

EDUCATION

SUPPORTING STUDENTS WITH MEDICAL NEEDS AND MEDICINES IN SCHOOL

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Date	Version No	Brief detail of change
27/04/22	1.7	Staffing updates made
31/07/22	1.8	End of year review
16/05/23	1.9	Addition of medicine drop off
11/07/24	2.0	End of year review
01/06/25	2.1	End of year review

This policy has been put together in consultation with teachers, teaching assistants, support staff, leadership staff and parents.

Leigh Academy Dartford's named person responsible for children with medical conditions is **Declan Filsell**. Please direct any queries regarding this policy to him in the first instance.

This policy is written in line with the requirements of:-

Leigh Academies Trust Supporting Students with Medical Needs Policy

Children and Families Act 2014 - section 100

Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014

0-25 SEND Code of Practice, DfE 2014

Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014 (Updated January 2018)

Equalities Act 2010

Schools Admissions Code, DfE 1 Feb 2010

Definitions of medical Conditions

Pupils' medical needs may be broadly summarised as being of two types:-

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

Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances.

At Leigh Academy Dartford we will only administer medicines to those pupils with an individual healthcare plan. An IHCP will be written for students with a medical condition that is long term and complex. Not all pupils with a medical condition will require an IHCP.

Leigh Academy Dartford refers to the Leigh Academies Trust policy on Supporting Students with Medical Needs (available on the academy policies page - <https://leighacademydartford.org.uk/about-us/policies/>)

Policy implementation

The overall responsibility for the implementation of this policy is given to Rebecca Roberts (Principal).

Declan Filsell (SENDCo) will be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements, through the inclusion team, in cases of staff absence or staff turnover to ensure that someone is always available and on-site with an appropriate level of training. He will also be responsible, in conjunction with the inclusion team, outside agencies and parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans

Declan Filsell, Melissa Range, Nichola Morrison and Bethany Smith will be responsible for briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable.

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

All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

Procedure to be followed when notification is received that a pupil has a medical condition

For children being admitted to Leigh Academy Dartford for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to Leigh Academy Dartford mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will focus on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions where needed.

We will be clear and unambiguous 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 in doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

In line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example, infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others. We follow the NHS guidance [‘Is my child too ill for school?’](#)

Leigh Academy Dartford does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by the Inclusion Lead, and following these discussions an individual healthcare plan will be written in conjunction with the inclusion team and parent/carers.

Individual healthcare plans (see [appendix E](#))

Individual healthcare plans will help to ensure that Leigh Academy Dartford effectively supports pupils with medical conditions.

They will provide clarity about what needs to be done, when and by whom.

They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Principal is best placed to take a final view.

Individual healthcare plans will be easily accessible, via storage on Bromcom, to all who need to refer to them, while preserving confidentiality. Paper copies of plans will be kept in locked cupboards in Helen Day's office for reference for supply teachers. Helen Day is responsible for maintaining Bromcom uploads and paper copies.

Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. Where a child has SEN but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) should be drawn up in partnership between the academy, parents/carers and a relevant healthcare professional who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which Leigh Academy Dartford should take to help manage their condition and overcome any potential barriers to getting the most from their education.

Leigh Academy Dartford will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that Leigh Academy Dartford assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

All staff will have access to all healthcare plans via Bromcom and paper copies in each office. At the start of an academic year, all staff are expected to read all healthcare plans and sign to say that they have done so so that all would know what to do in the case of an emergency. Helen Day is responsible for ensuring all staff are made aware of any updates during an academic year.

Roles and responsibilities

In addition, we can refer to the **Community Nursing Team** for support with drawing up Individual Healthcare Plans, to provide or commission specialist medical training, to liaise with lead clinicians and advise or support in relation to pupils with medical conditions.

Other **healthcare professionals, including GPs and paediatricians**, should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency needs of pupils with medical conditions.

Parents/carers should provide the academy with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authorities are commissioners of school nurses for maintained schools and academies in Kent. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. KCC will work with us to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of

their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year) [education for children with health needs who cannot attend school](#).

Providers of health services should cooperate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical commissioning groups (CCGs) commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

Managing medicines on school premises and record keeping

Leigh Academy Dartford will only administer medication for children with an individual healthcare plan. An IHCP will be written for students with a medical condition that is long term and complex. Not all pupils with a medical condition will require an IHCP.

At Leigh Academy Dartford, the following procedures are to be followed:

- o Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so, and the pupil has an IHCP written for a long term and complex medical need;
- o No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
- o Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- o Leigh Academy Dartford will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, 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 to schools inside an insulin pen or a pump, rather than its original container.

- o In the case of any national shortage of a specific medicine, Leigh Academy Dartford will follow the guidance of the DfE regarding medicine expiry dates for specific medications.
- o All medicines will be stored safely (see [appendix A](#) for site specific guidance). Children should know where their medicines are at all times and be able to access them immediately.
- o Medicines and devices such as asthma inhalers, blood glucose testing metres and adrenaline pens should be in an always readily available state and not locked away. Asthma inhalers should be marked with the child's name. (See [appendix F](#) for asthma guidance.)
 - o During school trips, a first aid trained member of staff will carry all medical devices and medicines required except where children are splitting off into groups for an activity where the child or group leader will carry it so they have immediate access.
- o A child who had been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Otherwise we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container, such as the school safe, and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in the school;
- o Staff administering medicines should do so in accordance with the prescriber's instructions. Leigh Academy Dartford will keep a record (see [appendices C](#) and [D](#)) of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. This will be countersigned by a witness. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed. A new record is started each term for GDPR purposes.
- o If a child refuses to take medicine, staff must not force them to do so. This must be noted on the 'record of medicine administered form' as REFUSED along with the reasons for refusal and any action then taken by the staff member. Parents will be informed of the refusal as soon as possible. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.
- o When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Emergency procedures

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

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the academy should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

To request an ambulance – dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked:

The academy's telephone number: 01322 224453

Your name:

Your location:

Junior site: York Road DA1 1SQ

Infant site: St Alban's Road DA1 1TE

The exact location of the patient within the Academy:

The name of the child and a brief description of their symptoms:

Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient.

Ask office staff to contact site staff to open relevant gates for entry.

Contact the parents to inform them of the situation.

Day trips, residential visits, and sporting activities

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

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

Other issues for consideration

Defibrillators are stored by the entrances to the main offices at both sites. No training is required for using these.

Both sites hold asthma inhalers on site for emergency use and these form part of the 'grab bags' taken out in the event of an evacuation.

[Appendix A- Leigh Academy Dartford Process for Administering Medicines for Child with an IHCP](#)

[Appendix C- Leigh Academy Dartford Record of medicine administered to an individual child \(To be attached to medicine\)](#)

[Appendix D- Record of medicine administered to all children](#)

[Appendix E- IHCP Template](#)

[Appendix F- Asthma guidance](#)