



Supporting Medical Needs

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Managing Medication and Medical Needs

1. Purpose and Scope

Castle School is a specialist setting for children and young people aged 2–19 with a wide range of complex needs, including profound and multiple learning difficulties, medical fragility and significant physical disabilities.

This policy describes how the school ensures:

- Safe and effective management of medication and medical interventions, from routine inhalers to highly complex support such as oxygen therapy and enteral feeding.
- Equal access to a broad and balanced education for pupils with short-term and long-term conditions.
- Robust safeguarding and risk management through close partnership with parents/carers, NHS professionals and the Local Authority.

This policy applies to all staff, volunteers, governors, pupils and visitors and must be read with:

- Safeguarding & Child Protection Policy
- Supporting Pupils with Medical Conditions (DfE 2015 statutory guidance)
- Health & Safety Policy
- Educational Visits Policy
- Castle School Intimate Care protocols.

2. Legal and Statutory Framework

This policy fulfils duties under:

- Children and Families Act 2014 (section 100)
- Education Act 2002
- Supporting Pupils with Medical Conditions at School (DfE, 2015)
- SEND Code of Practice (2015)
- Equality Act 2010
- Health and Safety at Work Act 1974
- Keeping Children Safe in Education (2024)
- NHS and Cambridgeshire & Peterborough ICS clinical governance.

3. Guiding Principles

Castle School's approach is shaped by its values: **Be Confident, Be Kind, Be Creative – Together We Learn.**

We commit to:

- **Child-centred provision** – enabling full participation and independence wherever possible.
- **Safety and competence** – only trained and competent staff deliver medical support.
- **Dignity and privacy** – care is respectful and non-intrusive.
- **Transparency and partnership** – with families and health professionals at every stage.
- **Continuous review and learning** – using Medical Tracker data and digital passports to improve practice.

4. Roles and Responsibilities

Governing Body

- Holds strategic responsibility for ensuring compliance and receives annual reports on incidents, training, and policy review.

Headteacher

- Ensures resources, staffing and training meet pupils' medical needs.
- Signs off complex care plans and emergency procedures.

Designated Safeguarding Lead (DSL)

- Ensures safeguarding is embedded, particularly where intimate or invasive care is provided.

Medical Needs Lead

- Coordinates and quality-assures Individual Healthcare Plans within each pupil's Digital Passport.
- Oversees Medical Tracker implementation, auditing records weekly.

Class Teachers & Support Staff

- Implement IHPs and risk assessments.
- Record all interventions and medicines on Medical Tracker in real time.
- Escalate concerns immediately to the DSL/Medical Needs Lead.

Parents/Carers

- Supply complete and accurate medical information, providing written consent and updates when conditions change.

Health Professionals (Community Children's Nurses, specialist hospital teams, dietitians, respiratory teams)

- Provide written care protocols, training and annual competency sign-off.

5. Individual Healthcare Plans

Every pupil with an ongoing medical need has an IHP embedded in their Digital Passport, which is securely stored and accessible to relevant staff.

Plans are co-produced with families and health professionals and include:

- Full diagnosis and medical history.
- Daily care needs and medication regimes.
- Step-by-step guidance for complex procedures (e.g., pump feeding, suctioning, oxygen titration).
- Early warning signs and triggers.
- Emergency action plans (e.g., seizures, hypoglycaemia, anaphylaxis, oxygen supply failure).
- Roles and names of trained staff.
- Consent for information sharing and emergency treatment.

IHPs are as required and updated immediately if:

- The pupil's condition changes.
- Medication is altered.
- New equipment is introduced.

6. Medication Management

6.1 Acceptance of Medication

- Only prescribed medicines or those agreed by a health professional will be administered.
- Medicines must arrive in original pharmacy-labelled packaging with pupil's name, dose, route, and expiry date.

6.2 Secure Storage

- All medicines are stored in locked medical cupboards or fridges.
- Controlled drugs are double-locked and recorded in a controlled drug register and on Medical Tracker.
- Emergency medicines (e.g., rescue seizure medication, adrenaline auto-injectors) are kept in clearly labelled, readily accessible locations agreed in the IHP.

6.3 Administration

- Two trained staff check the medication against the IHP and label.
- Administration is recorded instantly on Medical Tracker with date, time, dose, staff signatures and comments (e.g., “refused” or “spat out”).
- Parents/carers are informed of any errors, refusals or near-misses the same day.

6.4 Self-Management

- Where appropriate (e.g., older pupils using inhalers or insulin pumps), self-administration is encouraged with adult oversight, in line with the IHP and risk assessment.

7. Complex and Invasive Medical Procedures

Many Castle pupils require **high-level interventions**, including:

Procedure	Key Arrangements
Oxygen Therapy	Cylinders and concentrators stored to fire-safety standards; tubing checked daily; flow rates verified; emergency spare cylinder and backup plan detailed in IHP.
Enteral/Gastrostomy Feeding (PEG/Jejunostomy)	Feeds prepared using aseptic technique; pump settings double-checked by two staff; flushes recorded; all feeds logged on Medical Tracker.
Suctioning (oral/nasal/tracheal)	Only by staff trained and annually competency-checked by NHS professionals; equipment checked at start of each day.
Epilepsy Rescue Medication (e.g., Buccal Midazolam)	Stored in temperature-controlled conditions; strict two-person check and Medical Tracker record; 999 called if seizure exceeds agreed limits.
Catheterisation or Stoma Care	Performed following NHS protocols with signed parental consent and ongoing professional supervision.

Specialist training and competency sign-off are mandatory before staff undertake any of these procedures.

8. Emergency Procedures

- IHPs detail **step-by-step emergency actions** and key contacts.
- A trained first aider is always on site, and at least one on every trip.
- For life-threatening incidents staff call **999 immediately**, then parents/carers.
- All incidents, including use of emergency medication or oxygen, are recorded on **Medical Tracker** and reviewed at weekly health & safety meetings.

9. Off-Site Visits and Residentials

- Pre-visit planning includes a **specific medical risk assessment** and a meeting with parents/carers and health professionals if needed.
- Required medication, feeds, oxygen and spare equipment are carried in labelled, secure containers with temperature control if required.
- A minimum of two trained staff accompany any pupil with complex medical needs.

10. Infection Control and Hygiene

- PPE (gloves, aprons, visors if risk of splash) is mandatory for all clinical procedures.
- Staff follow NHS “Standard Infection Control Precautions”.
- Clinical waste (e.g., used feeding sets, suction catheters) is disposed of in yellow clinical waste bags (‘Tiger bags’) bins collected by an approved contractor.

11. Record Keeping and Data Security

- **Medical Tracker** is the single point of truth for:
 - Medication administration.
 - Complex care interventions (feeds, suctioning, oxygen).
 - Accidents, errors or near-misses.
- **Digital Passports** house each pupil’s IHP, consent forms, and risk assessments, accessible to relevant staff and health professionals.
- All records comply with **GDPR and the Data Protection Act 2018** and are retained according to the school’s Data Retention Schedule.

12. Training and Competence

- Training is **individualised** and delivered by NHS professionals where child specific (e.g., community nursing team, epilepsy nurse, respiratory specialist).
- More generalised training utilised TES online as a learning platform for annual updates e.g. Asthma
- Competency assessments are signed off and refreshed **at least annually**.
- Staff receive updates for any change in equipment or medication.

13. Unacceptable Practice

Staff must **never**:

- Alter a prescribed dose without written instruction from a prescriber.
- Delay or deny access to medication.
- Force a pupil to take medication.
- Leave a pupil with complex medical needs unsupervised in a medical emergency.
- Take photographs or use mobile devices in clinical areas.

14. Monitoring and Quality Assurance

- Weekly review of Medical Tracker reports by the Medical Needs Lead.
- Termly health & safety audit including random checks of medicine storage, expiry dates and training compliance.
- Annual report to governors on incidents, training completion and policy effectiveness.
- Continuous learning from incidents and near-misses is shared with staff and recorded in SLT minutes.

15. Multi-Disciplinary Team (MDT) Collaboration

Effective management of pupils' medical needs at Castle School relies on close and proactive collaboration with a wide multi-disciplinary team (MDT) of professionals. This includes community children's nurses, specialist hospital consultants, dietitians, speech and language therapists, occupational therapists, physiotherapists, mental health practitioners, and social care professionals. MDT members provide expert clinical input to each pupil's Individual Healthcare Plan (IHP), deliver staff training, carry out competency assessments and support reviews when a pupil's condition changes. Regular MDT meetings—either termly or as

required for complex cases—ensure that all aspects of a pupil’s care, education and safeguarding are aligned. Outcomes and agreed actions are recorded within each pupil’s Digital Passport and, where relevant, on Medical Tracker, ensuring that care plans remain accurate, integrated and responsive to changing medical or educational needs.

16. Review

This policy is reviewed **annually**, or earlier if:

- Legislation or DfE guidance changes.
- A serious incident indicates the need for immediate revision.
- Significant change in pupil medical profiles or technology.