



Pupils with Medical Needs Procedures

Date	Reviewed by	Agreed by governors	Next due for review
October 2023	H Wallace	October 2024	October 2024
October 2025	H Wallace	October 2025	October 2026
February 2026	H Wallace/K Butt	February 2026	February 2027

**BEDS-created
Statutory
1-year recommended review cycle**

Believe to achieve! “Roots will grow down into God’s love and keep us strong.” Eph 3:17

Values: Friendship, Respect, Trust, Courage, Perseverance, Compassion

Brinkworth Earl Danby’s is committed to providing a secure, happy and stimulating learning environment in which EVERYONE is valued, spiritual growth is nurtured and potential maximised. We believe as a community that each child can reach their vocational potential. We believe each child is of unique worth made in the image of God. We believe in each child being the best that they can be and finding their place in the world. We believe in: a child’s potential; being part of a community; being the best you can be.

In partnership with parents/carers, we aim to:

- create a happy, caring atmosphere in which each child feels secure and valued within an environment which is stimulating and attractive
- meet each child’s needs physically, creatively, intellectually, emotionally and socially
- educate children about a diverse society and world in order to promote understanding and positive attitudes
- help the child acquire a set of moral and spiritual values that reflect our designation as a Church of England Voluntary Controlled Primary School
- inspire each child to be an enthusiastic learner and develop capabilities and attributes that ‘build learning power’
- enable pupils to become confident and responsible citizens

Our ethos underpins our unique culture and behaviour in our Church of England School. Our children are at the centre of every decision made. We always ask ‘of what benefit will this be to our children? Will this help support them to be the best they can be?’ We go the extra mile. Whether it is staff, parents, children, governors or community members, we choose to make that extra effort for a better outcome for individuals and for our school community.

This policy is written with our vision, values, ethos and aims at its heart.

Introduction

Most pupils at some time have a medical condition, which may prevent them from attending school. For the majority this will be short term. For pupils who have long- term or recurrent illness, access to school may be limited.

The Department for Education and Science (DfES) has produced statutory guidance 'Continuity of educational provision for children and young people with additional health needs.' with regard to pupils who may be absent for more than 15 school days because of medical need. These procedures have been written to complement the policy.

Medication for pupils

- The school is committed to pursuing a policy of inclusive education. No child should be excluded from school activities by virtue of having a medical condition.
- The school will carry out risk assessments and care plans where appropriate in conjunction with parents to determine the procedures the school will need to adopt. These assessments and plans will also identify any exceptions to normal participation in school activities.
- Teachers and support staff have a responsibility to act as any reasonably prudent parent would to maintain the health and safety of the pupils under their control, whether this is at school or during any other school event or activity. In exceptional circumstances, this might extend to administering medicine or taking other medical action in an emergency.
- It is entirely the decision of each individual employee in the school as to whether he/she is prepared to personally administer medication. No sanction will be taken against any employee who declines to undertake this task.
- No medication must be given to any child without the specific written consent of the parent/carer concerned. (Consideration should be given to the need for the medicine to be taken during school hours.)
- It is entirely the decision of the school management whether to allow a member of staff to administer medication to pupils which has been prescribed by an appropriate medical practitioner i.e. GP or Pediatrician. If a school chooses not to take on this responsibility then parents must be informed. Any school that chooses to accept the responsibility must carry out the duty with reasonable care and follow the advice contained in this section.
- **Non-prescribed medicines containing analgesics (including mild painkillers such as aspirin or paracetamol) should not be given, even with the consent of parents/carers.**
- The concern of employees administering medication in respect of personal liability is unfounded. The LA takes vicarious liability for the actions of its staff provided those actions are taken in good faith and in accordance with LA policy and practices.

Children Taking a Course of Prescribed Medication

Where a decision is reached that medication will be given in school:

- Few medicines need to be taken during normal school hours and in most cases the appropriate dosage of medicine when prescribed to be taken 'three times a day' can be given 'before school, after school and at night'. The same principle can also be applied to medication such as creams/drops for conjunctivitis etc. However, the school should not assume that this will always be the case as some prescribed medication will have times or conditions stipulated by the doctor.
- Where pupils are recovering from a short-term illness which requires medication (such as tablets, creams, eye drops, mixtures), any request for school staff to administer medicine by a parent/carer must be in writing and include evidence that the child needs to take medicine during school hours, e.g. instructions on the container or advice from the pharmacist. Standard forms have been drawn up to assist in this process. They are Form 1 (Parental Consent form) and Form 3 (Medical Practitioner's form). If parents are

unwilling or unable to provide written consent using Form 1 or schools have some reason to doubt the information provided on Form 1, seek confirmation directly from the medical practitioner using Form 3.

- The medicine, together with the completed and signed consent form, should be delivered to school, where possible by a parent, and should be handed personally to the designated member of staff. The school policy should make it clear that in no circumstances should staff administer prescribed medication on their own initiative or without the written consent of parents/carers.
- A written record should be kept of the administration of all prescribed medication to pupils, using Form 2. Such a record should be kept together with the instructions, and be checked on every occasion and completed by the designated member of staff along with a second member of staff as a witness. The record should give the date and time of administration, the name of the medicine, the dose given, the name of the child and the name of the staff member administering the medication. Form 2 should be retained on the school premises with the school's and child's records respectively. It is recommended that you print the administration form on the back of the consent form in order that the two documents do not become separated.
- **Medicines must be stored safely in the pharmacist's original container and be clearly labelled with the contents, the child's name, and the dosage and/or other instructions.**
- The receiving member of staff should check the accuracy of the name and date. Some medication such as liquid antibiotics or insulin may need to be kept in a refrigerator, which is kept locked. Certain medicines will also need to be securely stored but where they can be quickly and easily accessed in the event of an emergency i.e. epi-pens. These medicines must be placed in a suitable sealed container, e.g. plastic box and clearly marked "medicines". Under no circumstances should medicines be kept in first aid boxes.
- Any medication which has passed its expiry date should be collected from school by parents within 5 days of the expiry date or it should be disposed of safely (e.g. by returning it to the local pharmacist). Medicines should not be disposed of in the sink or toilet.

Special circumstances

Some pupils have specific medical needs which may require treatment in an emergency which may involve invasive medical procedures (e.g. epipen). Other children may require special personal care involving intimate or invasive treatment (e.g. assistance with catheters).

- These children will have a care plan, drawn up by the school nurse together with the parents and the school.
- Staff who are willing to administer such treatment will be given appropriate training to enable them to act in emergencies in potentially life-threatening situations or in providing intimate or invasive personal care. **Only those who are both willing and appropriately trained should administer such treatment.**
- For the protection of both staff and children a second member of staff should be present when the more intimate procedures are being followed.
- Appropriate personal protection should be worn.
- The dignity of the child should be protected as far as possible at all times, even in emergencies.
- All staff should be made aware of the pupil's condition (subject to parent/carer consent) and know where to locate trained staff.
- All staff should respect the confidentiality of medical information.
- Medication should be stored in a sealed container clearly marked 'emergency medication' and with the pupil's name. Trained staff should have immediate access to it.
- Pupils with personal inhalers can administer their own medication.
- Inhalers are stored in named bags at the office/s
- Parents will be responsible for ensuring that the inhaler is in school.

Risk assessment

- For a number of pupils with medical needs it may be appropriate for risk assessments to be carried out on certain activities, e.g. physical activities and visits. This would consider such issues as medical needs, medication requirements, physical abilities, emergency treatment
- Risk assessments and individual health care plans should be compiled prior to the child starting at the school. They should be developed in conjunction with parents/carers, should determine the procedures which schools will need to adopt to comply with the Local Authority's (LA) policy of inclusive education and should also identify any exceptions to normal participation in school activities.

Children with Asthma

Brinkworth Earl Danby's:

- Welcomes all pupils with asthma
- Will encourage and help children with asthma to participate in all aspects of school life
- Recognises that asthma is a significant condition affecting many children
- Recognises that immediate access to inhalers is vital
- Will do all it can to make sure that the school environment is favourable to children with asthma
- Will ensure that other children understand asthma so that they can support their friends
- Has a clear understanding of what to do in the event of a child having an asthma attack
- To work in partnership with parents, governors, health professionals, staff and children to ensure the successful implementation of this policy
- The school has a no smoking policy

Procedure

- The children are expected to keep their ventolin inhaler (marked with their name) with them at school in a designated place. It is the parent's responsibility to ensure that the inhaler is kept within its use by date
- Parents are responsible for training their child to use their inhaler
- Checks will be made to ensure they are taken on school trips
- Children may use the inhaler as they feel necessary, (a child cannot overdose), particularly before physical exercise, if appropriate
- Staff will inform parents if it is felt the inhaler is being used too frequently, thus enabling a revised prescription to be obtained if appropriate.
- Preventer inhalers (brown) are usually used at home

Seizures

- Brinkworth Earl Danby's CE Primary School is an inclusive community that aims to support pupils who may have seizures, ensuring they participate fully in all aspects of school life.
- A seizure is a common neurological condition caused by a sudden burst of intense electrical activity in the brain, which can temporarily disrupt the way messages are sent between brain cells. This can cause changes in a person's awareness, behaviour, emotions, sensations and/or motor functions. Not all seizures are due to Epilepsy. 1 in 20 people will have a non-epileptic seizure at some time.
- All staff must be aware of what to do if a pupil has a seizure.
- All staff understand that pupils that have seizures may be embarrassed if they have one in school, they may suffer bullying because of it. Procedures are in place to prevent this.

Procedure

- Brinkworth Earl Danby's has a procedure protocol for each child which covers the points below.
- If a pupil is found to be having a seizure it is important **NOT** to restrain them in any way, simply ensure they are safe by clearing the surrounding area to avoid further injury.

- 'Red Card' the office to call an ambulance & parents
- Note the time the seizure starts and any triggers.
- Contact 999 for guidance/assistance.
- Once the seizure has finished, place the person in the recovery position.
- Provide advice and support to any pupils/staff that witnessed the seizure.

Medication

- Any pupils taking prescribed medication for Epilepsy will have oral medication which is kept in the admin office in a locked cupboard.
- Medication only to be given to person named on prescription. The amount given and the date administered will be recorded.

Record Keeping

- When a pupil starts at Brinkworth Earl Danby's a tendency to have seizures is usually identified on the Health History Form which is completed by a parent/guardian prior to arrival. We ask parents to ensure that detailed information is given on this form with correct names and instructions for all medication.
- If a new diagnosis is made during school holidays it is important that parents contact the school with all the relevant information available at that time.
- All pupils that have seizures will have a risk assessment.
- If a child has medication in school, a care plan is devised and sent to parents for approval. It is then uploaded onto SIMS for school staff to access as necessary.
- A hard copy is also kept in the admin office and the classroom in which the child is taught.

Exercise and Activities

- Exercise and physical activity is good for every pupil including those who have epilepsy
- Pupils are encouraged to be involved in all school activities.
- No pupil who is known to have seizures swims unsupervised.

Roles and Responsibilities

- Brinkworth Earl Danby's works in partnership with all relevant and interested parties including School Governors, all Staff, Parents, pupils, pupil's GP, specialist Doctor/Consultant and the School Nurses to ensure the policy is planned, implemented and successfully maintained.

Children with diabetes

All staff at Brinkworth Earl Danby's understand that Diabetes affects many children and can be Type 1 or Type 2. Staff are trained to recognise hypos and hypers. Hyperglycaemia, or a 'hyper', is when blood glucose levels are too high (above 17), and is treated with insulin. Hypoglycaemia or a 'hypo' is when blood glucose is too low (below 4) and is usually treated with an agreed source of sugar. A quick response is needed to treat both conditions and this will be stated on in an individual's care plan.

Considerations:

Care Plan: Written by the specialist diabetes team and should be reviewed annually or as needs change, by school, with parents and with diabetes nurses where needed. These plans are very clear and prescriptive.

Trained staff: A minimum of 3 staff will be trained to support the individual to ensure capacity in case of absence. 2 staff will be needed to record and witness incidences of insulin administration.

Learning: As a school, we understand that diabetes can affect learning by causing difficulties with attention, memory, processing speed and perceptual skills if not managed well. Options for catch up work may be needed if a child is missing days of school due to illness/appointments or parts of lessons for blood glucose checks/treatment.

Attendance: In line with our attendance policy, flexibility may be needed as the pupil will have medical appointments to attend and may need time off if unwell due to their condition.

Storage: insulin will be stored in the office fridge. A sharp's bin is kept in the office. Medical equipment for the pupil is kept in their day bag.

Quiet/recovery space: On occasion, the pupil may need access to a space to use to manage their diabetes as needed and for recovery should they have a hypo/hyper. **The pupil should not be moved to this space if suffering from a hyper or hypo, only once able in order to recover.**

PE: Children and young people with diabetes should be able to take part in all PE but this will be planned for, as activity uses up glucose which may cause a hypo. On the other hand, if blood glucose is high before getting active, activity may make it rise even higher. We discuss PE with parents and the specialist nursing team, to ensure participation for each individual. If a child uses an insulin pump, they will need to be disconnected if the child is taking part in contact or water sports, but this should not be done for more than an hour.

Residentials/trips: Early planning will be needed for pupils going on trips, swimming or residentials, with parents and specialist nurses inputting or attending where deemed necessary.

Access Arrangements: Pupils will be given the support they need during exams in order to meet their full potential e.g. taking their blood sugar monitor, snacks/drinks and insulin treatment into the exam, and supervised rest breaks. If they use their mobile phone to monitor their levels, an application request for this will be submitted to the exam board.

The School:

The School has a responsibility to:

- ensure the health and safety of their employees and anyone else taking part in school activities. This responsibility extends to those staff leading activities off site eg field trips, outings, etc. Therefore the headteacher needs to ensure an appropriate seizures policy and protocol is in place and trips are adequately risk assessed
- develop, implement and monitor a seizure policy and protocol
- provide indemnity for teachers who volunteer to administer medicines to pupils who suffer with seizures who need help
- Offer training and support via the School's First Aid training and the School Nurses

School Staff

All school staff have a responsibility to:

- Understand Brinkworth Earl Danby's seizure Policy and protocols
- To attend a First Aid Training Course.
- Know which pupils they come into contact with who could have a seizure
- Know what to do in the event of a seizure
- Inform the admin office immediately if a pupil has a seizure
- Allow pupils who have been unwell time to catch up on missed work

- Be aware that pupils who suffer from seizures may have difficulty concentrating, work slower than others, and be tired more frequently.
- Look out and report any episodes of bullying.

Pupils

Pupils have a responsibility to:

- Treat other pupils with Epilepsy with respect
- Treat all medication with respect
- Know how and when to take their medication
- Ensure a member of staff is contacted if someone is having a seizure

Parents

Parents have a responsibility to:

- Inform the school if an epilepsy diagnosis has been made and what medication is taken
- Inform the school of any changes to treatment plan or any problems with epilepsy when pupil not at school
- Update the school after any Consultant/Hospital visits
- Ensure pupil has medication and it is in date when they return to school after holidays/breaks

Sources of reference and further guidance

www.epilepsysociety.org.uk

www.epilepsy.org.uk/education

<https://assets.publishing.service.gov.uk/media/5ce6a72e40f0b620a103bd53/supporting-pupils-at-school-with-medical-conditions.pdf>

[RightChoice Wiltshire Medical Needs Education Policy](#)