



Brooksward

Supporting Pupils with Medical Conditions

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Jen Swain, Executive Headteacher

Supporting Pupils Medical with Medical Conditions

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KEY CONTACTS

Brooksward School

Executive Headteacher:

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Brooksward

SENCo/Head of School

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Designated Safeguarding Lead:

Miss Jen Swain

Brooksward School: 01908 60605

1 INTRODUCTION

From 1 September 2014, schools are under a duty to make arrangements for supporting pupils with medical conditions. This policy sets out what those arrangements are and follows the guidance published by the DfE in April 2014 '*Supporting pupils at school with medical conditions*'.

This policy is restricted to pupils with an on-going medical problem. Minor or short term or one-off medical problems are covered by the separate First Aid Policy.

At Brooksward School we will maintain a focus on each individual child with a medical condition and seek to give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school.

The school will always aim to:

- have a good understanding of how medical conditions impact on a child's ability to learn;
- increase the child's confidence;
- promote self-care.

2 PROCEDURES TO BE FOLLOWED WHEN THE SCHOOL IS NOTIFIED THAT A PUPIL HAS A MEDICAL CONDITION

- the SENCo/Designated Safeguarding Lead (DSL) will ensure that relevant staff are informed of the pupil's medical condition and provided with guidance relating to management of the condition, including the pupil's ability to self-manage their situation;
- minutes of meetings and other information, including Individual Healthcare Plans (IHP), will be shared with relevant staff and recorded on the pupil's file on the school data base;
- in the case of life-threatening conditions, all staff will be made aware of the situation via email, through staff briefings and posted on the staff noticeboard. This information will include an up to date photograph of the pupil, details of the condition, signs and symptoms along with detailed guidance relating to prompt and appropriate action. The school will ensure that a sufficient number of staff are trained in First Aid and are fully aware of any pupils with life threatening conditions. In some cases, specific training will be provided;
- the SENCo/DSL will ensure staff are kept fully informed of any changes to medical conditions and will provide new or supply staff with information relating to medical conditions and pupils' needs;
- the SENCo/DSL will ensure that senior members of staff responsible for trips and visits and other school activities outside of the normal timetable are informed of medical conditions so that appropriate risk assessments can be implemented;
- arrangements to support pupils with medical conditions will be put in place as soon as possible, generally within 10 school days but sooner in the case of serious or life-threatening conditions. It is not necessary to wait for a formal diagnosis before providing support – judgements about appropriate support to provide will be based on the available evidence. For pupils joining the school at the usual time, arrangements will be in place for the start of the new term based on the information provided. In other cases, such as a new diagnosis or pupils joining the school mid-term we will endeavour to ensure that arrangements are in place within 10 school days.

3 INDIVIDUAL HEALTHCARE PLANS

Individual Care Plans exist to document a pupil's medical needs and provision being made for those needs. They are a useful tool for the school to use to ensure that it meets the needs of the pupil. They are written with input from all the relevant parties which may include the SENCo, DSL Teaching Assistant and parents. The School Nurse, Specialist Nurse or other relevant professional may also attend or, if not, provide information to be included on the care plan. The SENCo and the DSL will usually take responsibility for writing and overseeing the care plan; a Teaching Assistant supporting the pupil may also be involved.

Care plans will be developed with pupils' best interests in mind and will ensure that the school assesses and manages risks to pupils' education, health and social well-being and minimises disruption.

Care Plans will be reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed.

Information recorded on the Care Plan:

- 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, eg outdoor 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, Learning Mentor sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs eg administering blood sugar tests), including in emergencies. If a pupil is self-managing their medication, this should 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, eg 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 whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

4 PUPIL'S ROLE IN MANAGING OWN MEDICAL NEEDS

Children may be competent to manage their own medical needs and medicines. Inhalers belonging to pupils with asthma are kept in the pupil's classroom with their name clearly marked on all parts. Other medicines are kept in the staff room or class room where appropriate and are clearly labelled for teachers/ teaching assistants to access when they are required. An information poster with a pupil's photograph and a description of their medical need and procedures in case of illness (including where medication is kept is displayed in the staff room). It is the responsibility of the Senco and DSL to prepare and update the poster throughout the academic year.

If a pupil is able to take on responsibility for managing their medical needs, the school will support the pupil to reach the level of responsibility agreed and documented in the Care Plan in consultation and agreement with parents.

No pupil will be expected to take on responsibility until they are ready for it and appropriate supervision will still be given.

5 MANAGING MEDICINES ON SCHOOL PREMISES

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent –
- the circumstances in which the school will administer non-prescription medicines will be set out in the Care Plan or, where non-prescription medicines are not covered in the Care Plan, as laid

down in the school's first aid policy;. **Parents are always asked to come to the school to administer any non-prescription medication in the first instance, in exceptional circumstances some non-prescription medication will be administered by the school with written permission from the parent. This is always at the school's discretion.**

- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor;
- medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Staff should follow the school First Aid policy in regard to this. Parents should be informed;
- the school will only accept prescribed medicines 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 still be in date, but may be made available inside an insulin pen or a pump, rather than in its original container;
- all medicines should be stored safely. Pupils should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when off school premises eg on school trips;
- a child who has 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. The school will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs must be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school;
- appropriately trained school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted;
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

6 RECORD KEEPING

Written records must be kept of all medicines administered to pupils. Templates of forms are attached to this policy.

7 PROCEDURES FOR EMERGENCY SITUATIONS

In the event of a serious medical incident the following procedure should be followed:

- leave injured pupil where they are – unless it would be dangerous to do so;
- **in serious medical incidents 999 should be called immediately using the nearest phone;**
- send for the Headteacher or another First Aider – lists of staff with valid first aid qualifications are posted at key places around the school. All staff should be familiar with who the school's First Aiders are;
- First Aider should treat the pupil as appropriate.

If further medical help is required the Main Office should call an ambulance and contact parents or other emergency contact. The Main Office needs to be given as much accurate information as possible so the attending paramedics are fully briefed by the time they arrive on scene. They will print out full details of the pupil including their name, address, DOB, medical information as this information will be needed if pupil is admitted to hospital and an emergency contact is not available. The First Aider must keep details of the situation to give to ambulance crew.

Where a pupil has a Care Plan this will clearly define what constitutes an emergency and it will explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils will know what to do in general terms, such as informing a member of staff immediately if they think help is needed.

If a pupil needs to be taken to hospital, a member of staff should remain with him or her until a parent arrives, or accompany a pupil taken to hospital by ambulance.

8 DAY TRIPS, VISITS AND SPORTING ACTIVITIES

Where possible the school will offer flexibility and make reasonable adjustments so that pupils with medical conditions can take part. Risk assessments will be carried out regarding the participation of pupils with a Care Plan and appropriate measures will be put in place to support the pupil. It may be necessary for a meeting to take place with parents as a part of preparing to meet a pupil's needs on a trip. Relevant staff will be made fully aware of the condition and provided with information contained in the Care Plan and, in certain situations, a Teaching Assistant or Learning Mentor may accompany the pupil. Where possible the school will arrange adjustments to the programme, accommodation or food provision to meet a pupil's needs.

9 UNACCEPTABLE PRACTICE

It will be unacceptable to:

- prevent a pupil 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, or ignore medical advice or opinion (although this may be challenged);
- send pupils with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their Care Plan;
- if the pupil becomes ill, send them to the Main Office unaccompanied or with someone unsuitable;
- penalise pupils for their attendance record if their absences are related to their medical condition, eg hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need it in order to manage their medical condition effectively;
- prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, eg by requiring parents to accompany their child.

10 POLICY IMPLEMENTATION

- the Headteacher has overall responsibility for the implementation of this policy;
- the school is committed to making sure that all relevant staff will be made aware of the pupil's condition. The SENCo/DSL will ensure that staff are provided with information relating to pupils' medical conditions during staff briefings and through the school email system. Care Plans will be accessible to all staff in the staffroom;
- as far as possible and resources permit, the school will have arrangements in place in case of staff absence or staff turnover to ensure someone is available. The majority of teaching assistants and learning mentors completed training in 6 hour Emergency First Aid and others have completed the three-day Paediatric First Aid training and one has the 12 hour First Aid in the Workplace training. The school aims to ensure that an appropriate member of staff is available to manage staff absence, depending on resources available at the time;
- staff and supply teachers will be provided with relevant information relating to pupils' medical needs;
- the school will make sure risk assessments for school visits, holidays, and other school activities outside of the normal timetable include provision for pupils with medical conditions as far as resources permit. Risk assessments for trips will be overseen by the senior member of staff with responsibility for Trips and Visits;
- the school will monitor Care Plans and reviews will take place at least annually or earlier if evidence is presented that the pupil's needs have changed. The SENCo/DSL will meet with the pupil and parents to review the Care Plan and record any changes. It may be appropriate for other relevant professionals to attend the review which may include: School Nurse, Specialist Nurse, DSL, Teacher, Teaching Assistant.

11 ROLES OF THOSE INVOLVED IN PROVIDING SUPPORT

Governing Body

- must make arrangements to support pupils with medical needs, including ensuring the this policy is complete and being followed.
- must ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions;
- ensure staff have access to information and other teaching materials.
- Confirmation of this approach will be seen in the Headteachers Report to Governors. It is the responsibility of the Head of School to report this on a termly basis to the Governors.

Headteacher

- ensure policy is developed and adequately implemented with partners;
- make sure all staff are aware of the policy and understand their role in implementation;
- ensure all staff who need to know are aware of a particular pupil's medical condition;
- ensure sufficient staff are appropriately trained;
- have overall responsibility for the development of Care Plans;
- make sure staff are adequately insured and that they are insured to support pupils in this way;
- ensure that contact is made with the School Nurse and that the SENCo is aware of pupils requiring support.

School staff

- any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so;
- although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach;
- school staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions;
- any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School Nurses

- the school will have access to school nursing services;
- they are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the pupil starts at the school;
- they would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a pupil's Care Plan and provide advice and liaison, for example on training;
- can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

Other Healthcare Professionals

- should notify the School Nurse and/or SENCO/DSL of pupils requiring support;
- may provide advice on developing Care Plans.

Pupils

- provide information about how their condition affects them;
- should be fully involved in discussions and contribute to their Care Plan;
- should participate in the management of their medical condition.

Parents

- provide school with sufficient up to date information;
- are involved in development and review of Care Plan;
- should carry out any action they agreed to as part of implementation of Care Plan.

Local Authorities

- are commissioners for school nurses as well as maintained schools;
- where pupils would not receive a suitable education in mainstream school because of their health needs, they have a duty to make other arrangements;
- have a duty to promote co-operation between relevant partners.

Clinical Commissioning Groups

- are responsible for commissioning other healthcare professionals such as specialist nurses;
- have to ensure that commissioning is responsive to children's needs and that health services can cooperate with schools.

12 STAFF TRAINING

The school has a responsibility to ensure staff are properly trained and any member of staff providing support to a pupil with medical needs will receive suitable training.

Staff must not give prescription medicines or undertake health care procedures without appropriate training.

The Headteacher will ensure that the school always has sufficient staff who have completed 6 hour Emergency First Aid and Paediatric First Aid training and ensure that refresher training takes place before certificates expire. The school business manager will keep a data base to record details relating to staff training which will include dates of initial training and when reviews or refresher training should take place. Staff briefings will be used to ensure whole staff awareness relating to medical conditions. The Executive Headteacher will ensure that staff requiring specific training to support a pupil will be identified as soon as the school becomes aware of the pupil's medical condition or at the review of the Care Plan.

Staff who require training for specific support needed by a pupil with a medical condition will:

- be invited to a training session which will be delivered by the SENCo/DSL, a School Nurse or a Specialist Nurse depending on the needs of the pupil;
- receive a copy of the Care Plan with details of the medical condition, its triggers, signs, symptoms and treatments;
- be able to contact the SENCo/DSL for support, advice and guidance relating to pupils' medical conditions;

13 INSURANCE

The Governing Body must ensure that the appropriate level of insurance is in place and appropriately reflect the risk.

14 COMPLAINTS HANDLING

Any complaint in relation to this policy or the school's implementation of it should be raised in accordance with the school's complaints policy

15 CHILDREN WHO ARE UNABLE TO ATTEND SCHOOL DUE TO HEALTH NEED

We will ensure that in line with the Education Act 1996. This policy complies with our funding agreement and articles of association.

- Suitable education is arranged for pupils on roll who cannot attend school due to health needs
- Pupils, staff and parents understand what the school is responsible for when this education is being provided by the local authority

If the school makes arrangements

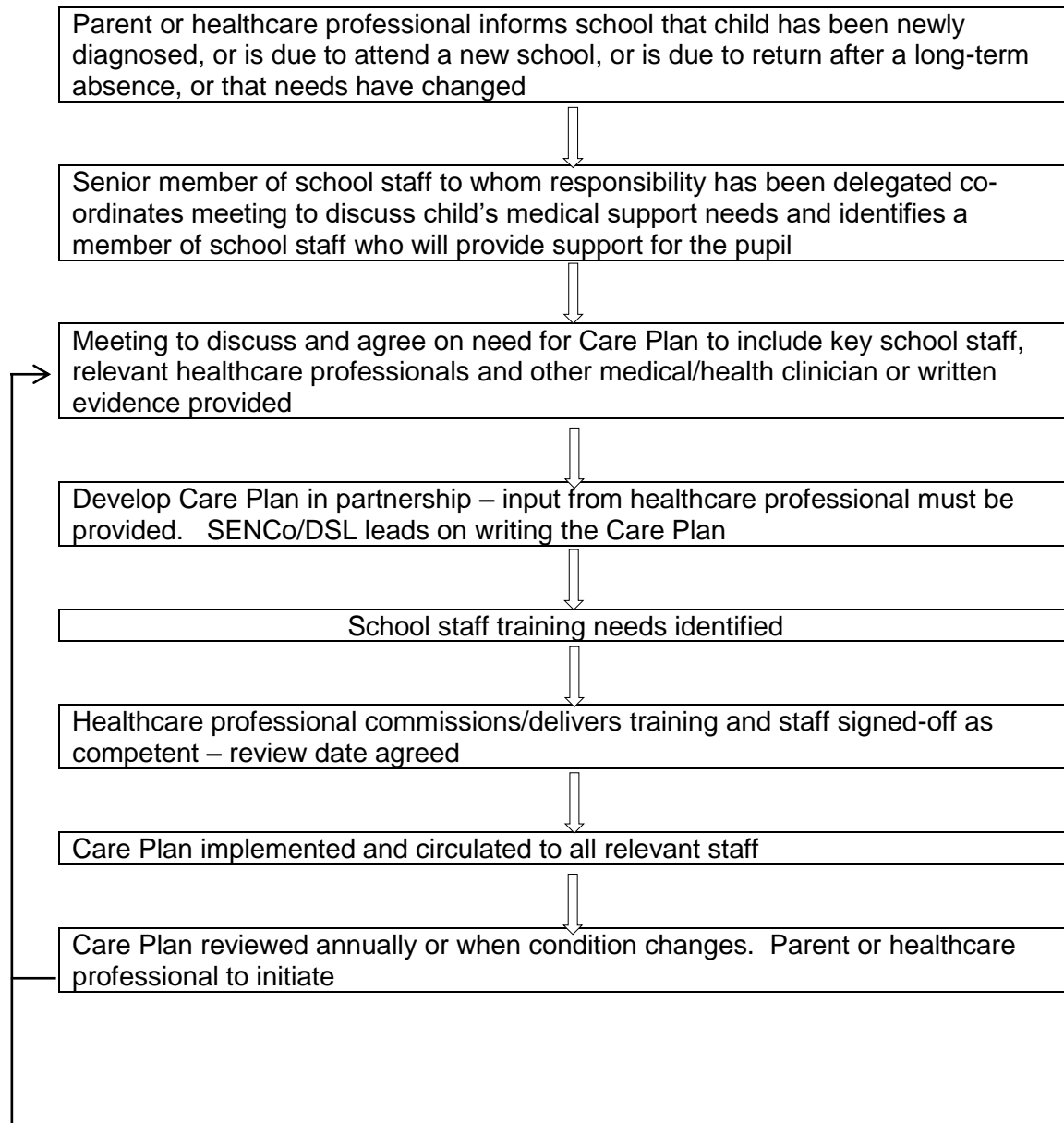
- Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school. This will be organised by the SENCO/DSL who will monitor these arrangements regularly
- These arrangements will be specific to the individual child's needs and may include, but are not limited to sending work home, providing work online or providing work to the hospital school.
- Parents will be consulted at all times throughout this process
- The SEND department at Milton Keynes Local Authority will also be provided with this information
- Once a child is ready to return to school an agreed phased reintegration and risk assessment will be carried out by the SENCo/DSL

If the school can't make suitable arrangements, Milton Keynes Local Authority will become responsible for arranging suitable education for these children. The SENCO/DSL will be responsible for referral to the Local Authority.

In cases where the local authority makes arrangements, the school will:

- Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the pupil
- Share information with the local authority and relevant health services as required
- Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully
- When reintegration is anticipated, work with the local authority to:
 - Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible
 - Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school)
 - Create individually tailored reintegration plans for each child returning to school
 - Consider whether any reasonable adjustments need to be made

Annex A: Model process for developing Care plans



Policy Leader:

Governor with responsibility for this area:

Date reviewed:

Next Review Date:

Jen Swain

Caroline Lewis

January 2023

January 2026

Where did pupil go after treatment Class / Playground / Other - please specify

.....

Please inform class teacher of any incidents and anything which may cause concern.

Name of teacher informed

Signed:..... Position:.....

If you have any serious concern or doubt re: injury please refer to senior member of staff,

or school office immediately. Referred to:.....
(see overleaf)

Parent Informed Mum / Dad / Other - please specify

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By: Standard accident slip
 DoJo - by teacher
 Phone call - made by

Signed:..... Position.....

Referral Information

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Signed Date Position

Appendix 2



Brooksward First Aid Slip

.....received First Aid today/...../20xx

because.....

.....at

.....am/pm Signed.....



Brooksward First Aid Slip

.....received First Aid today/...../20xx

because.....

.....at

.....am/pm Signed.....



Brooksward Administration of Medicines Form

We do not have any medically trained personnel employed at the school and although we are very willing to support parents and help pupils become well, we have been advised by the school medical service that when we administer medicines to pupils we are placing ourselves in a potentially difficult situation. Therefore initially, all parents are requested to ask themselves if it is really necessary for medicine to be given at school. We have been advised that even if a pupil is to take medicine three times a day this can probably be achieved by giving a pupil the medicine just before and just after school. If medicine does have to be given to a pupil we wish to be helpful and do our best to administer it. However, the following policy will be strictly applied.

We can only administer prescribed medicine to a pupil when:

- a) ***The medicine is prescribed for the child by a GP***
- b) ***The parent or guardian gives written permission for us to do so.***
- c) ***The permission clearly states –***
 - ***What the medicine is***
 - ***When it should be given***
 - ***How much should be given***
- d) ***The medicine is in the original container and is clearly labelled with the child's name.***
- e) ***The appropriate dosage spoon is included.***
- f) ***The following form has been completed fully.***
- g) ***If a child refuses to take medication we will not force them to do so but will note this and contact the named contact on the medicine record form.***

Children on regular medication:

It is the responsibility of parents to ensure their child's medication e.g. asthma inhalers, epi pens etc supplied to school is regularly date checked and replaced when necessary. Where a child has a long term medical need then a health care plan will be drawn up with the parents/healthcare professionals. Parents are responsible for informing the school if there is any change in circumstances e.g. change of medication or when a child is diagnosed with a new medical need.

Due to recent changes in the NHS prescription medicines policy, we will only administer non-prescription medication (such as Calpol) once the appropriate documentation has been

completed by parents. This medication will only be administered once throughout the day at 12:15pm only, and will be recorded in the medicines administered book.

Without the written information outlined above no medicine will be administered.

Medicines will only be given to a pupil by nominated staff.

BROOKSWARD SCHOOL MEDICINE PERMISSION SLIP

Medicines must be in the original container

Child's Name: _____

Class: _____

Name of Medicine: _____ **Expiry date:**.....

Approximate time to be given: _____ **Dose to be given:** _____

Daytime phone number of parent or adult contact:.....

Name and Phone Number of G.P......

The above information is to the best of my knowledge accurate at the time of writing and I give consent to Brooksward school staff to administer medicine in accordance with the school policy. I will inform the school immediately in writing if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature:.....

Print name:.....

Date:.....