

Broughton Community Schools



Supporting Pupils with Medical Needs

January 2025

Policy for supporting pupils with Medical Needs

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1 INTRODUCTION

- The Governing Body of Broughton Community Schools will ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in School so that they can play a full and active role in School life. To help achieve this, the School has adopted the Department for Education policy on "Supporting Pupils at School with Medical Conditions", which was issued under Section 100 of the Children and Families Act 2014.
- The aim of this policy is to ensure that the parents of children with medical conditions feel confident that the school will provide effective support and that children feel safe and reach their full potential.

- Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The School will comply with their duties under the Act to make reasonable adjustments to support pupils with disabilities.
- Some children with medical conditions may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) Plan which brings together health and social care needs as well as the provision for their special educational needs. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan. The Healthcare Plan will be developed with the child's best interests in mind to ensure that the risks to the child's education, health and social wellbeing are managed, and minimises disruption, for children with medical conditions.
- Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The School will work collaboratively with parents, pupils, healthcare professionals (and, where appropriate, social care professionals) and local authorities to ensure that needs of pupils with medical conditions are met effectively.

2 ROLES AND RESPONSIBILITIES

- 2.1** The **Governing Body** for Broughton Community Schools will ensure that
- arrangements are in place so that children with medical conditions
 - are properly supported;
 - can play a full and active role in School life;
 - can remain healthy and achieve their academic potential;
 - staff are properly trained to provide the support that pupils need;
 - in line with their safeguarding duties, ensure that pupil's health is not put at unnecessary risk from, e.g. infectious diseases
 - in those circumstances, they do not have to accept a pupil at time where it would be detrimental to the health of that child or others to do so
- 2.2** The **Headteacher** will ensure that:
- a person is appointed to have overall responsibility for the implementation of this policy
 - all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation
 - all staff including supply staff who support children with medical needs receive sufficient information to provide appropriate support
 - individual Medical Healthcare Plans are developed, monitored and reviewed annually or earlier if evidence is presented that the child's needs have changed. Where appropriate Medical Healthcare Plans will be reviewed at the child's Annual Review
 - sufficient staff are suitably trained and achieve the necessary level of competency before they take on responsibility to support children with medical conditions
 - sufficient numbers of trained staff are available to support all individual Medical Healthcare Plans to cover staff absence, contingency and emergency situations
 - a register of children in the School is kept who have been diagnosed with asthma and/or prescribed a reliever inhaler
 - specific staff are trained to recognise the symptoms of an asthma attack (and are able to distinguish them from other conditions with similar symptoms)
 - at least one emergency inhaler kit is maintained and readily available in an emergency situation

- risk assessments for school visits, holidays, and other school activities outside of the normal timetable are undertaken for children with medical conditions
- all staff are aware that medical information must be treated confidentially
- school staff are appropriately insured and are aware that they are insured to support pupils in this way

2.3 **Appointed Person**

A named member of office staff on both sites have overall responsibility for implementing the school's policy for supporting pupils with medical conditions. They will ensure that children with medical conditions are appropriately supported, working with designated staff who are trained to

'First Aid at Work' level. The named LSAs (Mrs. Legg in the infants and Mrs. Giffen in the Juniors) hold day to day responsibility for supporting children with medical needs and maintaining up to date records.

2.4 **Transitional arrangements**

The School has made the following procedures for transitional arrangements.

Any child's medical records will be sent to their next school, by the appointed persons [see 2.3 above].

2.5

- All members of school staff may be asked to provide support to pupils with medical conditions, including administering medicines
- All members of staff should know what to do and respond accordingly if they become aware that a pupil with a medical condition needs help
- Although administering medicine is not part of teacher's professional duties, teachers should take into account the needs of pupils with medical conditions that they teach
- Staff must not give prescription medication or undertake healthcare procedures without appropriate training

2.6 **Pupils**

Where appropriate, pupils with medical conditions:

- will be consulted to provide information about how their condition affects them
- will 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

2.7 **Parents/Carers** have the prime responsibility for their child's health.

- It only requires one parent to request that medicines are administered. As a matter of practicality, this will be the parent with whom the school has day-to-day contact
- Parents should provide the School with sufficient and up to date information about their child's medical needs
- Parents should tell the school of any change in prescription which should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional
- Parents are key partners and will be involved in the development and review of the Medical Healthcare Plan for their child. Medical Healthcare Plan requests and/or updates will be sent to parents annually.
- Parents should provide (in-date) medicines and equipment as required by the Medical

Healthcare Plan

- Parents should bring their child's medication and any equipment into school at the beginning of the school year
- As good practice, parents should take into school the new asthma reliever inhaler when prescribed; dispose of expired items to a pharmacy for safe disposal
- During periods of high pollen count, encourage their children, who have been prescribed anti-histamines, to take their medication before school so that their condition can be better controlled during the school day
- Parents should keep their children at home when they are acutely unwell
- Parents should ensure that they or another nominated adult are contactable at all times

3 STAFF TRAINING AND SUPPORT

- **The Headteacher** will ensure that all staff are aware of the School's policy for supporting pupils with medical conditions and their role in implementing the policy
- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and will have appropriate training and guidance
- Training needs will be identified during the development or review of individual Medical Healthcare Plans and will be reviewed annually. The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views but will not be the sole trainer
- Training will be provided for staff to ensure that they are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual Medical Healthcare Plans. Training for new staff will be provided on induction
- Training will be provided by appropriate healthcare professional so that staff have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative and emergency measures so that they can recognise and act quickly if a problem occurs. A record of all staff training is maintained via school Office
- Only staff with appropriate training will give prescription medicines or undertake healthcare procedures. (A first-aid certificate does not constitute appropriate training in supporting children with medical conditions)
- The school will ensure that at least three people have attended Supporting Pupils with Medical Conditions training to understand County policy and to ensure medicines are appropriately managed within the School

4 INDIVIDUAL MEDICAL HEALTHCARE PLANS (Appendix A)

A Medical Healthcare Plan clarifies for staff, parents and the pupil the support that can be provided. Individual Medical Healthcare Plans for pupils with medical conditions, (e.g. asthma, anaphylaxis, diabetes, epilepsy) will be drafted with parents/pupils and other healthcare professionals where appropriate. The plan will include:

- the medical condition, its triggers, signs, symptoms and treatments; both at home and school
- 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 (some pupils will be able to take responsibility for their own health needs) including in emergencies. If a pupil is self-managing their medication, then this will be

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/child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact, and contingency arrangements

Some pupils may have an emergency Medical Healthcare Plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Medical Healthcare Plans will be reviewed at least annually but some may need to be reviewed more frequently. Where appropriate the Medical Healthcare Plan will be reviewed at the pupil's Annual Review.

5 THE PUPIL'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS

- After discussion with parents, pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This information is recorded in the Medical Healthcare Plan
- If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them; a record of administration will be made
- If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so but will contact the parents and follow the procedure agreed in the individual healthcare plan
- Parents will be contacted where a pupil is seen to be using their asthma inhaler more frequently than usual as this may indicate their condition is not well controlled

Inhalers and Adrenaline Pens are kept in the classroom by each child who needs this form of medication.

Pupils have access to their medicines via the class Teacher or Learning Support Assistant.

Pupils need to visit the School Office for all other self-administered medication. A log of all medication used is kept in the School Office.

6 MANAGING MEDICINES ON SCHOOL PREMISES

Pupils will only be given prescription or non-prescription medicines after parents have completed a consent form (Appendix B) or and individual Medical Healthcare Plan (Appendix A)

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will be used for the disposal of needles and other sharps.

Medicine brought into school must be given to **a member of the school office staff or named LSA.**

6.1 Prescribed medication

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 will be available inside an insulin pen or a pump, rather than in its original container

- Parents should note the expiry date so that they can provide a new prescription as and when required
- Medicines will 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

Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in the School. This will usually be for a short period only, perhaps to finish a course of antibiotics, which will minimise the time that they need to be absent.

Antibiotics - The School will support children who have been prescribed antibiotics that need to be taken **four** times day.

It is the parent's responsibility to bring and collect the antibiotic each day and to complete the necessary forms prior to medicine being administered. All medicines must be signed in and out by a parent.

The teacher in charge of any after-School club will take any relevant medication for any individual child with them to the activity.

6.2 Controlled Drugs

- Some medicines prescribed for pupils (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act, 1971. A pupil 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 pupil for use is an offence
- The school will keep controlled drugs in a locked non-portable container, to which only named staff have access but will ensure they are easily accessible in an emergency
- Trained School staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions
- A record will be kept of any doses used and the amount of the controlled drug held in School, i.e. total number of doses (tablets) provided to the School, the dose given and the number of doses remaining
- where the dose is half a tablet then this will be cut using a tablet cutter at the time that the medication is required
- half tablets will be retained but not issued at the time of the next dose; a fresh tablet will be cut; half tablets will be returned to the parent for disposal
- A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it will be returned to the dispensing pharmacist
- Some pupils with epilepsy are prescribed rectal diazepam or buccal midazolam. Appendix A will be used to gain authorisation for administration from parents

6.3 Non-prescription Medication

Non-prescription medication will only be given in exceptional circumstances and only with the

expressed permission of the Headteacher. An exception may be made for School residential visits.

The school will keep paracetamol-based medication to administer if necessary during the School day; parents will be contacted to seek permission for this. If pupils require medication to control hay fever symptoms then parents will be asked to take their children to their GP for a formal diagnosis and advice on appropriate medication.

7 RECORD KEEPING

- The School will keep a record of all medicines administered to individual pupils, this record is kept in a **bound book held in each school office**. Any side effects of the medication administered at school will be noted
- A second person will witness the administration of all medicines including controlled drugs
- A record will be made where medication is held by the school but self-administered by the pupil

8 SAFE STORAGE OF MEDICINES

- Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed
- Pupils know where their medication is stored and are able to access them immediately or where relevant know who holds the key
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available and not locked away
- A few medicines require refrigeration. They will be kept in a clean storage container, clearly labelled, and **stored in the School Office** refrigerator, which is not accessible to pupils. **A temperature log of the refrigerator will be taken during the period of storage**
- Medication will never be prepared ahead of time and left ready for staff to administer
- An audit of pupil's medication will be undertaken every half term disposing of any medication that is no longer required
- It is the parent's responsibility to ensure their child's medication remains in date. It is not the school's responsibility to remind parents when their child's medication is due to expire

9 DISPOSAL OF MEDICINES

- Parents are responsible for ensuring that expired medicines are returned to a pharmacy for safe disposal. The return of such medicines to parents will be recorded
- Parents should also collect medicines held at the end of the summer term
- Sharp boxes will always be used for the disposal of needles

10 HYGIENE AND INFECTION CONTROL

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

8-STEP HAND-WASHING TECHNIQUES



11 DAY VISITS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

- The school will actively support and include pupils with medical conditions
- The school will make reasonable adjustments for the inclusion of pupils in such activities
- Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made
- The school will consider the reasonable adjustments that can be made to enable pupils with medical needs to participate fully and safely in visits. These arrangements will be included in the risk assessment for the event
- One member of staff accompanying the visit will be asked to take on the lead role for administering medicines or healthcare procedures. Individual Medical Healthcare Plans, medicines, equipment and consent forms will be taken on School visits
- Medicines are administered and witnessed and recorded in a bound book; this will be held in the school office

12 SCHOOL'S ARRANGEMENTS FOR COMMON CONDITIONS

12.1 Asthma

- An inventory of all pupils with asthma will be compiled
- An individual Medical Healthcare Plan will be developed
- All staff will be trained annually to recognise the symptoms of an asthma attack and know how to respond in an emergency following the guidance from training and Schools Nursing Team
- Inhalers are kept in the classrooms of individual children who are prescribed them. Each child has access to their own inhaler via their class teacher, or other trained classroom staff. A record of any use of inhalers is kept and updated after every use
- Emergency salbutamol inhalers and spacers are kept in the School Office
- Emergency salbutamol inhalers will only be given to pupils previously diagnosed with asthma whose reliever inhaler is not in school or whose inhaler has run out, who are on the register and whose parents have signed the consent form (Appendix C)
- All staff will know how and when to use the emergency salbutamol inhaler
- Parents will be informed of any emergency dosages

12.2 Anaphylaxis (Severe Allergic Reaction)

- All staff will attend training on the symptoms of anaphylaxis, which includes information and practise on when and how to use the adrenaline auto-injector
- An individual Medical Healthcare Plan will be developed which includes the arrangements the

School will make to control exposure to allergens; Adrenaline Pens will be kept readily available, in the class medical bag

- Refer to the Medical Healthcare Plan for the relevant child

12.3 Epilepsy

- An individual Medical Healthcare Plan will be written
- An appropriate number of staff will be trained in identifying the symptoms and triggers for epilepsy, including administering medication
- There will be a trained member of staff available **at all times** to deliver emergency medication
- A safe, supervised space will be available for a child following a seizure
- The School will enable students to take a full part in all outings and activities
 - The School will make reasonable adjustments e.g. exam timings, coursework deadlines, timetables
 - The School will liaise fully with parents and health professionals
 - Some pupils with epilepsy are prescribed rectal diazepam or buccal midazolam. This will be administered by staff who are specifically trained to undertake this task and have agreed to this responsibility
 - The administration of medication will be recorded as appropriate
 - Two adults will be present for the administration of rectal diazepam, at least one being of the same gender as the child. The dignity of the pupil will be protected as far as possible, even in an emergency
 - If appropriate, a record will be kept of the pupil's seizures, so that any changes to seizure patterns can be identified and so that this information can be shared with the pupil's parents and healthcare team
 - **If any seizure occurs, appropriate training/Medical Healthcare Plan guidelines will be followed**

12.4 Diabetes

- An individual Medical Healthcare Plan will be written;
- Pupils diagnosed with Type 1 diabetes and have been prescribed insulin will be supported by staff who have specifically agreed to this responsibility and have received training and support from the Diabetic Nurses Team

In accordance with their Medical Healthcare Plan:

- A suitable private place will be provided for pupils to carry out blood tests and administer doses
- Pupils will not be prevented from eating drinking or taking toilet breaks whenever they need to in order to manage their medical condition effectively
- If a pupil has Hypoglycaemia, they will not be left alone and are to be treated as specified in their Individual Healthcare Plan.

Insulin is kept in the classroom of any child who may need this medication and is available via the class Teacher or Learning Support Assistant. A record of any use is kept updated and is kept in the classroom.

13 LIABILITY AND INDEMNITY

The Governing Body will ensure that the appropriate level of insurance is in place for staff providing support to pupils with medical conditions and appropriately reflects the level of risk. The school will contact their insurers to extend their cover should a medical intervention fall outside the conditions covered by this policy.

14 COMPLAINTS

Parents/pupils should discuss any concerns directly with the school if they become dissatisfied with the support provided. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Insert
Pupil's
Photo

15 (Overview) SCHOOL PROCEDURES FOR MANAGING MEDICINES

- 1 Medicines should be brought **to the School Office by 8.50am** by parents/carers. The designated member of staff within each office will ask the parent to sign the relevant consent form or check the form downloaded from the school's website.

- 2 The designated person(s) will check that:
 - the medicine is in its original container as dispensed by a chemist and details match those on the form
 - the label clearly states the child's
 - first and last name
 - name of medicine
 - dose required
 - method of administration
 - time/frequency of administration
 - the patient information leaflet is present to identify any side effects
 - the medication is in-date

- 3 When medicines are administered:
 - The pupil will be asked to state their name – this is checked against the label on the bottle, authorisation form and record sheet
 - The name of the medicine will be checked against the authorisation form and record sheet
 - The time, dosage and method of administration will be checked against the authorisation form and record sheet
 - The expiry date will be checked and read out
 - The medicine is administered
 - The record sheet is signed by the designated person and the witness; all medication that is administered at the School is witnessed by a second adult
 - Any possible side effects will be noted
 - The medicine is returned to appropriate storage

- 4 If the designated person has concerns about a procedure or a medication that they are being asked to administer they will not administer the medicine, but check with the parents or a health professional before taking further action.

Appendices

Appendix A – Medical Healthcare Plan

Appendix B- Consent Form (Short Term Medicines)

Appendix C – Emergency Asthma Inhaler consent

Broughton Community Schools

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11 Page
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MEDICAL HEALTHCARE PLAN (Appendix A)

Name of school/setting	
Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

1 st Contact Name	
Best phone number	
Other phone number	
2 nd Contact Name	
Relationship to child	
Best phone number	
Other phone number	

G.P.

Name	
Phone no.	
Surgery address	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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Name of medication, dose, method of administration, when to be taken, side effects, contra-
indications, administered by/self-administered with/without supervision

Home	School
	Self-Administer Yes / No

Steps/Action to be taken if medical intervention is required

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School Sign:	Parent/Carer Sign:
Print Name:	Print Name:
Date:	Date:

Copies:

- Home
- School Office
- Class Teacher
- Medical bag (Pupil)

Broughton Community Schools

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Short Term Medicine Consent (Appendix B)

Name			
Date of Birth		Class	
Medical Condition			
Medicine			
Name of medication			
Start Date (of medication)		End Date (of medication)	
Dose		Timing	

Date:

Parent/Carer Signed:

School Staff Signed:

Broughton Community Schools

Broughton Avenue
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Emergency Asthma Inhaler consent (Appendix C)

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler (*delete as appropriate*).

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will have in school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:Date:

Name (print).....

Child's name:

Class:

Parent's address and contact details:

.....
.....
.....

Telephone: