'in date'. Epi-Pens must be taken on school trips and visits and held by an adult who is trained to administer it.

Teachers and support staff will be trained on how to use an Epi-Pen with a central list held of the staff trained and their training.

Emergency Procedures

All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.. Where a potential new emergency situation e.g. a new medical event not previously observed / reported and not included in the IHP, staff will follow the school's normal emergency procedures, for example, calling 999.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance. Staff will not transport pupils to hospital in their own cars.

Training

When referring to training to support pupils with medical needs, Mill Green School considers the following:

School-led training: First aid and administration of over the counter medicine e.g. paracetamol for pain relief or anti-histamines to manage hayfever symptoms.

Health-led training / delegation: Administering insulin to manage diabetes or buccal midazolam to manage a seizure, following a simple, written programme from physiotherapy or following a simple, written programme from a registered Speech and Language Therapist.

Staff who support pupils with medical needs will receive suitable and sufficient training to do so from healthcare professionals. This 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 / role of individual. 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 for agreed medical/health related tasks
- Help staff to have an understanding of 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.

Record Keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school and this will be recorded on SIMS (and CPOMS where appropriate).

IHPs are kept in pupil files, with hard copies stored in the Medical Room.

Working with other professionals

Mill Green School works closely with a range of other professionals when supporting a child with medical needs including GPs, school nurses, psychologists and specialist provision in hospitals etc.

We have the support of the school nursing service and other medical professionals for young people with complex health needs who work closely in partnership with the school and parents/carers.

Complaints

Parents/carers with a complaint about their child's medical condition should discuss these directly with the Deputy Headteacher (Cassie Surrey) the first instance. If the matter is not resolved, they will direct parents to the school's complaints procedure.

Monitoring Arrangements

This policy will be reviewed annually by Cassie Surrey (Deputy Headteacher). At every review, it will be approved by the full governing board.

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