Supporting Students with Medical Conditions

Monitoring and review	
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Adapt or Adopt	Adapt

Version History Log

Version	Description of Change	Amended By	Date
1	Initial issue		July 2024
2	Updated as per PRC	SAT	November 2024
3	Formatting changes	CMO	August 2025
4	**Annual review - Updates** • **Page 4:** Insert - Natasha's Law and is mindful of the proposed Benedict's Law • **Page 4:** Insert - DfE (2025) 'Special educational needs (SEN) and disabilities: guidance for school governing boards' • **Page 6:** Insert - Ensure that allergy management is properly considered and associated laws are adhered to. • **Page 6:** Insert - Ensure that application of the policy and procedures allow accessibility and inclusivity for all students • **Page 7:** Insert - Ensure that students with life threatening allergies are protected by providing training for all staff on the risks of anaphylaxis, allergen awareness and maintenance of cross-contamination controls. • **Page 7:** Insert - Ensure any prepacked food for direct sale prepared by the school emphasises allergens.	JSC	September 2025

	Page 7: Insert - Considers the supply of spare adrenaline auto-injectors in preparation for potential mandatory requirements **Page 7:** Insert - Maintain safe practices for potentially life-threatening allergens **Page 11:** Insert - Parents are strictly prohibited from adding any supplement or medication to any food or beverage sent in with their child. **Page 14:** Insert on supplements and over the counter medicines		
4.1	Adapted by Brookfields	CBE	Jan 2026
5	Annual review – no changes	CMO	June 2026
5.1	Annual review by Brookfields – no changes	SMR	June 2026

Contents

Context

This document is part of a suite of policies outlining the Ascendancy Partnership Trust's (APT or 'the Trust') commitment to providing a high quality of education and pastoral care for its students.

During the course of their education with the school, it is likely that most, if not all, students will experience a medical condition which may affect their participation in school activities. For some this will be short-term and will be fully treated with a course of medication.

Other students however may experience a medical condition that has the potential to limit their access to education. It is imperative that these students are properly supported to ensure that their conditions do not have a detrimental effect on their education. Most students with medical conditions are able to attend school regularly and, with support from the school, can participate in most normal school activities. Staff may however need to provide extra supervision of some activities to make sure that these students are not put at risk.

This policy sets out the way in which the school supports the needs of its students with medical conditions, in partnership with the student, their parents and medical professionals, as appropriate.

No single policy or procedure exists in a vacuum and as such this document should always be read alongside any other policies listed in section 3.

We are constantly reviewing the work we do, ensuring that we have the rigor in our routine to provide a safe and positive environment, whilst acknowledge the ever- changing face of safeguarding and the need to have a dynamic approach to dealing with challenges

The information in this document is applicable to all schools in the partnership.

1. Legal and Advisory Framework

1.1 In accordance with section 100 of the Children and Families Act 2014, the Board of Trustees has a duty to make arrangements for supporting students within Ascendancy Partnership Trust Schools (the "school") with medical conditions.

1.2 This policy has been drawn up in accordance with the DfE's statutory guidance "Supporting Students at School with Medical Conditions" (December 2015).

1.3 This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968

- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2015) 'Supporting students at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- DfE (2025) 'Special educational needs(SEN) and disabilities: guidance for school governing boards'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- Natasha's Law and is mindful of the proposed Benedict's Law

1.4 This policy also complies with the Trust's funding agreement and articles of association.

1.5 This policy operates in conjunction with the following school policies

- Administering Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Drug and Alcohol Policy
- Asthma Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy
- Student Equality, Equity, Diversity and Inclusion Policy
- Attendance and Absence Policy
- Students with Additional Health Needs Attendance Policy
- Admissions Policy, in particular

1.6 Liability and indemnity

The Trust Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. The Ascendancy Partnership Trust will ensure it is a member of the Department for Education's risk protection arrangement.

All members of staff that are required to provide support to students with medical conditions are covered through the school's insurance policies. Details of the school's**/Trusts** insurance policy can be requested from See Appendix A.

2. Aims and Scope of Interest

The school is committed to the fair and equal treatment of its school community and aims to ensure that all students 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 life at the school, remain healthy and achieve their academic potential.

The aims of this policy are to:

- ensure that all students 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, remain healthy and achieve their academic potential.

- establish relationships with local health services and healthcare professionals with a view to better supporting students with medical conditions.
- provide guidance to all staff on how to effectively and appropriately support students with medical needs.
- define the areas of responsibility of all parties involved.
- effectively manage absences associated with medical conditions to ensure that the impact on the student's educational attainment and emotional and general wellbeing is minimised.
- ensure that all relevant staff aware of the students condition and the necessary cover arrangements in case of staff absence to ensure someone is always available.
- ensure that the focus is always on the needs of each individual student and how their medical condition impacts on their own school life.
- ensure that parents and students have confidence in the school's ability to provide effective support for its students with medical conditions.
- Ensure that allergy management is properly considered and associated laws are adhered to.

3. Roles and Responsibilities

Board of Trustees

- Ensure that the school's policy on supporting students with medical conditions clearly identifies the roles and responsibilities of all those involved to ensure the student's fullest possible participation in school life.
- Keep at the forefront of their planning that support arrangements are not the sole responsibility of one person, but instead will require collaborative working arrangements between the school, healthcare professionals, the Local Authority, parents and the student.
- Ensure that sufficient staff have received suitable training and are competent, and that they are able to access support materials if needed, before they take on responsibility to support students with medical conditions
- Ensure that the policy and procedures facility accessibility and inclusivity for all students.

Local Governing Board

- Ensure the policy is adapted to reflect the school and is developed and implemented effectively with partners.
- Ensure that application of the policy and procedures allow accessibility and inclusivity for all students

Headteacher

- Ensure that the school's policy is developed and is effectively implemented with partners. This includes ensuring that all staff are familiar of this policy and understand the role that they play in its implementation.
- Ensure that all staff who need to know are aware of the student's condition.
- Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a specific member of staff for this purpose.
- Have overall responsibility for the development of individual healthcare plans.

- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way.
- Contact the school nursing service in the case of any student who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Ensure that systems are in place for obtaining information about a student's medical needs and that this information is kept up to date.
- Ensure that students with life threatening allergies are protected by providing training for all staff on the risks of anaphylaxis, allergen awareness and maintenance of cross-contamination controls.
- Ensure any prepacked food for direct sale prepared by the school emphasises allergens.
- Considers the supply of spare adrenaline auto-injectors in preparation for potential mandatory requirements

School Staff

- Supporting students with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to students with medical conditions, including the administering of medicines, although, the school acknowledges that they cannot require staff to do so. This includes the administration of medicines.
- Take into account the needs of students with medical conditions that they teach.
- Maintain safe practices for potentially life-threatening allergens
- Receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support students with medical conditions. Any member of staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.
- Not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting students with medical conditions.
- Allow the school nurse to consider their proficiency in delivering a medical procedure, or in providing medication.

Healthcare Professionals

- School nurses are responsible for notifying the school when a student has been identified as having a medical condition which will require support in school, ideally before the student starts at the school, wherever possible.
- School nurses may support staff on implementing a student's individual healthcare plan and provide advice and liaison, for example on training.
- School nurses liaise with lead clinicians locally on appropriate support for the student and regarding associated staff training needs.
- Other healthcare professionals, including GPs and paediatricians should notify the school nurse when a student has been identified as having a medical condition that will require support at school. They may also provide advice on developing healthcare plans, as required. Specialist local health teams may be able to provide support for students with particular conditions (e.g. asthma, diabetes).

The Student

- Students (of a certain age) 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.
- Parents will be informed if a student refuses to take any prescribed medication- see section 8 for guidance of what to do in this event.

Parents

- Ensure that the school is provided with sufficient and up-to-date information about their child's medical needs and inform school immediately of any change in medication or dosage.
- Act as a key partner and should be involved in the development and review of their child's individual healthcare plan, including with its drafting where appropriate.
- Carry out any action they have agreed to as part of the implementation of the individual healthcare plan, for example, providing the school with medicines and equipment, ensure these are replaced when close to expiry and ensure they or another nominated adult are contactable at all times.

External Agencies

- The school will work with external agencies, including the Local Authority to support students with medical conditions.

4. Actions on Being Notified that a Student has a Medical Condition

When the school is notified that a student has a medical condition that requires support in school:

a) The school nurse will inform the headteacher.
b) Following this, the school will arrange a meeting with parents, healthcare professionals and the student, with a view to discussing the necessity of an Individual Healthcare Plan (IHP), outlined in detail in the IHPs section of this policy belove.

The school will not wait for a formal diagnosis before providing support to students. Where a student's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence, including medical evidence and consultation with parents. However, no medication will be given that is not medically prescribed.

For a student starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a student joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

5. Individual Healthcare Plans

Individual healthcare plans assist the school in effectively supporting students with medical conditions by providing clarity on what needs be done, when, and by whom. The school, healthcare professionals and parents should agree, based on evidence whether an individual healthcare plan would be proportionate or disproportionate. If consensus cannot be reached, the CEO will decide.

- Individual healthcare plans will be developed by working together with the parents/carers of the student, the student themselves (where appropriate) and any other necessary healthcare professionals.
- The level of detail in the plan will depend on the complexity of the students 's condition and how much support is required. The school will consider the following when deciding what information to record in the plan:
  - The medical condition, its triggers, signs, symptoms and treatments
  - The student'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 student'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, including in emergencies. If a student is self-managing their medication, this will clearly 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 student'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 student'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 student 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 student can participate, e.g.: risk assessments.
  - Where confidentiality issues are raised by the parent/student, the designated individuals
  - to be entrusted with the information about the student's condition.
  - What to do in an emergency, including who to contact and contingency arrangements.
- Plans will be reviewed at least annually, or earlier if there is evidence that the student's need have changed.
- Individual healthcare plans should be easily accessible to all who need to refer to them in school, whilst preserving confidentiality.
- Individual healthcare plans will be linked to, or become part of, an education, health and care (EHC) plan. If a student has SEN but does not have an EHC plan, the SEN will be mentioned in the healthcare plan.

6. Staff Training

NOTE: A first-aid certificate will not constitute appropriate training for supporting students with medical conditions.

Any training needs for staff providing support to a student with medical needs will be identified during the development or review of individual healthcare plans. The school nurse will

customarily lead on identifying and agreeing with the school, the type and level of training required, and agree if the school nurse is able to lead on the identified training.

The school will ensure that training provided is sufficient to ensure that staff are competent and have confidence in their ability to provide support to students with medical conditions and to fulfil the requirements of the individual healthcare plan.

The school arranges whole school awareness training so that all staff are aware of the policy for supporting students with medical conditions and their role in implementing that policy. This will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. New staff will be inducted.

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of students in the class they are providing cover for.
- Covered under the school's insurance arrangements.

7. The Student's Role in Managing their own Medical Needs

The school encourages students who are competent to take responsibility for managing their own medicines and procedures. This should be agreed with parents and reflected within individual healthcare plans.

Wherever possible, students will be allowed to carry their own medicines and medical devices or should be able to access their medicines for self-medication quickly and easily. The school will provide an appropriate level of supervision to those students.

If it is not appropriate for a student to self-manage their medication, the school will identify staff to help to administer medicines and manage procedures for them.

In the event that a student refuses to take medicine or carry out a necessary procedure, staff will not force them to do so but will instead follow the procedure agreed in the individual healthcare plan and notify parents of the incident so that alternative options can be considered.

8. Managing Medicines on School Premises

Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the healthcare plan and inform parents so that an alternative option can be considered, if necessary.
The school adheres to the DfE's "Supporting students with medical conditions" guidance regarding the management of medicines in School. This includes the following:

- Medicines will only be administered at the school when it would be detrimental to a student's health or attendance not to do so.
- No student under 16 is to be given prescription or non-prescription medicines without their parent's written consent, except in exceptional circumstances, for example where the medicine has been prescribed to the student without the knowledge of the parents. In such

cases, every effort should be made to encourage the student to involve their parents while respecting their right to confidentiality.

- A student under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will also be informed.
- The school will only accept prescribed medicines (with the exception of insulin) that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
- The school will store medicines safely and ensure that the relevant student knows where the medicines are located and that they can access them immediately and be aware of who holds the key to the storage facility. This is particularly important to consider when outside of school e.g. on school trips. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to students and staff and will not be locked away.
- The school will permit a student to possess a prescribed controlled drug if they are competent to do so but passing it to another student for their use is an offence. Clear monitoring arrangements are in place. Controlled drugs are easily accessible in an emergency and a record is kept of any doses used and the amount of the controlled drug held in school.
- Staff may administer a controlled drug to a student for whom it has been prescribed in accordance with the prescriber's instructions. The school keeps a record of all medicines administered to students, stating what, how and how much was administered, when and by whom.
- When medicines are no longer required, the school will return these to the parent to arrange for safe disposal. Sharps boxes are always to be used for the disposal of needles and other sharps.
- Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected in the healthcare plan.
- Schools are not legally required to administer supplements to children if a parent requests it. The administration of over-the-counter medications in schools is voluntary and not a contractual duty unless stipulated within individual arrangements.
- Parents are strictly prohibited from adding any supplement or medication to any food or beverage sent in with their child.

9. Record-keeping

Written records are kept of all medicines administered to students for as long as these students are at the school. Parents will be informed if their child has been unwell at school.

10. Emergency Procedure

Staff will follow the school's normal emergency procedures (for example, calling 999). All students' healthcare plans will clearly set out what constitutes an emergency and will explain what to do.

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

11. Equal Opportunities

The school is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so, wherever possible.

The school will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents and any relevant healthcare professionals will be consulted.

12. Unacceptable Practice

School staff should use their own discretion and judge each case individually with reference to the student's healthcare plan, but it is generally not acceptable to:

- prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every student with the same condition requires the same treatment
- ignore the views of the student or their parents; or ignore medical evidence or opinion, (although this may be challenged)
- send students with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise students for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- prevent students from participating or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g.: by requiring parents to accompany their child.
- Administer, or ask students to administer, medicine in toilets.

13. Complaints

Should parents be dissatisfied with the support provided by the school they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint under Ascendancy Partnership Trust complaints procedure, which is available on our website.

14. Defibrillators and Spare adrenaline auto-injectors See Appendix A

15. Monitoring and Review

This policy will be reviewed and approved by the board of Trustees annually. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

Appendix A: School Specific Information

Ai: Administering medication Policy

Aii: Asthma Policy

Aiii: Anaphylaxis and Allergy Policy

Aiv Contact for School Insurance policy information

Av: Defibrillators

Ai: Administering Medication Policy

Administration

Medications are to be administered by two adults, both of whom have received Medication Awareness for Schools training. These two staff must remain the same during the administration procedure. In exceptional circumstances the second person could be untrained, however this would require head teacher approval.

Brookfields School adheres to the 6 Rights of Administering Medication:

- Right child
- Right medicine
- Right dose
- Right time
- Right route
- Right to refuse

Administering medication

- Wherever appropriate, staff should allow pupils to access their medicines for self-administration with staff supervision. This is relevant to pupils with asthma inhalers and those who take medication for ADHD for example.
- Both supervising adults will have received Medication Awareness for Schools training.
- Both members of staff are required to be present when medication is taken from packaging. Both members of staff are required to check the **name, dosage and expiry date** (Administering of Medication Record Sheet– Appendix 3)
- One adult must check 6 Rights
- Before administering medication, please ensure you have enough to give a full dose. Remember to ask parents in plenty of time for another bottle etc. They may have to wait for up to seven days for a repeat prescription.

- Medication must be administered immediately and cannot be prepared beforehand. Lock the medication away immediately.
- Staff member one administers the medication. Staff member two countersigns.
- If unsure, DO NOT GIVE medication and ask for help.
- All staff must wear gloves and an apron when administering medication and maintain high levels of hygiene at all times.
- All parts of the medication record must be filled in. It is the lead adult's responsibility to ensure this.

Administering medications via gastrostomy

- All 'Administering Medication' guidance above to be followed.
- The adult administering the medication via gastrostomy must have received specific training to the child from the school nursing team in addition to attending external Medication Awareness for School training.
- A list of staff members who have been trained to administer medication via gastrostomy can be found in our gastrostomy competency database with the School Nurse.

Paracetamol

Primary Pupils

- The school will only administer paracetamol to pupils in the Primary School if it has been prescribed by a doctor and carries the relevant information as stated above.
- Parents/carers will be contacted before medication is given to reduce the risk of accidental overdose. School will inform parents/carers of the dose and time given.

Secondary Pupils

- For pupils with complex health needs (those who have known conditions and who are supported by an Individual Healthcare plan) , paracetamol needs to be prescribed by a doctor and labelled as stated above.
- For pupils in secondary who do not have complex health needs, please see non-prescribed medications section below.

Non-prescribed medications

- Brookfields School can accept certain medications without a prescription. These are:
  - antihistamines
  - emollient Creams such as Sudocrem
  - paracetamol for secondary pupils who require it occasionally

The pupil must have been treated with the medication previously and can only be administered if accompanied with written permission from parents. The medication must be in an un-opened container, in case of allergy and side effects.

- The application of Emollient creams, such as Sudocrem, should be recorded on a 'Administration of Medication Record Sheet' however the person applying it and the witness do not need to have had the 'Medications Awareness for Schools' training. This is the only exception to the rule that 'Medications are to be administered by two adults, both of whom have received Medication Awareness for Schools training.'
- For secondary pupils who require paracetamol occasionally (headache, period pains) paracetamol **does not** need to be prescribed. This must be for short-term pain relief, for no more than five days within a month. Anything longer than this must be on advice from a doctor.
- Parents/carers must send in a named, unopened bottle, tub or blister pack to be kept at school. A non-prescription medications consent form needs to be completed *before* administration of medication can take place.
- School will inform parents/carers of the dose and time given. Paracetamol will not be given until 4 hours after the start of the school day if parents/carers cannot be contacted to avoid accidental overdose.

Consent:

- We require written consent from parents/carers **before** administering any medication, this applies to non-prescription and prescription medication. We have two forms, one for prescribed medication and another one for non-prescription medication. (See Appendix 1). These forms must have the child's full name, address, name of the drug, dose, frequency and any special instructions, **filled in by the parent/carer**. They must sign these and give an emergency number. All this information is needed to check against the prescription label on the product. These forms must be kept in the Class Medication folder. These consent forms last for the current school year unless there are any changes on the circumstances. It is the parents/carers responsibility to inform school of any changes.
- In the rare case that a parent/carer doesn't consent to their child being administered the medication they require, they will be sent a letter explaining to them that the procedures the school is required to put in place in order to protect their child in the event of an emergency or the school are not able to contact them. If the parent/carer still refuses to give consent, as advised by the DfE, the school will consider seeking legal advice.

General guidance

- If a medication is refused by a pupil, they should not be forced to take it. Instead ring parents/carers. They may wish to come to school to give the missed dose.
- If this is emergency medication the ambulance service must be called and parents/carers informed.
- Any pupil who has had a general anaesthetic will need to remain at home for the first **48 hours**, as per NHS guidance.
- Any pupil who has been prescribed antibiotics will need to remain at home for the first **48 hours of treatment**, unless previously agreed.
- If a child experiences diarrhoea or vomiting as a result of a previously diagnosed illness, this will be managed on a case-by-case basis, in discussion with the class teacher and SLT.
- The first time a pupil has taken a medication must be at home. This is to ensure that any potential side effects or allergic reactions are managed within the safety of the home environment.

Class Medication Files

All classes should have a Class Medication File. This needs to contain the following information per student:

- Pupil contact information
- Any completed Prescription/Over the Counter Medication Consent form
- Signing medication in and out of school form
- Administration of medication form

If required (per student):

- Seizure monitoring
- Gastrostomy / NG feed information

Emergency Medication

Pupils who may require emergency medication (Midazolam Buccal, Epi Pen, inhaler) must have a completed care plan. These are to be followed and are available in class medication files.

Adults working with pupils who have an Emergency Medication Care Plan will be asked to sign the care plan to demonstrate that they are aware of the protocols they must follow. In order to administer emergency medication, the above 'Administering Medication' guidance is to be followed. The school will provide regular training for staff in administering emergency medication.

This emergency medication must be readily available by the member of staff assigned to the child. The emergency medication can be stored within a labelled, lockable medicines cabinet in the student's classroom, or carried in a **red bum bag** when necessary. This is dependent of the individual need of the student.

If a child has a seizure in school and we are unable to administer emergency medication, then an ambulance will be called and parents/carers informed. Seizures

need to be monitored using a 'Seizure Monitoring Chart' (appendix 5).

It is the parent's/carers responsibility to inform the school if emergency medication (such as Buccal Midazolam) **has been administered out of school within the past 24 hours.**

Controlled Medication

All Controlled Medication must be signed in to the 'Controlled Medication' book in addition to following the usual signing in methods. Controlled medications includes medications such as Diazepam, Codeine and Midazolam but is not exclusive to only these.

Covert / concealed medication

We do not conceal medication in order to administer it, eg within a drink or yogurt unless expressly directed to by the prescribed doctor.

Food and dietary supplements:

Some of our pupils receive nutrition via enteral feeds such as Paediasure or Ensure. Any food supplements such as Procal, Duocal, Thick and Easy, Fortini products etc. must be clearly labelled **with a pharmacy label**. Only dietary foods or supplements prescribed by the Dietician or Medical Practitioner can be given, not vitamins bought over the counter.

A medication record must be completed each time a child receives a dietary supplement and/or food supplement

In the case of having individual sachet supplements, the labelling from the pharmacist will be found on the box but not on individual sachets. If this is the case, the batch number on the sachet will need to be checked that it is the same as the sachet box before using.

Trips:

- When accessing off-site trips, staff must add medical information to their EVOLVE form and Risk Assessment for the trip.
- Medication must be accompanied by the consent form, IHCP (if applicable) and securely transported or carried on the person in the case of emergency medication
- The pupil's medical information is sensitive personal data, staff must ensure it is kept safe and returned to school.

School Holidays

All medication will be sent home during the summer holidays. Medication can remain in school during all other school holidays.

Should a pupil who requires emergency medication not bring it into school following a holiday, Brookfields will ask that the parent/carer brings the medication in that day. If that cannot happen, then parents will be informed that should emergency medications be needed then school will call for an ambulance.

Procedure and recording of Misadministration of medication

If a misadministration of medication has occurred, follow these procedures:

1. If **emergency medication** (such as Midazolam Buccal) is given in error dial 999 and observe the pupil.
2. If **non-emergency medication** is given in error, seek support from the School Nurse and a member of SLT immediately.
3. Observe the pupil at all times
4. SLT will call parents/carers and notify them of the error.
5. A debrief will happen ASAP (Appendix 4)
6. The error will need to be reported to the appropriate body depending on the circumstances around the error.

Policies and Guidance to be followed in conjunction with this policy

First Aid

Sickness & Diarrhea Guidance

Health and Safety

Aii: Asthma Policy

Asthma Policy

This policy has been written based on national asthma guidance from the British Thoracic Society and the National Institute for Health and Care Excellence, advice on asthma in schools from Asthma + Lung UK and the Department for Education, in addition to advice from healthcare and education professionals.

What is Asthma?

Asthma is a common condition which affects the airways in the lungs. Symptoms occur in response to exposure to a trigger e.g. pollen, dust, smoke, exercise etc. These symptoms include cough, wheeze, chest tightness and breathlessness. Symptoms are usually easily reversible by use of a reliever inhaler, but all staff must be aware that sufferers may experience an acute episode which will require rapid medical or hospital treatment.

Medication

Relievers

Usually these are salbutamol, which are blue in colour; however, some pupil will have a different reliever inhaler, e.g. those following the SMART approach (see below). Any pupil who does not use a salbutamol inhaler as their reliever will need an individual healthcare plan.

In the unlikely event of someone using another pupil's salbutamol (blue) inhaler there is little chance of harm.

SMART inhalers contain a steroid. Because of this it is important that no pupil uses another pupil's SMART inhaler.

At any age, any pupil who can identify the need to use their reliever inhaler should be allowed to do so, as and when they feel it is necessary. An emergency salbutamol (blue) inhaler is kept in the Nurses Office for staff to use if a pupil's own salbutamol inhaler runs out, is lost or their SMART inhaler is not effective.

Preventers

Generally, only reliever inhalers should be kept in school. Preventer treatments (inhalers and/or oral medications) will be taken on residential school trips.

SMART approach

The single, maintenance and reliever therapy (SMART) approach, also called maintenance and reliever therapy (MART), involves the use of a single inhaler that can act as both a preventer (maintenance) and a reliever. The inhaler will be used regularly every day at home and will be brought to school and used to relieve symptoms.

The maximum total daily dose of Symbicort (including daily preventer puffs) is normally no more than 12 puffs. Therefore, it is important to know how many puffs are being used as a reliever throughout the day (parent/carer must be informed).

If the SMART inhaler has not worked, then a pupil's care plan should be followed, and Salbutamol (blue) inhaler should be used.

Storage of Inhalers

See 'Administration of Medications' policy

Physical Education

Taking part in sports is an essential part of school life and important for health and well-being; pupils with asthma are encouraged to participate fully. Their reliever inhaler along with their care plan must be readily available to any pupil throughout the PE lesson/sports activity.

Colds/ Viruses

When a pupil has a cold, it is sometimes necessary for them to use their reliever inhaler regularly for a few days. Therefore, a parent/carer may ask you to administer their reliever inhaler, for example each lunchtime, usually for approximately up to a maximum of one week- the amount to be given will be advised by the parent/carer. This does not replace using the reliever inhaler as and when needed, it is in addition to this.

Emergency Procedures

Please see a pupil's care plan which outlines their individual emergency procedure.

Record keeping

Records of any use of reliever inhalers should be kept in line with the 'Administration of Medication' policy.

Responsibilities

Parent/Carer have a responsibility to:

• Tell the school that their child has asthma/has a reliever inhaler.

• Ensure the school has complete and up to date information regarding their child's condition.

• Inform the school about the medicines their child requires during school hours.

• Inform the school of any changes to their child's medication.

• Advise the school of anything that might have an impact on symptoms

• Provide the school with an inhaler (and spacer where appropriate) that has been prescribed for and labelled with that child's name.

All school staff (teaching and non-teaching) have a responsibility to:

• Understand the school asthma policy.

• Know which pupils have asthma.

• Know what to do in an asthma attack.

• Allow pupils with asthma immediate access to their reliever inhaler.

• Inform parent/carer if a child has had an asthma attack.

• Inform parent/carer if they become aware of a child using more reliever inhaler than usual.

• Ensure inhalers are taken on external trips/outings.

• Be aware that a child may be more tired due to nighttime symptoms.

Policies and Guidance to be followed in conjunction with this policy

Medication Awareness for Schools

Administering Medication

First Aid

Health and Safety

Sickness & Diarrhea Guidance

Aiii: **Anaphylaxis and Allergy Policy**

Anaphylaxis and Allergy Policy

Allergy is the response of the body's immune system to normally harmless substances. These do not cause any problems in most people, but in allergic individuals the immune system identifies them as 'allergens' and produces an inappropriate 'allergic' response. This can be relatively minor, such as localised itching, but it can also be much more serious, causing anaphylaxis which can lead to breathing problems and collapse. Common allergic triggers include nuts, cow's milk and other foods, venom (bee and wasp stings), drugs, latex and hair dye. The most common cause of anaphylaxis in children/young people are foods.

Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an adrenaline auto-injector (AAI). Around 2-5% of children in the UK live with a food allergy, and most school classrooms will have at least one allergic pupil. These people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 20% of serious allergic reactions to food happen whilst a child is at school, and these reactions can occur in someone with no prior history of food allergy.

Storage of Emergency Medication

See 'Administration of Medications' policy

Administering Medication

Immediate access to Emergency Medication is vital. All pupils at risk of anaphylaxis should have a Care Plan that describes exactly what to do and who to contact in the event that they have an allergic reaction. The plan should include First Aid procedures for the administering of adrenaline.

Emergency Procedures

Please see a pupil's care plan which outlines their individual emergency procedure.

Record Keeping

Records of any use of emergency medication should be kept in line with the 'Administration of Medication' policy.

Responsibilities

Parent/Carer have a responsibility to:

- Tell the school that their child has asthma/has an allergy.
- Ensure the school has complete and up to date information regarding their child's condition.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any changes to their child's medication.
- Advise the school of anything that might have an impact on symptoms
- Provide the school with any emergency medication which may be required.

All school staff (teaching and non-teaching) have a responsibility to:

- Understand the Anaphylaxis and Allergy policy.
- Know which pupils are at risk of Anaphylaxis.
- Know what to do should a pupil have an allergic reaction.
- Inform parent/carer if a child has had an allergic reaction.
- Ensure emergency medication is taken on external trips/outings.

Policies and Guidance to be followed in conjunction with this policy

Medication Awareness for Schools

Administering Medication

First Aid

Health and Safety

Sickness & Diarrhea Guidance

Contact for School Insurance policy information:

Teresa Shaw

Defibrillators

The school has 2 Heartsine Samaritan automated external defibrillators (AED).

- One AED is stored in the small kitchen opposite the Heads office and is unlocked and unalarmed.
- The second AED is stored in 6th Form corridor upstairs opposite MacArthur Clas. This is locked. Clear instructions are given by AED as to how to access.

All staff members and students will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed **annually**.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.
The emergency services will always be called where an AED is used or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for students under the age of eight.

Maintenance checks will be undertaken on AEDs on a weekly basis by the school nurse, who will also keep an up-to-date record of all checks and maintenance work.

Appendix B: Individual Healthcare Plan implementation procedure

1. A parent or healthcare professional informs the school that the child has a medical condition or is due to return from long-term absence, or that needs have changed.
2. The head or member of SLT coordinates a meeting to discuss the child's medical needs and identifies a member of school staff who will provide support to the student.
3. A meeting is held to discuss and agree on the need for an IHP.
4. An IHP is developed in partnership with healthcare professionals, and agreement is reached on who leads.
5. School staff training needs are identified.
6. Training is delivered to staff and review dates are agreed.
7. The IHP is implemented and circulated to relevant staff.
8. The IHP is reviewed annually or when the condition changes (revert back to step 3).

Appendix C: Individual Healthcare Plan form

Pupil's details

Pupils name	
Group/class/form	
Date of birth	
Pupils address	
Medical diagnosis of condition	
Date	
Review date	

Family contact information

Name	
Relationship to Pupil	
Phone number	
Name	
Relationship to Pupil	
Phone number	
Relationship to Pupil	

Hospital Contact

Name	
Phone number	

Who is responsible for providing support in school?

Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices and environmental issues

Name of medication, dose and method of administration

Daily care requirements

Arrangements for school visits and trips

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Responsible person in an emergency, state if different for off-site activities

Plan developed with

Staff training needed or undertaken – who, what, when:

Appendix D: Parental Agreement for the School to Administer Medicine

THE SCHOOL WILL NOT GIVE YOUR CHILD MEDICINE UNLESS YOU COMPLETE AND SIGN THIS FORM.

PRESCRIPTION MEDICATION FORM

Brookfields School will not give your child medicine unless you complete and sign this form.

Name of school/setting	**Brookfields School**
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Prescription Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Supervised self-administration- yes / no	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy. Pharmacy labels should be on the packet as well as bottle / inhaler

Your Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Brookfields School administering 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.

Signature(s):_____ Date:_____

OVER THE COUNTER MEDICATION FORM

Brookfields School will not give your child medicine unless you complete and sign this form.

Name of school/setting	**Brookfields School**
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Over the counter medicine (non-prescription).

Please use 1 form for <u>each</u> "over the counter" medication.

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Supervised self-administration – yes / no	
Procedures to take in an emergency	

<u>NB: I confirm that this medicine: (please tick)</u>

Has not been opened		**Is sealed**		**Is in the original container**	

Your Contact Details

Name	
Daytime telephone no.	

Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Brookfields School administering 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.

I confirm that I have spoken to a health care professional (e.g. GP / Pharmacist) _____ (name) on _____ (date) about my child receiving this medication.

Signature(s):_____Date:_____

FOR OFFICE USE ONLY: Date for review

Appendix E: Record of Medicine Administered to an Individual Student

Name of student	
Group/class/form	
Date medicine provided by parents	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	
Staff signature	
Parent signature	

Date				
Time given				
Dose given				
Name of staff member				
Staff signature				

Date				
Time given				
Dose given				
Name of staff member				
Staff signature				

Date				
Time given				
Dose given				
Name of staff member				
Staff signature				

[Add as many tables as necessary]

Appendix F: Staff Training Record – Administration of Medication

Name of school	
Name of staff member	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that the staff member has received the training detailed above and is competent to carry out any necessary treatment pertaining to this treatment type. I recommend that the training is updated by the school nurse.

Trainer's signature: _____

Print name: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Print name: _____

Date: _____

Suggested review date: _____

Appendix G: Contacting Emergency Services

Request an ambulance: dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- The telephone number: **0118 9421382 /0118 9417333**
- Your name
- Your location as follows: **Brookfields School, Sage Road, Tilehurst, Reading, Berks.**
- The postcode: **RG31 6SW (side gate) RG31 6GG (main gate)**
- The exact location of the individual within the school
- The name of the individual and a brief description of their symptoms
- The best entrance to use and where the crew will be met and taken to the individual

Appendix H: Record of All Medicine Administered to Students

Date	Student's name	Time	Name of medicine	Dose given	Reactions, if any	Staff signature	Print name

Appendix I: Incident Reporting Form

Date of incident	Time of incident	Place of incident	Name of ill or injured person	Details of the illness or injury	Was first aid administered? If so, give details	What happened to the person immediately afterwards?	Name of first-aider	Signature of first aider