



Supporting Pupils with Medical Conditions Policy

Date	September 2025
Written by	Lulu Stanier-Martin Charlene Stewart
Approved by	Joe Creswick
Approval date	September 2025
Review date	September 2026

Introduction

- The Children and Families Act 2014 includes a duty for schools to support children with medical conditions
- Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEN Code of Practice will also apply
- All children have a right to access the full curriculum, adapted to their medical needs and to receive the on- going support, medicines or care that they require at school to help them manage their condition and keep them well
- We recognise that medical conditions may impact social and emotional development as well as having educational implications
- Our school will build relationships with healthcare professionals and other agencies and in order to support effectively pupils with medical condition

1. Aims

This policy aims to:

- Ensure that all pupils with medical conditions, in terms of physical and mental health are appropriately supported in school so they can be present and participate safely in school life and achieve the highest standards
- Secure sound partnership working with parents and carers so they are confident in knowing that the school arranges effective support for their child's medical needs
- Establish effective working relationships with appropriate health service staff to secure the specialist provision and support required to meet the complex clinical needs of pupils whilst in school

2. Roles and responsibilities

The Named Person responsible for children with medical conditions is the Executive Headteacher, in consultation with the school nursing team.

This person is responsible for:

- Arranging for relevant staff to be informed of medical conditions
- Arranging for training for identified staff so staff are booked onto relevant training
- Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information
- Assisting with risk assessment for school visits and other activities outside of the normal timetable
- Developing, monitoring and reviewing Individual Healthcare Plans
- Working together with parents, carers, pupils, healthcare professionals and other agencies and checking that the Nursing Team are aware of new starters

The Local Advisory Board is responsible for:

- Determining the school's general policy and ensuring that arrangements are in place to support children with medical conditions

The Executive Headteacher/Senior Leaders are responsible for:

- Overseeing the management and provision of support for children with medical conditions
- Ensuring that sufficient trained numbers of staff are available to implement the

policy and deliver individual healthcare plans, including to cover absence and staff turnover

- Ensuring that school staff are appropriately insured and are aware that they are insured
- Ensuring the nursing team are informed of class lists for the following year and class moves mid-year in order to ensure adequate planning and preparation time.
- Auditing class medical care plans and recording charts.

Parents and carers are responsible for:

- signing and returning to the school nursing team all care plans
- providing school with up to date information regarding their child's medical needs, including any emergency medication given within the last 24 hours.
- Ensuring medical equipment, that is recommended for use by medical professionals and written into care plans, is sent into school daily with their child or kept in school where appropriate.
- Ensuring all mains charged medical equipment, which is sent into school is, where appropriate: fully charged, in full working order, has spares (for example giving sets for pumps or bags and yankers for suction machines) and is serviced annually.
- Ensuring medical equipment and medicines are in date and replacements are organised prior to dates expiring. This includes, but not limited to, extension tubes, creams, medications, and oxygen
- Ensuring all medicines need a prescription label. Any medicines opened prior to coming into school need an opening date written on.

Parents and carers need to be aware that we cannot accept a child into school if:

- They do not have emergency medication (within expiry date) or medical equipment detailed in their agreed Care Plans.
- They do not have spares for medical equipment, with them or in school, that may be required during the school day, for example spare oxygen masks, bags and yankers for suction machines, giving sets for feed pumps.
- If this happens regularly it will be escalated as a safeguarding concern.

Pupils:

- School will involve pupils, as appropriate, in all discussions concerning their own medical condition and implementation of their health care plan

Teachers and Support Staff are responsible for:

- The day-to-day management of the medical conditions of children they work with, in line with training received in house
- Working with the named person, ensuring that risk assessments are carried out for school visits and other activities outside of the normal timetable
- Providing information about medical conditions to supply staff who will be covering their role where the need for supply staff is known in advance
- School will involve parents and carers fully in the development, implementation and review of the healthcare plan
- Communicating directly with parents and carers regarding changes observed in school in relation to medical conditions, any concerns and to inform of expiry dates coming to an end and request for new medications or equipment to be sent into school.
- Communicating directly with the school nursing team regarding changes observed in school in relation to medical conditions and any concerns.

- The safe storage of medications and equipment, ensuring medications are in date
- Ensuring that emergency medication is kept safely with the child in a red labelled bag and should not be left unattended at any time. However, whilst in their main classroom the emergency medication will be stored safely and accessible at all times.
- Knowing when their training is due to expire and liaising with Charlene Stewart to re-book training.
- Ensuring medication is signed in and out on the appropriate form.
- Ensuring correct record keeping in class as directed by their training

NB: Any trained teacher or support staff member **may** be asked to provide support to a child with a medical condition across the school, including administering medicines.

The SEND Team are responsible for:

- Informing the school of all potential new pupils as part of the consultation process

The Nursing Team are responsible for:

- Assessing potential new pupils and informing the SEND Team on whether their medical needs can be met at Ridgeway.
- Providing support and training for staff directly linked to individual care plans or organising training from other providers
- Liaising with parent and carers and other health professionals to ensure care plans are written and updated annually or as they are made aware of changes

Procedure when notification is received that a pupil has a medical condition / change to medical needs

- The named person will liaise with relevant individuals, including as appropriate parents/carers, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child
- Where appropriate, an individual care plan will be drawn up by the nurses and agreed with parents/carers and the paediatrician, if necessary
- Nurses will identify any training needs/equipment
- Nurses to inform school of the date when medical support for that pupil can commence

3. Care plans

- A Care Plan will be written for pupils with a medical condition that is long term and complex
- It will clarify what needs to be done, when and by whom and include information about the pupil's condition, special requirements, medicines required, what constitutes an emergency and action to be taken in case of an emergency clarity
- All of our pupils have an EHC Plan. Occasionally children will be accessing school on an assessment basis while awaiting the EHC Plan. All children who require them will have Care Plans
- Care Plans will be reviewed as deemed necessary by the Nursing Team
- Some pupils may have an additional risk assessment, written by school staff, around management of their medical needs during the school day
- Staff are responsible for being aware of the Care Plan and any risk assessments, particularly when planning educational visits and going off site
- Staff **MUST** highlight any concerns about the implementation of Care Plans and additional training that may be required to meet the needs of the pupils. They should alert the Nursing Team and SLT

- Care plans will be update annually but if medical needs change, it is the responsibility of parents and carers to inform the Nursing Team IMMEDIATELY. The Nursing Team can assess needs and implement any changes prior to the child returning to school. They will also amend the Care Plan.

4. Administering medicines

Medicines will only be administered at school when it would be detrimental to the child's health or school attendance not to do so.

Medication in school:

- Under certain circumstances the Executive Headteacher may designate school staff who have undergone training in administering medicines to undertake the administration of medicines
- Those involved with the dispensing and administration of medication must do so in accordance with the following:
 - The names of all the pupils receiving medication must be listed in the medicines file
 - Medicine type and dosage to be checked against prescription label and signed consent form in medicine file
 - All staff to follow the 5R's rule.
 - All medication given to be recorded and signed in medicine file by **TWO** trained members of staff immediately after administration
 - Two members of staff are required to administer and sign when administering medicines, including thickener.
- Written consent from parents must be received before administering any medicine to a child at school – this consent should be stored in the class medical folder.
- Medicines will only be accepted for administration if they are:
 - Prescribed
 - In-date
 - Labelled (with correct name)
 - Provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage
 - The exception to this is insulin which must be in date but will generally be available inside an insulin pen or pump, rather than in its original container
 - We will not administer antibiotics unless these are prescribed to be given 4 times a day
 - Any pain relief will only be given for certain conditions in liaison with parents and carers, it will not be given to a child who is unwell but may be given for pains such as period pain, or pain after an operation. This will be individually assessed.
 - Other non-prescription medicines (for example nappy rash creams) can be administered with the agreement of both parents and SLT, a consent form needs to be completed.
- Medicines should be stored safely. All staff should know where their medicines are at all times. Emergency Medication should be stored out of reach of all pupils and a named person will be responsible for keeping it safe. At all times that person must be aware of the location of that medication
- Written records will be kept of all medicines administered to children – this will be done by the person administering the medication
- For instances when the Executive Headteacher designates staff to administer medications, the nursing team will provide training on safe administration of medication which includes advice on dosage and record keeping
- All staff administering medications must only be administering to one pupil at a time

- Staff will wear a red tabard when administering regular medicines and should not be interrupted unless in an emergency.
- Staff will ensure they have a clean, tidy area to prepare medication

Emergency medication -

- Pupils with medical conditions must have immediate access to emergency medication and not be locked away.
- Parents/carers are required to provide school with prescribed medication
- All medication must have a prescription label and use by / expiry date
- All medication must be stored with the individual care plan
- Care plans will be produced and reviewed by the nursing team
- Care plans must be signed by parents/carers and in date
- Training and the administration of emergency medication will be given by the nursing team. Staff should book onto relevant training within set time scales
- Emergency medication should be checked regularly to ensure it's safe to use.
- Pupils should not attend school if they do not have their emergency medication in school. Staff should alert a member of SLT to discuss this.
- Records of this training are kept by the school Administrator responsible for Training, as well as the trained individual

Medication being brought into school

Some pupils may need to bring medication into school for storage as they arrive from respite. These medications must be handed over in a secure bag. It is the parents/carers responsibility to ensure all medication is stored correctly. All overnight bags are stored in a locked safe space in school.

Medication brought in for a pupil that will be needed the same day must have a signed consent form from parents/carers and handed over to class staff and stored appropriately.

Thickener

Thickener textures on the prescription label must comply with the Speech and Language Therapist report for individuals. Thickeners must be discarded after a certain period of time (products vary) from being opened even if the product is still in date and has not been finished. This applies to a made-up drink and when it is still in its natural form. Only medicine trained people can give a thickened drink for those who are on the IDDSI grading. A minimum of two medicine trained people should be making up the drink together. The two people who have made up the drink can only administer to the relevant pupil, however, if all medicine trained staff have seen that drink being made up, then they can administer accordingly. If they have not seen this being made up then only the two designated staff who have prepared the drink can administer.

5. Administration of a blended diet

A blended diet includes everyday foods which are blended to a liquid consistency and administered via an enteral feeding tube. Good food and hand hygiene methods need to be followed when preparing, storing and administering a blended diet to avoid and minimise the risk of bacterial contamination. A blended diet may be administered in school providing there is a written agreement between parents/carers, school, Special School Nurses and the dietician.

- All staff administering a blended diet will have completed the training provided by the nursing team for gastrostomy feeds and additional competencies signed off for blended diet feeds.
- All staff administering a blended diet will have completed a basic food hygiene certificate.
- Blends may be prepared by the school kitchen in line with dysphagia training

- Blends may be provided by parents/carers, provided they;
 - are transported in a suitable container
 - do not contain nuts
 - can be stored in school in accordance with food hygiene guidance and blended diet information provided by Bedfordshire Community Health Services.
- Appendix B is the Policy for Blended diet via Enteral Feeding Tubes in Children from the Dietetic Service. This policy contains the Administration of the Blended Diet competency to be completed by a registered nurse.

6. **Dysphagia**

Aims of Speech and Language Therapy Input for Pupils with Dysphagia

The aims of Speech and Language Therapy (SLT) input are to:

- Minimise and reduce the clinical risk of **aspiration** as far as possible.
- Provide and support the use of **compensatory strategies** where appropriate.

Role of the Dysphagia Speech and Language Therapist (Dysphagia SLT)

Raise Awareness and Provide Training

- Deliver **introductory dysphagia training** to the wider staff team, including catering staff.
- Provide **bespoke training and coaching** to staff directly supporting pupils with dysphagia, as required.

Respond to Concerns

- Respond promptly to any concerns raised by school staff regarding pupils' eating and drinking.

Make Recommendations

- Provide **written advice** for pupils with dysphagia. This advice will be created by a **Dysphagia SLT**
- Follow the **IDDSI (International Dysphagia Diet Standardisation Initiative) Guidelines**.
- Recognise that **other eating and drinking plans** may also be in place as recommended by dietitians or other specialist medical professionals.
- **Update written advice** as needed, based on ongoing assessments or changes in the pupil's needs.

Review

- Manage and maintain each pupil's **safety, nutrition, hydration, and comfort needs**.

Responsibilities of Core School Staff, Lunchtime Supervisors, and Catering Staff

All relevant staff must:

- **Attend introductory dysphagia training** run by a **Dysphagia SLT**
- **Ensure food and drink are presented appropriately** in accordance with pupils' written dysphagia advice.
- **Implement recommendations** as outlined by a **Dysphagia SLT**
- **Report any incidents or concerns** following the school's safeguarding policies and procedures.
- **Inform the Dysphagia SLT team** of any changes in a pupil's eating or drinking.

7. **First aid**

Please see the First Aid Policy.

- First aid is defined as treatment delivered in one of two situations:
 - Where a person needs medical treatment, action to preserve life and/or minimise the consequences of injury until qualified assistance is given
 - Where a person has a minor injury which must be treated but does not require medical attention
- First aid boxes are strategically located throughout school. The boxes contain statutory items only

- A list of trained first aiders will be displayed throughout the school
- After any accident an accident report should be completed in consultation with all involved and signed and passed to senior leadership team for signing off. This will then be recorded with the Bedford Borough Council.
- Accidents involving pupils **must** result in parents/carers being informed
- Medicines will only be administered at school when it would be detrimental to the child's health or school attendance not to do so

8. **Sharps in school** – please see Appendix B. Some pupils may need have medicines in school administered by a needle or syringe. These must be stored, handled and disposed of in accordance with the school's Sharps Risk Assessment.

9. **Oxygen in school** – please see Appendix C. Some pupils in school may require the use of oxygen canisters, these must be stored and handled in accordance with the advice at Appendix D. The Site Team and relevant emergency authorities must be informed of the location of the canisters with the correct signage on the storage.

10. Action in emergencies

Please see Appendix A for protocol for calling an ambulance.

11. Activities beyond the usual curriculum

- Reasonable adjustments will be made to enable pupils with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum
- When carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted where appropriate

12. Complaints

- An individual wishing to make a complaint about actions regarding the school's actions in supporting a child with medical conditions should discuss this with the school in the first instance
- If the issue is not resolved, then a formal complaint may be made, following the complaints procedure as set out in the complaints policy

13. Medical treatment in school

- If a child is unwell in school staff will contact SLT for approval that parents/carers can be contacted
- Parents/carers must make arrangements to have their child collected promptly if asked to do so by school
- Nurses are not able to diagnose a pupil condition; they may be able to offer advice to parents/carers
- School will take advice from DfE Guidance, concerning infection control in schools and other childcare settings, for exclusion advice and children's return to school after an illness

14. Equality impact statement

We will do all we can to ensure that this policy does not discriminate, directly or indirectly. We shall do this through regular monitoring and evaluation of our policies.

15. Linked policies

- Equality Objectives Policy

- Child Protection & Safeguarding Policy
- Health and Safety Policy
- First Aid Policy
- Infection, Prevention and Control Policy

Appendix A
Protocol for calling an ambulance for a pupil.

- **If on your own, call for help.**

- If the pupil has a **care plan** – follow the procedure detailed on the plan

- For all other pupils – call **ambulance (999)**, call Reception (01100) and a member of SLT using the radio.

- **AMBULANCE – Call 999**, give school name and address, **Ridgeway Special School, Hill Rise, Kempston, Bedford MK42 7EB**. Give as much information relating to the pupil as possible, **current state, age, condition, medication, which entrance you would like them to come to.**

- **Reception (01100) - tell them your exact location, that you have a medical emergency, that you have called for an ambulance, and the class name. Then alert a member of SLT to come to you. Ask reception to keep any eye out for the ambulance so they can direct the paramedics to you.**

- Consider whether other pupils can leave the immediate space to ensure safety of ALL pupils.

- Call parents/carers to inform of the situation and to arrange next steps.

- If possible – at least one person to remain with the pupil, one person makes the phone calls, other members of staff to remove the other pupils from the situation and support.

- Once pupil is safe and taken care of, check all staff involved are ok and seek support if needed.

APPENDIX B

RA3 Risk Assessment and Management (Activity) Description of activity:

Sharps – needles/ Epi Pens

Assessor/date:

Hazards	Risks	Control measures
<p><i>What hazards can be identified which may cause harm?</i></p>	<p><i>What is the potential harm and who is at risk of harm?</i></p>	<p><i>What needs to be done (in addition to normal arrangements) in order to reduce the risk of harm?</i></p>
<p>Hypodermic needles</p> <p>EpiPen</p> <p>Broken glass</p> <p>Blood</p> <p>Pupil behaviour</p> <p>'Sharps' are needles, blades (such as scalpels) and other medical instruments that are necessary for carrying out healthcare work and could cause an injury by cutting or pricking the skin. (Definition from HSE.gov.uk)</p>	<p>All pupils and staff are at risk from:</p> <ul style="list-style-type: none"> • Injury from needle/broken glass • Blood borne viruses – Hepatitis B, Hepatitis C, HIV etc. 	<p>The pupil’s care plans must be followed precisely. Training on how to do this safely will be provided by a registered nurse. Only staff who are signed off as competent should administer either blood glucose tests, insulin injections or epi pens</p> <p>A medical bag to be carried with a named member of staff at all times. The staff rota will identify which member of staff is working with the pupil. This is sent to and from school each day.</p> <p>Clinical waste bin must be available to dispose of any items that have come into contact with blood/medications. This is stored in the nurses room in the large cupboard. e.g. blood glucose test strips, tissues etc. This must be a bin with a lid and kept out of reach of pupils.</p> <p>Discarded sharps/ needles must only be disposed of in bins designated for that purpose.</p> <p>If insulin/epi pen is needed when away from the classroom, the needle will be stored in a sealed container within the</p>

		<p>bag until staff are able to dispose of it safely in the sharps bin.</p> <p>Plastic sharps containers must be labelled with the pupil name and classroom and stored in lockable cupboard at all times.</p> <p>Sharps bin must not be overflowing or so full it cannot be closed. There should be no risk of puncture to the bin.</p> <p>When the sharps bin is full it will be returned to Bedford Borough Local Authority to dispose of.</p> <p>Sharps must not be left in any unsafe way when not in use.</p> <p>Dispose of needle directly after use. If administering insulin away from the classroom, the needle must be stored in a sealed plastic container until it can be placed in the sharps bin.</p> <p>Any missing sharps/medication must be reported to a member of SLT immediately. If the missing item cannot be immediately located, remove pupils and staff from the room. One member of staff to search for missing item with gloves on. During the search, staff are not to put their hands or feet anywhere that they cannot see clearly e.g. under cupboards. To check these areas, the furniture should be moved instead.</p> <p>Appropriate PPE must be worn to administer a blood glucose test or insulin – gloves, apron.</p> <p>Administering of medications must be recorded in line with school policy.</p> <p>Administering of medications requires</p>
--	--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

		<p>2 staff to be present.</p> <p>Any sharps injury must be reported under RIDDOR if:</p> <ul style="list-style-type: none"> • an employee is injured by a sharp known to be contaminated with a blood-borne virus (BBV), e.g. hepatitis B or C or HIV. This is reportable as a dangerous occurrence; • the employee receives a sharps injury and a BBV acquired by this route seroconverts. This is reportable as a disease; • if the injury itself is so severe that it must be reported. <p>If the sharp is not contaminated with a BBV, or the source of the sharps injury cannot be traced, it is not reportable to HSE, unless the injury itself causes an over-seven-day injury. If the employee develops a disease attributable to the injury, then it must be reported.</p> <p>What to do if you receive a sharps injury</p> <p>If you suffer an injury from a sharp which may be contaminated:</p> <ul style="list-style-type: none"> • Encourage the wound to gently bleed, ideally holding it under running water • Wash the wound using running water and plenty of soap • Don't scrub the wound whilst you are washing it • Don't suck the wound
--	--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

		<ul style="list-style-type: none"> • Dry the wound and cover it with a waterproof plaster or dressing • Seek urgent medical advice (for example from your Occupational Health Service) as effective prophylaxis (medicines to help fight infection) are available • Report the injury to SLT.
COVID19 RISK - Close contact between pupil and staff	Transmission of Covid19	PPE to be worn as appropriate.

APPENDIX C

Section 1: Use of oxygen in school

Objective

- To ensure that children who are prescribed oxygen receive it safely in school
- To ensure that fire and explosion risks are adequately controlled when oxygen is in use in school.

Rationale

- That children requiring oxygen are able to attend school

Success criteria

- Confirmation of prescription for oxygen in school is received from school nurses
- There is a School Health Care Plan in place, detailing the specific medical guidelines on administering oxygen
- Training is provided for staff who are identified through the Care Plan to administer oxygen
- The Fire Service is alerted when oxygen is stored in a school
- School follows guidelines from oxygen suppliers and health and safety department over the storage of cylinders
- School notifies their building insurance company that oxygen is stored on the premises
- School reviews the Fire Risk Assessment to take into account the presence and use of oxygen around the school
- Risk control measures are taken in the vicinity of the oxygen cylinder at all times – wherever this is within the school
- Activities where fire risks would be generally increased by the presence of excess oxygen are highly controlled or not undertaken when oxygen is being supplied from a cylinder.

Section 2: Transport of oxygen to and from school and on educational visits Objective

- To transport oxygen safely to and from school and on educational visits

Rationale

- Oxygen supports combustion; it increases the speed at which things burn once a fire starts
- Oxygen is supplied in pressurised containers

Success criteria

- Smoking is prohibited in any vehicle carrying oxygen
- Parent / carers / school staff are responsible for checking the cylinders for leaks before they are put into a vehicle. There should be no signs of hissing from the cylinder
- No more than 2 cylinders are transported in the same vehicle
- Cylinders are placed out of sunlight in the vehicle
- Cylinders are secured within the vehicle using a device available from the suppliers. This is essential to avoid damage to the cylinder and injury to passengers

- Vehicle windows are kept partially open when transporting cylinders
- The car insurance company is informed of the need to carry oxygen
- A person with adequate knowledge about the hazards and how to control risks from oxygen, travels with the cylinder at all times.
- The following sticker should also be displayed in all vehicles carrying oxygen



