Briarwood School

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Supporting Pupils with Medical Conditions Policy

History of policy changes/review

Author: Head of Provision
Authorising Body: Wellbeing Committee
Review Period: Annual
Next Review Date: August

Date	Page	Details of change
September 2016		Created and Adopted
September 2019		Reviewed and updated
October 2020		Reviewed and updated
April 2022		Reviewed and Updated
September 2023		Reviewed and Updated
September 2024		Reviewed and Updated
June 2025		Reviewed and Updated
August 2026		Reviewed and updated; split in to First Aid, Supporting pupils with medical conditions, Allergy and Anaphylaxis, additional updates include EYFS medicine information requirements, notification timescales, IHP decision making, training/cover, record keeping and monitoring arrangements

Introduction

Briarwood School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The school believes it is important that parents of pupils with medical conditions feel confident the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

Education establishments cannot refuse to take responsibility for supporting pupils at schools with medical conditions. It should be an integral part of the establishment's approach to safeguarding pupils. They must strive to be an inclusive institution and appeal for volunteers from the staff as a whole to come forward. If not, the establishment must manage change to include appropriate jobs/recruit as necessary.

The school may use recruitment as an opportunity to secure a sufficient number of staff with responsibilities for supporting pupils at schools with medical conditions. Where no volunteers come forward, it would then be incorporated into the employment contract.

The pupils at Briarwood school are also disabled and have severe or profound learning difficulties. For children with SEND this policy must be also read in conjunction with the SEND code of practice.

Legal framework

This policy meets the requirements of section 100 of the Children and Families Act 2014, which places a duty on the governing body to make arrangements to support pupils at school with medical conditions. It is also based on the Department for Education statutory guidance on supporting pupils with medical conditions at school and, where applicable to Briarwood's EYFS provision, the current Early Years Foundation Stage (EYFS) statutory framework.

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 (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Road Vehicles (Construction and Use) Regulations 1986
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- DfE (2022) 'First aid in schools, early years and further education'
- DfE (2023) 'Early years foundation stage (EYFS) statutory framework'
- DfE (2023) 'Automated external defibrillators (AEDs): a guide for maintained schools and academies'
- DfE (2024) 'Early years foundation stage (EYFS) statutory framework'
- DfE (2025) 'Automated external defibrillators (AEDs): a guide for maintained Schools and Academies

This policy operates in conjunction with the following school policies:

- Complaints Policy
- Attendance Policy
- Pupils with Additional Health Needs Attendance Policy
- Admissions Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Child protection and Safeguarding policy
- Educational Visits and School Trips Policy
- Health and Safety Policy
- First Aid Policy
- Allergy and Anaphylaxis Policy
- Infectious Diseases Policy

Responsibility

The Governing Body is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.

- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils and sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.
- Ensuring that all relevant risk assessments are conducted to ensure the health and safety of the school community.
- Ensuring that the school has: A suitably stocked first-aid kit and an appointed person to take charge of first-aid arrangements and that there is information for all employees giving details of first-aid arrangements.
- Ensuring that insurance arrangements provide full cover for any potential claims arising from actions of staff acting within the scope of their employment.
- Ensuring that adequate equipment and facilities are provided for the school site.

The Executive Headteacher is responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.

The Head of Provision is responsible for:

- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all protocols and HCPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of medical/health protocols across the school.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.

- Ensure that first aiders are appropriately trained regarding asthma, e.g. supporting pupils to take their own medication and caring for pupils who are having asthma attacks.

Head of School responsibilities:

- Ensure suitable cover arrangements are maintained during staff absence or turnover and that supply staff are appropriately briefed about pupils' medical needs. Taking charge when someone is injured or becomes ill.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Calling the emergency services where necessary.
- Maintaining injury and illness records as required.
- Undertaking an appointed persons course, emergency first aid training, first aid at work, and refresher training.
- Ensuring key information such as 'severe allergy' or 'emergency medicine needed' must be kept on display in the classroom via emergency protocols. Health protocols and any corresponding IHCPs from Health must be available in the classroom. Similarly, information on food allergies needs to be displayed at all times - where food is being prepared/served, and also in classrooms where activities may contain foods (e.g. craft activities with natural materials / tasting in RE etc).
- Delegate the responsibility to check the expiry date of asthma reliever inhalers to the pastoral response team.

The Pastoral Response Team will be responsible (in their role as first aiders) for:

- Completing and renewing training as dictated by the governing board.
- Ensuring that they are fully aware of the content of this policy and any procedures for administering first aid, including emergency procedures.
- Restocking first aid boxes within their departments.
- Check expiry date on medication and emergency medication across sites, ensuring all expired medication is sent home with pupils and new medication is requested.
- Giving immediate help to casualties with common injuries or illnesses and those arising from specific hazards at the school or college or on educational visits.
- Ensuring that an ambulance or other professional medical help is called when appropriate.

School staff will be responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.
- Ensuring that they have sufficient awareness of this policy and the outlined procedures, including making sure that they know who to contact in the event of any illness, accident or injury.
- Securing the welfare of the pupils at school.

- Making pupils aware of the procedures to follow in the event of illness, accident or injury.
- Know which pupils they come into contact with have asthma.
- Know what to do in the event of an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents if their child has had an asthma attack.
- Inform parents if their child is using their reliever inhaler more than usual.
- Ensure pupils with asthma have their medication with them on school trips and during activities outside of the classroom.
- Be aware that pupils with asthma may experience tiredness during the school day due to their night-time symptoms and as a result should not be forced to take part in physical activities if they feel unwell.

Parents will be responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's protocols and HCPs.
- Carrying out any agreed actions contained in the protocols or IHCP provided by health.
- Ensuring that they, or another nominated adult, are contactable at all times.
- Ensure any emergency medication is provided to the school.
- If the child is acutely unwell, parents/carers should keep them at home for an appropriate period, e.g. sickness and/or diarrhoea for 48 hours. More information on exclusion periods following infectious diseases is available from the UK Health Security Agency. https://www.gov.uk/government/organisations/uk-health-security-agency

The LA will be responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that HCPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school. For more information please refer to our Pupils with Additional Health Needs Attendance Policy

Liability and Indemnity

The governing board will ensure that appropriate indemnity is in place to cover staff providing support to pupils with medical conditions. Schools should have appropriate levels of indemnity in place to cover staff when supporting pupils with medical conditions this includes liability cover relating to the administration of medication such as AAIs. This is a legal requirement under DfE (2015) 'Supporting pupils at school with medical conditions.'

Briarwood holds Risk Protection Arrangement (RPA) indemnity cover via a Department for Education government scheme. The detailed arrangements relating to the RPA can be found here:

https://assets.publishing.service.gov.uk/media/663e031eb7249a4c6e9d3250/Local_authority_maintained_community_schools_-_RPA_membership_rules.pdf

The RPA summary in relation to providing support to pupils who have medical conditions is detailed as follows:

The RPA is not an insurance scheme but is a mechanism through which the cost of risks that materialise will be covered by government funds. The RPA indemnifies the school and any staff for Legal Liability for personal injury to children whom the school is providing support for that have medical conditions.

RPA will provide indemnity if a Member becomes legally liable to pay for damages or compensation in respect of or arising out of personal injury occurring during the Membership Year.

Indemnity will be provided to any member of staff (other than any doctor, surgeon or dentist while working in a professional capacity) who is providing support to pupils with medical conditions and has received sufficient and suitable training.

Where a Member has not complied with the statutory guidance, and can demonstrate mitigating circumstances for not doing so, in the event of a claim the RPA Administrator will consider the circumstances on a case-by-case basis to determine whether cover can be provided.

The Public Liability Indemnity arrangements provide cover to employees in respect of claims for personal injury but is subject to the following conditions:

- Adherence with the statutory guidance: Supporting pupils with medical conditions at school.
- That internal procedures for mitigating risk have been followed.
- That training has been received and regularly updated.
- That all appropriate Personal Protective Equipment has been issued, maintained, updated and used where necessary.
- That the employee has acted within the limitations of their training and has observed all protocols. The employee must also be aware of possible side effects of the medication and what to do if they occur.

Indemnity will not apply where claims relate to a criminal offence, a malicious act or an instance of serious and wilful misconduct.

Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

Documentation

Being notified that a pupil has a medical condition

Parents/Carers must provide, in written form, comprehensive and up to-date information on the condition of pupils and changes for better or worse and the medication used. These will inform the HCP and protocols (more information below), which in turn will be updated whenever new information has been provided.

In addition, when the school is notified of a new medical concern or development, they will discuss whether a proportionate response would be to create a HCP or Briarwood Protocol.

For children in the EYFS, the school will have a system for obtaining information about each child's need for medicines and for keeping that information up to date. Information will be obtained from parents/carers before a new starter begins wherever possible, and parents/carers must inform the school promptly of any subsequent change to medication or medical need.

In term 6 of each academic year, transition will occur between classes enabling best practice and experience to be shared between staff, ensuring all information about pre-existing medical conditions can be assimilated and information about new starters, adults and children can be passed on in a time effective manner ready to begin in term 1 of the new academic year (see Appendix I).

The school maintains an online system 'Arbor' which records pupils' medical conditions and allergies e.g. asthma, epilepsy and anaphylaxis. This information must be disseminated amongst all appropriate staff/volunteers involved in the supervision of pupils.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

Health Care Plans (HCP)

A Briarwood Health Care Plan is a document which contains all of the pupil's health and medical needs.

When pupils start at Briarwood school, there are a number of meetings with parents/carers, health care professionals and previous schools prior to them joining, alongside analysis of corresponding documents which will help us understand whether a pupil needs a HCP.

If they do, this will be ascertained by the Head of School based on the information provided by the parents in the starter information pack, as per the instructions in Appendix N. The school will make every effort to put appropriate arrangements in place within 2 weeks.

Not every pupil with a medical condition will require an HCP. The need for a plan will be determined on the evidence, in discussion with parents/carers, an appropriate healthcare professional and the Head of Provision.

If in doubt, please refer to the 'initiating a HCP' document in Appendix N. If Heads of School are unsure if the pupil requires a HCP - the Head of Provision will make the overall decision. Health Care Plan templates can be found in the back of this policy in Appendix M.

HCPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues.
- The support needed for the pupil's educational, social and emotional needs.

- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents and the Executive Headteacher for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

Where a pupil has a healthcare plan already prepared by a health care practitioner, this will be used to inform the Briarwood HCP template.

HCPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. HCPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner. The HCP should link to the pupils EHCP, with their primary diagnosis being listed in their HCP – however we are aware this is not always the case.

The school will not wait for a formal diagnosis before providing a HCP and a corresponding protocol. Where a pupil'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 Head of Provision based on all available evidence, including medical evidence and consultation with parents.

HCP should be stored in the pupils Medical File and on their Online Pupil File in Current Documents. Old versions must be deleted to avoid confusion.

Once a HCP has been completed by the Head of School and parents/carers, this will be sent electronically to the Head of Provision to inform next steps e.g. additional training, staffing and oversight.

Pupils with severe allergies and requiring adrenaline pens must have Briarwood Health - Emergency Medication protocols in line with the Allergy and Anaphylaxis policy.

Protocols

A Briarwood Protocol is a condensed version of the HCP, also known as an 'emergency plan', which should be displayed on the Health and Safety board at all times within the pupil's classroom, easily accessible to all staff.

Any pupil who has a medical or health care issue which requires a Briarwood HCP (please refer to Appendix N for further guidance) or has a health care plan provided by a health practitioner may need a corresponding Protocol.

The protocols were designed to ensure there was a consistent approach to pupils' health across the school, and so that staff were familiar with the processes and procedures of each pupil in case of an emergency. These will be in addition to HCPs and will support staff with understanding pupils' individual needs and knowing what to do in case of an emergency. All members of staff need to be briefed on the protocols which will be displayed in class on the Health, Safety & Wellbeing display boards.

Pupils may have one or more protocols in place depending on various medical issues e.g. asthma and a severe allergy.

These protocols can be split in to the following categories:

- Briarwood Health Protocol – no emergency medication (appendix D)
- Briarwood Health Protocol – emergency medication (appendix E)
- Briarwood Seizure Protocol – no emergency medication (appendix F)
- Briarwood Seizure Protocol – emergency medication (appendix G)
- Briarwood Asthma Protocol - (appendix H)

Briarwood Protocols are to be created by teachers with support from Heads of School and parents based on the information provided within the HCP, with oversight from Head of Provision.

Implementation and Review

Briarwood HCP and Protocols should be updated and reviewed in term 1 each academic year, or if there has been a change in circumstances or need. This should be done in conjunction with parents, school and any relevant health care practitioners who are involved in the pupils care.

Corresponding Seizure Plans should be updated once per year by the Seizure nurse, neurology team or lead clinician. These are medical documents and under no way should be changed or edited in any way by staff.

The Head of Provision will ensure Heads of Schools and teachers are aware of upcoming seizure plan renewals and work alongside teachers to ensure these are in place. Once received, plans can be used to update the HCP and therefore any corresponding Protocols.

Risk Assessments

Every pupil has an individual Pupil Risk Assessment. These should be updated at the beginning of every year and if there is a newly identified risk or change in medical need. These risk assessments need to inform planning off site trips or excursions. Individual Pupil Risk Assessments need to be signed off by the HoS alongside parents. These are to monitored by Heads of Schools with oversight from the Executive Leadership Team.

Risk assessments for first aid and the management of medical needs will be formally reviewed and updated at the start of each academic year, or immediately after a change in medication or level of risk. If a sudden change in plans for an activity occurs, an on-the-spot re-assessment can be done. This is sometimes called a dynamic risk assessment. Risk Assessments relating to off-site visits will refer to medical conditions; these risk assessments need to be signed by the Educational Visits Co-Ordinator (EVC) or the Deputy EVC in their absence.

All of the staff who work with the pupil must have read and signed the individual pupil risk assessment, at least on an annual basis or if there are any changes. If they don't feel confident then they must inform their HoS and further training or support can be given.

Administration of Medication in School

Supporting pupils at Schools with Medical Conditions is primarily a parent/carer responsibility. Pupils should take medication at home where possible, although provision has been made for medications to remain in school if needed.

The vast majority of antibiotics don't need to be taken at school as they can be taken before and after school and again at bed time. Parents/carers should discuss this with their doctor prior to bringing any antibiotics to school if there is any confusion around when the antibiotics should be taken.

Medication directly administered by staff should always be recorded, together with details of the dose, frequency, date, time, name of pupil and main symptom(s) identified, which would prompt a course of action.

Unless the procedure is incredibly basic (Appendix A), or is emergency treatment such as issuing an inhaler, no member of staff should administer medication unless they have received the appropriate training.

Parents should never be made to feel obliged to attend school to administer the medication to the child themselves.

If medication is missed/refused, parents/carers should be alerted and asked to what we need to do to support their child. If a child refuses to take their medication, staff are prohibited from using any form of force or bribery. The parents should be informed so that alternative options can be considered.

Failure to obtain relief from the prevailing symptom(s) and any other concerns, following administration of prescribed or non-prescribed medication, must result in the Parents/Carers being informed. The pupil concerned must be referred as necessary to an appropriate medical practitioner.

No medicines should be administered if instructions on the consent form are different to the instruction on the medicine.

This would include:

- Where the dose or frequency of the medication requested on the consent form is different to the guidance on the box or bottle.
- The timings of medication administration on the consent form are different to the timings on the bottle.
- If in doubt about any procedure, staff should not administer the medicine but check with the parents or contact a healthcare professional before taking further action.

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor.

Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.

Signing in and out of Medication:

All medication on the property needs to be signed in and out using a signing in/out form (Appendix J).

Prescription Medication

Prescription Medication can only be administered in school when it would be detrimental to a child's health or school attendance not to administer it. Assistance in the administration of prescribed medication can only be made at the request of the pupil's healthcare practitioner or parent/carer.

A school can only accept prescribed medicines if they are in-date, labelled, provided in the original container as dispensed by a pharmacist with clear instructions for administration, dosage and storage.

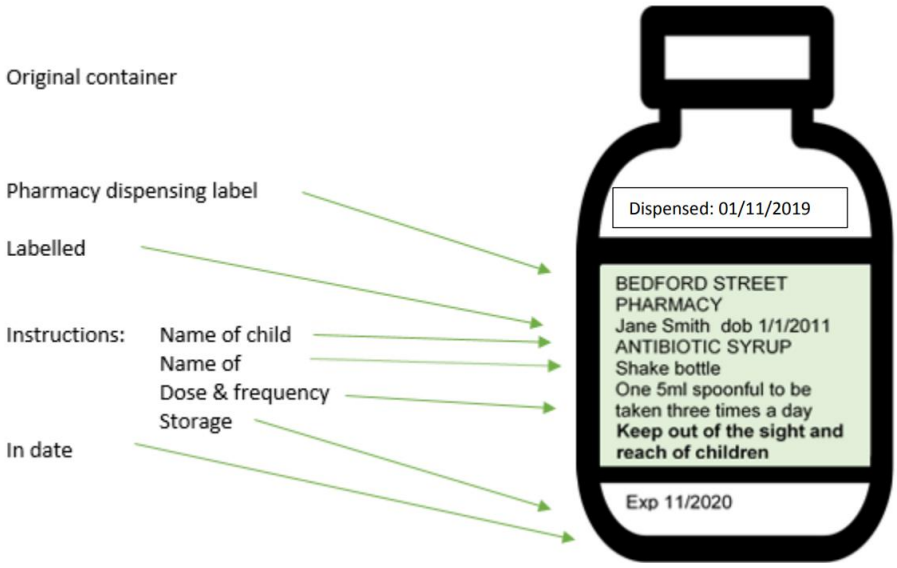

Image 1: Cambscommunityservices.nhs.uk

Staff administering the medication must have completed the Medication Awareness training course and only named staff should have access to the medication, although it should be easily accessible in an emergency. If staff must administer the medication, they should do so in accordance with the prescriber's instructions.

It is parent/carers responsibility to ensure the school is aware they are sending in medication with their child. They should also inform transport if their pupil gets the bus or a taxi to school so they are aware. The medication should be taken out of the pupils bag on arrival and stored in a safe and secure place. The medication should be sent home each day with a record of what medication was given throughout the school day (MARS form – Appendix C).

In circumstances where pupils may need to have access to life saving prescription drugs in an emergency, the details will be recorded in the pupil's individual healthcare plan and identified staff members will be aware of what to do.

The school is aware that the administration of prescription only medication specified in Schedule 19 of the Human Medicines Regulations 2012 should only be given by those trained to do so.

Over the Counter Medication (OTC)

It is appropriate for over the counter medicines to be administered by a member of staff, or self-administered by the pupil during school hours, following written permission by the parents, as they consider necessary. This must be signed, dated and must expressly authorise staff to administer that medication. Parents/Carers must notify staff of all changes in circumstances and/or any other relevant information.

All OTC medication must be in the original container and contain the following:

- Dose and frequency information (appropriate to the child's age)
- Expiry date
- Child's name is written on the OTC medicine container by parent/carer

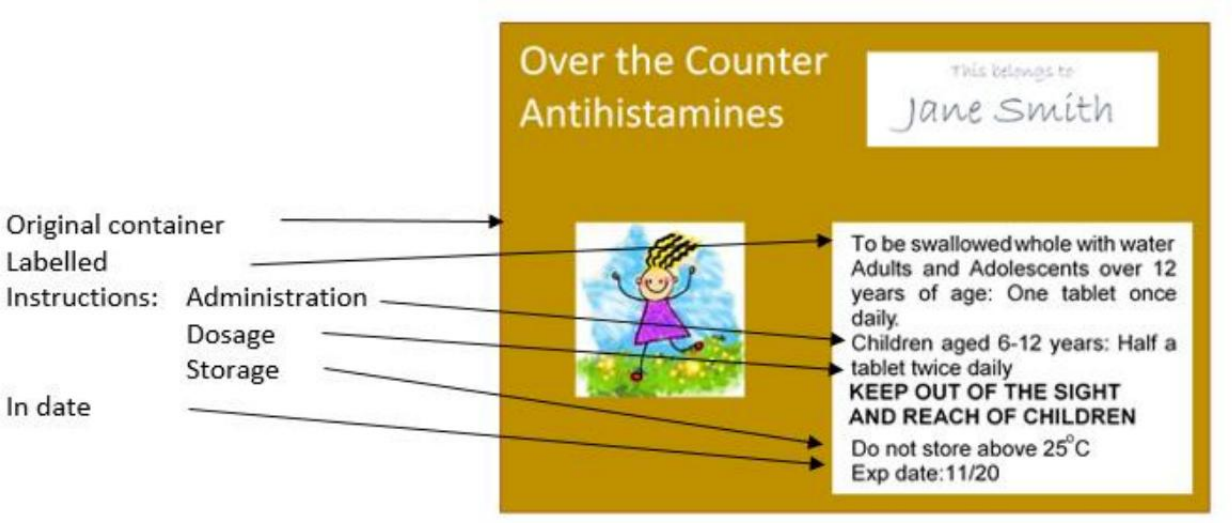

Image 2: Cambscommunityservices.nhs.uk

When agreeing to administer a non-prescription medicine schools should be reassured that they are not making the clinical decision that the medication is appropriate for the child's health condition. This responsibility remains with the parent/carer following their written consent.

Over-the-counter medication like Calpol can be given by Admin of meds trained staff with written permission from the parent/carer. The bottle must be clearly labelled with the child's name on it. Staff must fill in a MARs sheet and send a copy home to parents.

Before administering a medication (such as paracetamol), the parent/carer must be contacted and asked if there have been any previous doses that day.

Members of staff should read and comply with the instructions on the container supplied or with the packaging. Expiry dates must be checked.

Staff administering the medication must have completed the Medication Awareness training course.

It is parent/carers responsibility to ensure the school is aware they are sending in medication with their child. They should also inform transport if their pupil gets the bus or a taxi to school so they are aware. The medication should be taken out of the pupils bag on arrival and stored in a safe and secure place. The medication should be sent home each day with a record of what medication was given throughout the school day.

Controlled Medication

Controlled drugs will be stored in a non-portable container and only certain staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered (See Appendix O). Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

Self-Administration

The DfE Supporting Pupils at School with Medical Conditions guidance state that, 'after discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual health protocols.' The statutory guidance does not prohibit children from carrying their own medication at school, 'Where ever possible, children should be allowed to carry

their own medicine and relevant devices or should be able to access their medicines for self-medication quickly and easily'.

Children who can take or apply their medicines themselves or manage procedures will require an appropriate level of supervision.

The National Education Union (NEU) advises that application of topical medications, such as sunscreens, should be by self-administration where possible, with appropriate supervision if required.

Even if all pupils can 'self-administer' this does not take away the need for staff to attend training. It is vital that staff understand that a child experiencing an asthma attack or severe difficulty breathing will be unable to administer their own medicines successfully and, therefore, staff will need to have the training to know how to do it. Where the school holds a spare inhaler, all staff must know where it is located and it must not be locked away in a manner that makes it inaccessible to them.

Where pupils have difficulty in opening containers, or reading labels they or their parent/carers should discuss with their pharmacist the possibility of compliance aids and labels of large print. Staff should note that pupils may still have such difficulties and will require help, including the opening of bottles or the accessing of out-of-reach items.

School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

For most pupils at Briarwood, direct administration by staff is permitted where pupils are not competent due to their physical and/or learning difficulties.

Emergency Medication and Treatment

If an incident, illness or injury occurs the first aider will assess the situation and decide on a plan of action. If they need further assistance, they will arrange for the person to access medical help without delay.

Medical emergencies will be dealt with under the pupils protocol or in line with other emergency procedures and site risk assessments.

Where a PROTOCOL is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

The defibrillator machine should be used as soon as possible if required, although some staff have received training, it is not necessary as the machine talks staff through the process. A general awareness briefing session, to promote the use of AEDs, will be provided to staff on an annual basis, and usually during the first INSET session of the academic year.

As part of general risk management processes there are arrangements in place for dealing with emergency situations. A member of staff should always accompany a pupil taken to hospital by ambulance, and should stay until the parent/carer arrives.

Health professionals are responsible for any decisions on medical treatment when the parent/carer is not available. Staff are not usually advised to take a pupil to hospital in their own car. Should they do so, in exceptional circumstances, they must have business insurance and also accompanied by an additional adult. It is usually safer to

call an ambulance. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

There may be pupils who have a "do not resuscitate" instruction, and this information should be sensitively communicated to all staff members and medical professionals involved.

Sadly, first aid / supporting pupils with medical conditions will not always work and there might be a death in the school. Dial 999, have the postcode ready, and ask for immediate police and ambulance attendance. Preserve the scene in case the police wish to investigate. Remove all staff and pupils present to another room and keep them there, with clear instructions to not spread any news via email or social media. The intention is to limit the opportunity for rumours to start and to ensure the parents / close relatives hear from the correct source.

Asthma

Staff will administer the asthma medicines in line with the pupils Asthma protocol. For pupils who are old enough and/or have sufficient capabilities and independence to do so, staff members' roles in administering asthma medication will be limited to supporting pupils to take the medication on their own.

Parents will be required to label their child's inhaler with the child's full name and year group. Parents will ensure that the school is provided with a labelled spare reliever inhaler, in case their child's inhaler runs out, or is lost or forgotten.

Members of staff are not required to administer medicines to pupils, except in emergencies. Staff members who have volunteered to administer asthma medicines will be insured by the school's appropriate level of insurance which includes liability cover relating to the administration of medication.

The use of preventer inhalers is very rarely required at school. In the instance of a preventer inhaler being necessary, staff members may need to remind pupils to bring them in or remind the pupil to take the inhaler before coming to school.

Appropriate support and training will be provided for first aiders on the use of the emergency inhaler and administering the emergency inhaler.

Whenever the emergency inhaler is used, the incident must be recorded in the corresponding MARS form. The pupil's parents will be informed of the incident.

A designated staff member is responsible for overseeing the protocol for the use of the emergency inhaler, monitoring its implementation, and maintaining an asthma register.

Staff will never leave a pupil having an asthma attack unattended. If the pupil does not have their inhaler to hand, staff will send another member of staff or pupil to retrieve their spare inhaler. In an emergency situation, members of school staff are required to act like a 'prudent parent', i.e. making careful and sensible parental decisions intended to maintain the child's health, safety and best interests.

When not in use, emergency inhalers are stored and disposed of in line with this policy.

Epilepsy and Seizures

If it is disclosed that a pupil has epilepsy, the school will ensure that they receive appropriate support, including through the development of an HCP and corresponding emergency protocol – this will outline the specific support for the pupil.

Seizure plans should be provided by Health care practitioners or school nurses. These will be used to inform the pupils HCP and corresponding protocol. The school, parents and other healthcare professionals will work in partnership to create and review HCP plans. Where appropriate, the pupil is also involved in the process.

Seizure protocols will be displayed on the class Health, Safety & Wellbeing display board so everybody is aware of what to do in case of an emergency.

Staff will have appropriate training on seizure awareness and how to respond to an emergency or seizure.

Epilepsy often has an effect on pupils' learning and behaviour, such as tiredness and lack of concentration, and, therefore, the school will make reasonable adjustments and offer additional support.

Parents will be kept fully informed of their child's epilepsy at school and will be consulted before the HCP is reviewed and any changes will be made.

An ambulance will always be called in the following instances:

- The seizure continues for longer than usual for that specific pupil, or more than five minutes for any pupil
- One seizure follows another without the pupil regaining consciousness in between
- The pupil is injured following a seizure
- The pupil has difficulty breathing
- Staff believe the pupil needs urgent medical attention

If a child suffers a seizure lasting 5 mins and Buccal Midazolam is advised to be administered on the pupils Protocol, this must be done, even if it is the first time the child has ever had Buccal. Prior to administering it ring for an ambulance. After administering it, parents must be informed.

If a pupil experiences a seizure that does not require emergency medical attention, parents will be contacted as soon as the pupil has recovered.

Recording of Medication

Schools must keep a written record of all medicines administered to individual children, stating the amount of the prescription drug held in the school, and how much was administered, when and by whom (MARS form – Appendix C). The person administering medicine will make a written record. This should always be counter signed. However, only the member of staff administering the medication need to be Admin of Meds trained.

This needs to be sent home every day with the child so the parent/carers are informed of what medication was given, when and what dosage, unless previously agreed with Head of Provision.

Written records of medicines administered will be retained in line with the Data Retention Policy.

HCPs and protocols will be displayed on the Health, Safety & Wellbeing Display Board in classrooms, accessible to staff who need to use them, while maintaining appropriate confidentiality.

Dealing with Medicines Safely

All staff must follow the infection prevention and control procedures set out in the school's Infectious Diseases Policy.

If PPE is required for the administration of medication, the necessary PPE must be stored alongside the medication or equipment to encourage correct use.

PPE must be worn where there is a risk of contamination with blood or bodily fluids. Appropriate disposable gloves and aprons must be available, and eye/face protection used where there is a risk of splashing. Blood and bodily-fluid spillages must be cleaned promptly in accordance with the Infectious Diseases Policy.

Waste, including used PPE and clinical or hazardous waste, must be managed through the school's approved waste arrangements and collected by a licensed waste management contractor.

Some medicines may be harmful to anyone for whom they are not prescribed. Briarwood School agrees to administer this type of medicine, but has a duty to ensure that the risks to the health of others are properly controlled. In line with COSHH (Control of Substances Hazardous to Health) regulations, there must be a system of checks in place to ensure that all medicines are issued to the correct pupil.

School staff should not dispose of medicines. Parents/carers should collect medicines, or they should be sent home at the end of each term. Parents/carers are responsible for disposal of date-expired medicines. If parents/carers do not collect all medicines they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents/carers on prescription from the child's healthcare practitioner. A waste contractor must collect and dispose of the boxes.

Storage

All medicines should be stored safely. Senior leaders and Heads of Schools should make adequate provision for the safe and appropriate storage of medication.

Non-emergency medications should be stored in a locked cupboard, preferably in a cool place, known to the child and relevant staff.

Medicines must be supplied, clearly labelled with person name and dose and stored in the original containers.

Emergency medicines and devices, such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to staff and not locked away. Case-by-case risk assessments will be needed to identify the safest and most appropriate way to store these.

Some medicines need to be refrigerated. Medications requiring refrigeration should be stored in, an appropriate refrigerator with restricted access, in a closed, clearly labelled plastic container. The temperature should be monitored daily.

Where a pupil needs two or more prescribed medicines, each should be in a separate container. Staff should never transfer medicines from their original containers.

The senior leaders and Heads of Schools are responsible for making sure that medicines are stored safely. Where appropriate, pupils should know where their own medication is stored and who holds the key.

Where it has been agreed that a child is competent to manage and carry their own medicines and relevant devices, they should be kept securely on their person or in a lockable facility (for example, the pupil's locker).

It is important that the safe location is known to the child and relevant examples may include the classroom, medical room, school office or on the child themselves where applicable.

Type of Medication	Examples	Storage	Notes
Non-emergency medicines	Prescribed medicines OTC Medicines	A locked cupboard (not a legal requirement, but good practice). Can be carried by a child if competent to do so (e.g. secondary school).	Possible locations include the classroom, medical room, school/setting office or head's office.
Emergency Medicines	Rectal Diazepam Adrenaline (Epipen) Glucose (Hypostop) Asthma Inhalers	Not locked away, secure location. Preferably carried by child if competent to do so (e.g. kept in school bag)	This location will be different in every school/setting; according to where the pupil normally has lessons/ spends most of their day, the size and geography of the school and the pupil/child's age and maturity. Possible locations include the classroom, medical room, school/setting office or head's office.
Refrigerated Medications (Store 2-8 C)	Antibiotics (e.g. flucloxacillin liquid)	Items requiring refrigeration may be kept in a clearly labelled closed container in a standard refrigerator and the temperature monitored each working day.	All storage facilities should be in an area which cannot be accessed by children. Insulin pens may be kept out of the fridge for up to 28 days once opened.
Controlled Drugs (CDs)	Buccal Midazolam [CD2] Dexamfetamine [CD2] Lisdexamfetamine [CD2] Methylphenidate [CD2] Morphine [CD2] Tramadol [CD3] Codeine [CD5]	Securely stored in a non-portable container and only named staff should have access.	Schools should keep a record of doses used and the amount of controlled drug held.

Image 3: Cambscommunityservices.nhs.uk

First Aid

Briarwood School is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting staff, pupils and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school in regard to all staff, pupils and visitors. The school will take every reasonable precaution to ensure the safety and wellbeing of all staff, pupils and visitors.

Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

More information can be found in the First Aid Policy.

Equality and Diversity

Briarwood will comply with its duties under the Equality Act 2010 and will not unlawfully discriminate against pupils with medical conditions. Reasonable adjustments will be considered so pupils can participate fully and safely in education, school trips, visits, physical education and sporting activities. Relevant risk assessments will take account of the pupil's medical needs and, where appropriate, the pupil, parents/carers and relevant healthcare professionals will be consulted.

In administrating medication/treatments and deciding emergency courses of action, staff must have due regard for the following implications and equality issues:

- Diverse cultural values
- Specific medical conditions encountered in particular ethnic groups
- The practices and ethical values of particular faith groups and
- The need for appropriate privacy of pupils while at the same time ensuring issues such as potential accusations of child abuse, especially where intimate procedures are involved or addressed.

Due care should be exercised where English is not the first language of the pupil or parent/carer. Translation services must be sought if parents have difficulty understanding or supporting their child's medical condition themselves.

Staff Training

Training requirements will be identified during the development or review of IHPs/HCPs and protocols. Relevant healthcare professionals will identify or advise on the type and level of training required and, where a clinical procedure or medication requires it, confirm staff proficiency. Training will be kept up to date.

Training needs will be assessed by the Head of Provision after being requested via the implementation or review of an IHP, and whole school training needs will be updated twice annually alongside the Learning and Development Co-Ordinator to ensure enough coverage across sites.

All staff will receive information or training so they understand this policy and their role in implementing preventative and emergency measures. This will form part of induction for new staff. Staff who provide direct support will be included, where appropriate, in discussions about the training required to meet an individual pupil's needs.

Any member of staff providing support to a pupil with medical needs will have received suitable training. Staff are prohibited from delivering this support unless they have completed adequate training which has been acknowledged by the school and who are therefore in receipt of a certificate of completion.

Following any staff reorganisations, it is important to check that appropriate numbers of trained individuals are still available.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

The Learning and Development Co-Ordinator keeps a detailed record of all training which has been undertaken and this is reviewed regularly by the Head of Provision. Staff will be notified in advance if their training is due for renewal and must act accordingly. Staff should proactively discuss their training needs with their Heads of School and identify whether this training need is required. If is deemed that the training is required, a CPD booking request needs to be submitted by the Head of School to Head of Provision. Any additional training needs which arise throughout the year need to be raised with the Head of School and the staff this refers to.

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

Supply teachers will be:

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

Briarwood School provides support for staff who are frequently involved in the administration of medication to pupils through regular medical and behaviour debriefing, our Wellbeing Charter and providing access to the Bridge Therapist when needed. For an exhaustive list of support please refer to our staff wellbeing brochure.

Class lists are developed for the next academic year ensuring trained staff are allocated to classes where there is an identified medical need.

The school will ensure that staff are aware that the administration of first aid at work does not include the administration of medication, whether prescribed or not. Only suitably trained individuals can administer medicines to pupils. A suitable course must be completed.

Trained individuals must be available at all times of the school day (e.g. Lunchtimes).

Pastoral Response Team

The Pastoral Response team are First Aid trained and trained to respond to any alert or issue across the sites. They are trained in administration of medication and also have bespoke training for specific pupils medical needs, alongside extensive training in other areas such as administering medication for seizures and allergies.

Each class has an alert system, when pressed with send a signal to the response team that support is needed. The pastoral response team will respond in a timely manner and notify the Head of School should a more serious incident occur.

The role of the School Nurse

The School Nursing Service can support schools in navigating the development of a HCP in signposting to the relevant specialist services such as the Paediatric Epilepsy Team and the Paediatric Respiratory Team if required. The relevant healthcare professional will provide information around the child's medical difficulties and the necessary interventions or treatments as appropriate.

Off Site Trips and Excursions

Pupils will medical conditions will be supported to participate in off site trips and excursions.

Prior to taking the pupils off site, teachers must carry out a risk assessments and all staff must be fully appraised of pupils who may require such medication. The risk assessment will also identify what reasonable adjustments need to be taken.
There must be a written and signed-off risk assessment for each pupil that is likely to require medication during an off-site visit.

Advice will be sought from parents, any health care practitioners and any relevant staff prior to the trip.

When outside of school premises, e.g. on school trips, it is essential all medication must be taken and stored in the most appropriate manner (e.g. in a first aid bag). Where it has been agreed that a child is competent to manage and carry their own medicines and relevant devices, they should be kept securely on their person (e.g. in their school bag).

Unacceptable practice

The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.
- Administer, or ask a pupil to administer, medicine in a school toilet.

Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Consent

Parents will be asked to complete and sign a medical consent form when their child brings any form of medication to school, including emergency medication.

Parents will complete an induction pack upon arrival at Briarwood, which includes emergency numbers, alongside details of allergies and chronic conditions – parents will have a chance to update these forms will at the start of each school year if required.
Staff will not act 'in loco parentis' in making medical decisions as this has no basis in law. Staff will always aim to act and respond to accidents and illnesses based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the pupil in mind – guidelines will be issued to staff in this regard.

Home to School Transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

Monitoring arrangements

The Head of Provision will monitor the implementation of this policy. The policy will be reviewed annually and approved by the Wellbeing Committee, or sooner where legislation, statutory guidance or school arrangements change.

Appendices

Appendix A- Guidance in Carrying Out Medical Techniques

The following is given as guidance on the appropriate persons to carry out various medical techniques. Please note this is only guidance, staff have the right to refuse to administer any medication, unless it constitutes part of their terms of employment (Guidance for Supporting the Needs of Children and Young People with Medical Conditions Attending Educational Setting, NHS, 2022)

PART A: More Complex Medical Procedures

To be carried out by Doctor, Specialist Nurse or other qualified practitioner or by a member of staff who has volunteered/had a duty(s) identified in their job description, received appropriate training and had written consent from the parent/carers only:

- Re-insertion of a Nasogastric or Gastrostomy Tube
- Intramuscular and sub-cutaneous injections involving assembling of the syringe and dose calculation
- Intravenous administration of medication
- Programming of syringe drivers
- Administration of prescribed Medication not documented in the child's Individual Health Care Plan
- Re-insertion of permanent urethral or supra-pubic indwelling catheters
- Deep Suctioning (where the oral suctioning tube goes beyond the back of the mouth, or tracheal suctioning beyond the end of the trachea)
- Ventilation care for an unstable and unpredictable child

PART B: Tasks Requiring Training from a Health Professional

The following may be carried out by an employee who has received appropriate Information, Instruction and Training.

- Administering medicine via a Nasogastric or Gastrostomy Tube in accordance with a child's individual Health Care Plan
- Administration of bolus or continuous feeds via a Nasogastric or Gastrostomy tube including setting up an electronic pump
- Stoma care including maintenance of patency of a stoma in an emergency situation
- Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices which are pre-assembled with pre-determined amounts of medication to be administered as documented in the individual child's Health Care Plan, e.g. Insulin for diabetes or Adrenaline for Anaphylaxis
- Inserting suppositories or pessaries with a pre-packaged dose of a prescribed medicine e.g., rectal diazepam
- Rectal paraldehyde which is not pre-packaged and has to be prepared before it can be administered, permitted on a named child basis as agreed by the child's lead medical practitioner e.g., Community Paediatrician or Consultant Neurologist
- Emergency administration of 'rescue medication' such as Buccal or Intranasal Midazolam for seizures, and Hypo stop or Gluco Gel for the management of low blood sugars in Diabetes
- Intermittent Catheterisation and routine catheter care for both urethral and supra-pubic catheters and management of Mitrofanoff (a surgical opening to the bladder)
- Routine Tracheostomy care including suction using a suction catheter
- Emergency change of a tracheostomy tube
- Oral suction of the mouth
- Emergency interventions which would be deemed basic first aid and includes airway management
- Assistance with prescribed oxygen administration including oxygen saturation monitoring where required

- Ventilation care for a child with a predictable medical condition and stable ventilation requirements (both invasive and non-invasive ventilation). Stability of ventilation requirements should be determined by the child's respiratory physician and will include consideration of the predictability of the child's ventilation needs
- Blood Glucose monitoring as agreed by the child's lead nursing/medical practitioner e.g., Consultant Paediatrician or Paediatric Diabetes Nurse Specialist and as detailed in their individual Health Care Plan

PART C: Routine and easily acquired skills

Procedures that can be carried out by other persons:

- Making up of a routine infant feed following instructions as to how much feed and water to mix together
- Assisting a child with eating or drinking in accordance with a simple plan which may involve environmental, postural and equipment adaptions to promote independence at meal times
- Providing intimate personal care, assisting with cleaning and changing of soiled clothing, changing nappies and sanitary wear
- Promoting continence by assisting with toileting regimes, ensuring children have access to appropriate and accessible toilets, regular drinks encouraged etc
- Moving and handling; assisting a child who may have mobility problems in accordance with local policy and / or in addition to advice from their Physiotherapist or Occupational Therapist
- Dry/wet wrapping for a child with eczema; a prescribed treatment involving dressings for children with severe eczema
- Undertaking a child's physiotherapy program by following the plan developed by their Physiotherapist
- Use of inhalers; assisting a child who may have respiratory problems (e.g. asthma) in accordance with local policy
- Assisting and supporting a child who may need emergency care, including basic life support (CPR), seizure management or anaphylaxis treatment in accordance with local policy
- Administering oral medicine in accordance with local policy to include over the counter medication such as Paracetamol
- Care of a child with epilepsy (not requiring emergency medication) to ensure the safety of the child is maintained during a seizure
- Simple dressings applied to the skin following a written care plan, for example, application of a gauze non-adhesive dressing with tape to secure, or the application of a Transdermal patch

Appendix B- Hygiene Procedures

Blood and body fluids from any person may contain viruses or bacteria capable of causing disease.

The following precautions must be adhered to when dealing with body fluid:

- **Hand hygiene** - hands must be cleaned thoroughly in accordance with the Infectious Diseases Policy, including after removing gloves. Soap and water must be used where hands are visibly soiled and following contact with diarrhoea or vomiting.
- **Skin** - any cuts or abrasions must be adequately covered with a water proof dressing.
- **Personal Protective Equipment /Clothing**, e.g.
  - ✓ Gloves - single use gloves should be worn when contamination of the hands is anticipated (this does not remove the need for hand washing).
  - ✓ Masks - advice should be sought if unclear about the appropriate type for the task in hand.
  - ✓ Containers - advice should be sought if unclear about the appropriate type for the task in hand.
  - ✓ Aprons - single use plastic aprons are advised if any contamination of the body area is possible.
- **Spillages** - spillages of blood, faeces, saliva, vomit, urine or other bodily fluids must be cleaned immediately using the procedures and approved products specified in the Infectious Diseases Policy and relevant COSHH risk assessments. Appropriate PPE, including gloves and aprons and eye/face protection where splashing is possible, must be worn. Spills of urine and faeces should be cleaned up promptly. Use disposable paper towels to soak up the majority of the spill and then wash the area with a fresh solution of detergent and water. Again gloves and aprons should be worn.
- **Fouled laundry** - fouled and infected laundry should be securely bagged and sent home. Again gloves should be worn.
- **Waste** - waste contaminated with bodily fluids, used PPE, clinical/hazardous waste and sharps must be segregated and disposed of in accordance with the Infectious Diseases Policy and the school's approved waste arrangements. A licensed waste management contractor will be used where required. The school has an adequate system of disposal of clinical waste matter. There are various categories of waste and legislation that governs disposal. If assistance is required on these matters contact the safety advisors.

Appendix C – Medicine Administration Forms

Briarwood School ENJOY ENGAGE LEARN

CONSENT TO GIVE MEDICATION IN SCHOOL

Pupil's details

Pupil name

Address

Childs Photograph

Home telephone number

Date of birth

Allergies

Contact details of parent/carer

Name

Relationship to Pupil

Daytime telephone numbers

Address

Date of medication coming into school_____

Expiry date of medication_____

Medicines to be given in school

Name of medication (as described on container)

Strength and form of medicine Dose in mg

Route of administration Time to be given

Medicine is a long term/short course? If short course when does the course end?

Special instructions (e.g. with food, or after food, whether medicine needs to be stored in the fridge, does it need dissolving or crushing? etc.)

Date of medication sent home_____

Declaration below to be completed by the person with parental responsibility for the pupil

I give my consent to education/health worker who has received appropriate training to administer the above medication on my behalf during school time

Signature _____ **Print Name**_____

Date _____

Briarwood School ENJOY ENGAGE LEARN

Medicine Administration Record

Parent /carers' should note that they will be contacted if their child shows any adverse reaction to medicines given in school. If the child vomits or spits out medication the dose will NOT be repeated and the parent carers' will be informed.

Pupil's Name _____ Date of birth_____

Name of Medicine _____ Dose in mg_____

Date	Time	Dose	Signature	Witness signature	Reaction/or reason for refusal

Appendix D – Health Protocol

Briarwood Health Protocol – Medical Condition or Concern

Pupil Name: **Class:**

Description of medical condition or concern:

Insert any signs or symptoms of this condition or concern here

Does the pupil require any medication within school hours?

This should correlate with any medication and corresponding forms you have in school for the pupil

How to support in class:

Insert any daily care requirements

When to Dial 999:

Describe what constitutes as an emergency

Parent/carers signed ..... Date: .....

Appendix E – Health Protocol – Emergency Medication

Briarwood Health Protocol – Emergency Medication

Pupil Name: **Class:**

Description of medical condition or concern:

Include any signs and symptoms here

Press Alert

How to Support:

Emergency Meds:

When to Dial 999:

Always phone 999 immediately if any emergency medication has been given and then parents/carers to inform. Emergency protocols are to be read in conjunction with Individual Health Care plans and should under no circumstances replace them or their information be altered by anyone other than Health.

Parent/carers signed ..... Date: .....

Appendix F – Seizure Protocol – No Emergency Medication

Briarwood Seizure Protocol – No Emergency Medication

Pupil Name: Class:

Description of Seizure:

Time Seizure + Press Alert

How to Support:

After Care:

When to Dial 999:

Always phone parents/carers to inform

Parent/carers signed ..... Date: .....

Appendix G - Seizure Protocol –Emergency Medication

Briarwood Seizure Protocol – Emergency Medication

Pupil Name: Class:

Description of Seizure:

Time Seizure + Press Alert

How to Support:

Emergency Meds:

When to Dial 999:

Always phone 999 immediately if any emergency medication has been given and then parents/carers to inform

Parent/carers signed ..... Date: .....

Appendix H – Asthma Protocol

Briarwood Asthma Protocol:

Pupil Name: **Class:**

My asthma triggers:

My every day asthma care:

My reliever inhaler helps when I have symptoms.
It is called .....
It's colour is .....
Other asthma medicines I take every day include .....
I take ..... puff's of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe

My asthma is getting worse if...

If my asthma is getting worse if I:

- wheeze, cough, my chest hurts, or it's hard to breathe

I need to:

- Press the alert to inform response and SLT
- Take my preventer medicines as normal and also take puff/s of my reliever inhaler (usually blue) every four hours if needed

My teacher will inform my parents/carers and advise them book a next day appointment with my GP or nurse.

I am having an asthma attack

Signs:

- My reliever inhaler isn't helping or I need it more than every four hours
- I can't talk, walk or eat easily
- I'm finding it hard to breathe or · I'm coughing or wheezing a lot or my chest is tight/hurts

I need to:

- Press the alert
- Sit up, don't lie down and try to keep calm.
- Take 1 puff of my reliever inhaler every 30 to 60 seconds, up to a total of 10 puffs.
- If I don't have my reliever inhaler, or it's not helping, call 999 for an ambulance.
- Somebody needs to contact my parents/carers immediately

Parent/carers signed ..... Date: .....

Appendix I – Transition Passport

Briarwood School ENJOY ENGAGE LEARN

Likes and Motivators:

Reward system? What are the rewards

Work what do they like Numicon.

Do they have own timetable?

EHCP and Provision Information

e.g. additional swimming or hydro needed

Information around my needs diet and personal hygiene

Taking shoes off

Reluctant to wear a coat or wears a coat all the time

Hand washing

Dietary needs.

Communication with parents and Family Information

What do parents like included in the home school book

Language needs EAL – Uses a family member to communicate.

Prefer phone, email, Seesaw

*please consider sharing this sensitively and might need to be deleted before printing of information is sensitive.

Medical Information

Does the pupil have a HCP?

Does the pupil have a medical protocol?

Have these been updated and shared? Do these need amending due to site changes e.g. where medication is kept?

Communication Strategies:

How do they communicate?

How do they communicate at home? What are parents' concerns or aims for communication.

Are they working on a programme – type and stage?

Processing time

Any unique signs and words for that child e.g. bub for bubbles

Any Other Information

Sensory:

What sensory input does the pupil enjoy or need during the day?

Are there any fidget toys they like or need access too?

Do they have a sensory plan or toolkit in place?

Do they need engagement toys or strategies?

Action (transition passports, learning, medical protocols and info, assessment, behaviour/OLM, transition visits/enrichment links, transition pupil book, parental links)	**To be completed by** (week/term)	**Who is responsible?** (teachers, HoS, other professionals)	**Verified by Head of School**

Appendix J – Signing in and out sheet

Medication Sign-In and Out sheet

Please state when empty bottle has been sent home or medication has been sent home

Pupil: Class:

Medication	Sign in			Sign out		
	Date	Time	Sign	Date	Time	Sign

Appendix K – Peg Feeding Regime

Peg Feeding Regime

Please note, this should always be used alongside MARS forms and not as a replacement. This document can be used as a guide to ensure drugs, feeds and flushes have been completed.

Pupils Name..... Pupil Class .....

Date	Time	What given	Dose	Completed by:
e.g. 3/3/22	*12.30pm*	*Water flush*	*50 ml*	*Annie Apple*
		Baclofen	*1 ½ tablets, crushed and flushed in 10ml water*	*Annie Apple*
	2.45pm	*Water flush*	*100ml*	*Annie Apple*
		Movicol with 100ml water	*100ml*	*Annie Apple*

Information directory for school staff supporting children with medical conditions

Topic	Website	QR codes	Content	Suitable for
Epilepsy	https://www.youngepilepsy.org.uk/ https://www.youngepilepsy.org.uk/professionals		Some information on epilepsy on main page with links for children, young people families and professionals. Section for professionals with a free 90-minute training package staff can book on. Also, can order resources, ask questions.	School, transport and Health staff. Children, young people and families
Epilepsy	https://www.epilepsy.org.uk/ https://www.epilepsy.org.uk/professional		Good website with clear management of seizures outlined. Offer a range of courses. Those for teachers and health staff are free. Includes: Basic facts and figures about epilepsy; What to do if a pupil has a seizure at school; Some issues that affect children and young people with epilepsy; What the law says about supporting pupils with epilepsy; What to include in an individual healthcare plan (IHP) and school medical conditions policy; How epilepsy can affect learning, behaviour and wellbeing; Safety; and Including pupils with epilepsy. Also training packages for families. Information on available resources for schools.	School, transport and Health staff. Children, young people and families
Epilepsy	https://www.youngepilepsy.org.uk/guide-schools-key-elements-support/guide-schools-individual-healthcare-plans-information-schools		Helpful guide for schools about healthcare plans and a template to support writing a healthcare plan.	Schools, families
Epilepsy	https://www.bbc.co.uk/teach/class-clips-video/summers-story-living-with-epilepsy/zb9pbdm		Video explaining what it's like to have absences and tonic clonic seizures from a child's perspective.	School, health staff, children, young people and families
Allergy and anaphylaxis	https://www.anaphylaxis.org.uk/ https://www.anaphylaxis.org.uk/education/		Detailed information on anaphylaxis with a good section for teachers that has links to free webinars and safer schools programme with resources, allergy action plans, risk assessment polices and allergy protocol checklists, template allergy awareness letters. Orientated towards supporting schools to be safe spaces for all children with allergies.	Wider website good for children, young people, families, health and education staff. Specific safer schools section for education staff
Allergy and anaphylaxis	https://www.allergyuk.org/ https://www.allergyuk.org/about-allergy/anaphylaxis/ https://www.allergyuk.org/living-with-an-allergy/at-school/		Detailed information on causes, signs symptoms and management of anaphylaxis. Is designed more for parents and carers to help them work with schools and has details on legislation, care plans, action plans medications and other relevant advice.	More for children, young people and families
Asthma awareness	https://www.asthmaandlung.org.uk/ https://www.asthmaandlung.org.uk/conditions/asthma/child/manage/action-plan		Website more for families and health professionals. Does have information on asthma action plans. No training resource available.	Families but some broad information for schools

Sirona is not responsible for content on external websites.

Appendix M – HCP

Briarwood – Health Care Plan

Pupil's details

Pupil's name	
Class	
Date of birth	
Primary diagnosis	
Medical diagnosis (reason for HCP)	
Date	
Review date	

Family contact – emergency information

Name	
Relationship to pupil	
Phone number	
Name	
Relationship to pupil	
Phone number	
Relationship to pupil	

Medical contact

Lead clinician	
Phone number / email address	

Pupil's GP

Name	
Phone number	

Who is responsible for providing support in school?
List: teachers, any specifically trained staff, escorts, etc.

Pupil's medical needs/issues
Issues: Symptoms: Triggers: Treatment: Additional resources, facilities or equipment needed:
Name of medication, dose and method of administration

Daily care requirements

What does this look like on a day to day basis? Does the pupil require additional support? Does the pupil require specific care or medication throughout the day?

Arrangements for school visits and trips

Please list any additional consideration to ensure this pupil can participate in trips and excursions.

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:

Signed Parent/Carer : Date:
Signed Teacher: Date:
Signed HoS: Date:

For HoS only:

Has this been shared with the Head of Provision? ☐
Has additional training been requested via Kate Williams (PA to EH)? ☐
Has teacher completed corresponding protocols? ☐
Has all additional information e.g. allergies been put on to Arbor? ☐
Has the catering company been made aware of any allergies? ☐
Have pupils/site risk assessments been updated to reflect this HCP? ☐
Have parents signed the HCP and protocols? ☐
Have these been circulated to relevant staff including medical team? ☐

Appendix N – Initiating a HCP

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. Teacher with support from HoS coordinates a meeting to discuss the child's medical needs and identifies school staff who will provide support to the pupil and a HCP is agreed
3. An IHP is developed in partnership with teacher, parents and any healthcare professionals involved.
4. The teacher creates the final HCP and correspoding protocols and shares will all parties. Parents sign both. These are shared with the HoS. Teacher must update pupil risk assessment.
5. HoS ensured all next steps are completed (located at bottom of HCP template) and saves to the pupils CURRENT folder e.g. 2024-25, ensuring HOPI is made aware
6. Any additional training is requested by HoS to EH PA/ HOPI and is delivered to relevant staff
7. **All documentation including the HCP and corresponding protocols are circulated to class and relevent staff and placed in medical files in classroom. All protocols are displayed on Health and Safety board.**
8. The IHP is reviewed annually or when the condition changes (revert back to step 3).

Appendix O – Controlled Medication Signing In and Out Form

Medication Sign-In and Out sheet

PLEASE ENSURE ALL CONTROLLED DRUGS ARE REPORTED TO THE HEAD OF SCHOOL AND HEAD OF PROVISION AND ARE IN LINE WITH THE GUIDENCE SET OUT IN THE SUPPORTING PUPILS WITH MEDICATION AND FIRST AID POLICY

Pupil: Class:

Medication	Sign in					Sign out				
	Date	Time	Sign	Counter Sign	Amount	Date	Time	Sign	Counter Sign	Amount

Controlled Medication – Medication Administration Record (MARS)

Pupils name.....D.O.B.....
Name of Medication.....Dose.....
BATCH number: ..... Strength .....

Date	Time	Dose	Sign	Counter Sign	Amount left	Reaction	Refusal