

MEDICAL NEEDS POLICY

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Brunel Academies Trust (BAT) is a company limited by guarantee with registration number 10074054 and registered offices at Unit B4C Orbital Retail Park, Thamesdown Drive, Swindon, SN25 4AN; BAT is the parent company and Sole Corporate Member of the subsidiary company, Brunel Education (BE), a charitable company limited by guarantee with registration number 11991915 and registered offices also at Unit B4C Orbital Retail Park, Thamesdown Drive, Swindon, SN25 4AN.

Tier 1 policies are centrally held policies relating to Education, Governance, People Services, Finance, ICT and Operations and are the direct responsibility of BAT. Tier 1 policies are created by the BAT Central Services Team but adopted and reviewed by the BAT Board.

We are committed to a sustainable future and to improving the social, economic, and environmental well-being of the community. We are dedicated to environmental improvements that foster a sustainable future and lead to social and economical improvements in the communities we operate within.

Amendments to policy		
Date	Section	Amendment

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1. Rationale

The Trust has a responsibility for the health and safety of children in their care.

The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and persons not in our employment who could be affected by our activities.

The 'Statutory framework for the early years foundation stage' also requires the Trust to have and implement a policy, and procedures, for administering medicines.

The Children and Families Act 2014 places a statutory duty on the Trust as an 'appropriate authority' to provide support for children with medical needs at our schools/nursery. Children at school/nursery with medical conditions should be properly supported so that they have full access to education, including school trips and physical education. Whilst observing statutory duties, the Trust commits to give regard to non-statutory guidance to ensure that children with medical needs are supported.

This document contains both statutory guidance and non-statutory advice.

Early years settings should continue to apply the [Statutory Framework for the Early Years Foundation Stage](#).

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because children with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that children feel safe. In making decisions about the support they provide, schools should establish relationships with relevant local health services to help them. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and children.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the [Special educational needs and disability \(SEND\) code of practice](#). The Special educational needs and disability code of practice explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014. For children who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

2. Aims

Students with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

- To ensure that school employees involved in the care of children with medical needs are fully informed and adequately trained to a level of competence in order to administer or support the administration of prescribed medication.
- To comply fully with the Equality Act 2010 and Section 100 of the Children and Families Act 2014.
- Where children and young people also have SEN, the Trust will ensure their provision will be planned and delivered in a co-ordinated way with the healthcare plan.

- To respond sensitively, discreetly, and quickly to situations where a student with a medical condition requires support.
- To keep, monitor and review appropriate records.

3. Roles

The person with overall responsibility for policy implementation is the CEO.

- The overall development, approval and implementation of the Supporting Students with Medical Needs Policy and procedures of Brunel Academies Trust and Brunel Education.
- Ensuring that the policy sets out what should happen in an emergency.
- Ensuring that the Supporting Students with Medical Needs Policy, as written and implemented does not discriminate against, harass, or victimise disabled children and young people, and that reasonable adjustments are made to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers.
- Ensuring that all students with medical conditions are supported to enable the fullest participation possible in all aspects of school life. This will include actively supporting students with medical conditions to participate in school trips and visits, or in sporting activities.
- Ensuring that relevant training is delivered to employees who take on responsibility to support students with medical needs, and they are competent to manage the role.
- Ensuring school employees who provide support to students with medical conditions are able to access information and other teaching support materials as needed.
- Ensuring that written records are kept by schools of all medicines administered to children.
- Ensuring that practice that is not acceptable is clearly and explicitly communicated within the policy.
- Ensuring the level of insurance in place reflects the level of risk.
- Ensure that the policy sets out how complaints concerning the support provided to students with medical conditions may be made and will be handled.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school employees, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and students will be critical.

3.1 The Co-Heads of School

- The day-to-day implementation and management of Supporting students with Medical Needs Policy and procedures of Brunel Education.
- Ensuring the policy is implemented effectively with partner agencies.
- Making employees aware of this policy and ensuring they understand their role in its implementation.
- Ensuring that all employees who need to know are aware of the child's condition.
- Ensuring a sufficient number of trained employees are available to implement the policy and deliver against Individual Healthcare Plans (IHPs) in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a suitably qualified employees for the purpose of delivering this policy.

- Development of individual healthcare plans (overall responsibility).
- Ensuring the correct level of insurance is in place for employees who support students in line with this policy.
- Contacting the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse

3.2 Employees

- Taking appropriate steps to support students with medical needs (any school employees may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so).
- Where necessary, making reasonable adjustments to include students with medical needs into lessons and organised activities. Teachers and support staff need to be aware of how a child's condition will impact on participation but make reasonable adjustments to allow these children to participate according to their own abilities (unless evidence from a clinician states that this is not possible).
- Undertaking suitable and sufficient training to achieve the necessary competency for supporting students with medical needs.
- Administering medicines in accordance with prescriber's instructions.
- Familiarising themselves with procedures detailing how to respond when they become aware that a student with a medical condition needs help.
- If medication has failed to arrive at the Academy, due to a parent error, then employees need to contact parents, to request further medication.

3.3 The School Nurse/School Nursing Service

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions but may support employees on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

School nurses can liaise with lead clinicians locally on appropriate support for the child and associated employees training needs; for example, there are good models of local specialist nursing teams offering training to local school employees, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

School Nurses support school employees on implementing a child's individual healthcare plan and provide advice. They will liaise with healthcare professionals regarding a student's medical condition and training required for employees and can ensure medical and medication records received by the school are up-to-date and accurate.

3.4 Parents and Carers

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting.

Providing the school with sufficient and up-to-date information about their child's medical needs.

Completing a consent form for any child under 16 in order for the school to administer either prescription or non-prescription medicine (except in extreme circumstances where a medicine has been prescribed to the child without the knowledge of the parents/guardians.)

Providing the school with the medication and equipment their child requires, as well as keeping it up to date. Ensuring that their child has sufficient medication stock, in the school at all times.

Collecting any leftover medicine at the appropriate time or if the student leaves the school.

Discussing medications with their child/children prior to requesting that employees administer the medication.

Notifying the school if their child's medication changes or is discontinued, or the dose or administration method changes.

Being involved in the development and review of their child's individual healthcare plan.

Carrying out any action they have agreed to as part of the implementation of the individual healthcare plan.

To inform the school if their contact details change, including mobile phones numbers.

Ensuring they or another nominated adult are contactable at all times.

3.5 Students

Because of the complexity of the needs of students attending Exeter House School If it is not appropriate for a child to self-manage their medications therefore suitably trained staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine they should not force them to do so. Parents should be informed so that alternative options can be considered.

3.6 Other Healthcare Professionals

Other healthcare professionals, including GPs and paediatricians, should notify the school nurse or in the absence of a School Nurse, the Co-Heads of School when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans (IHCPs). Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

3.7 Local Authorities

Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners – such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).

Local authorities should provide support, advice and guidance, including suitable training for school employees, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support students with medical conditions to attend full-time. Where students would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

4. Individual Healthcare Plans (IHCPs) / Care Plans

Individual healthcare plans can help to ensure that schools effectively support students with medical conditions. They provide clarity about what needs to be done, when and by whom

Parents/guardians or healthcare professional should inform school that a child has been newly diagnosed or is to attend the school as a new student or is due to return to the school after a long-term absence, or that needs have changed.

- The Co-Heads of School or the senior employee to whom this has been delegated, coordinates meetings to discuss child's medical support needs; and identifies employees who will provide support to the student.
- A meeting to be held to discuss and agree on the need for an individual healthcare plan (IHCP). Meeting to include key school employees, child, parents/guardians, relevant healthcare professional and other medical/health clinicians as appropriate.
- Individual Healthcare Plan (IHCP) will be developed in collaboration with parents/guardians, child (if they choose to be involved) and medical professionals. The medical professional leads on developing the IHC
- During the writing of the plan the school employee training needs to be identified.
- Healthcare professional commissions/delivers training and will sign-off school employees as competent when they are deemed to be so.
- IHCP to be implemented and circulated to all relevant employees.
- IHCPs will be easily accessible whilst preserving confidentiality.
- IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a child is returning from a period of hospitalisation, education alternative provision, or home tuition, will be found.

5. Medicines

5.1 Procedures

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so:

- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

5.2 Requesting Medicines

As the balance for each students' medications can be calculated on a daily basis, then parents/carers will be contacted when the balance becomes low. The responsibility will be with the parents/carers to provide further medications for their child.

5.3 Non-Prescription Medicines

Non-prescription medicines may be used to treat minor ailments. If the school is approached by a child's parents/guardians with a request that non-prescription medicine is to be administered in school time, this will be accepted so long as the medicine is an over-the-counter product, available at a pharmacy and checks are carried out with a pharmacy or clinician that there will not be any concern regarding a contra-indication with existing medication. Non-prescription medicines to be administered in schools under the same processes and record keeping as prescription medicines. Treatment with a non-prescription medicine will not continue for more than three days without medical assessment by a medical practitioner.

5.4 Recording of Medications received into school and medical administration

Records offer protection to employees and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at schools.

Employees administering medicines must do so in accordance with the prescriber's instructions.

Schools must keep records of medicines administered to individual children, stating what, how and how much was administered, when and by whom.

Medical Files

Any class that administers medication will have a yellow medication file. This file contains all the records needed for good practise. The medication file's location should be known by all staff in class [and should be locked away when not in use.](#)

The medication file must be kept up to date, tidy and only contain the information listed below. One person in the class team should be nominated to oversee the medical file. The files are subjected to spot checks by those responsible for medical needs across the school.

All forms should be signed immediately after the medication is given

Master copies of all forms are laminated and displayed on the whiteboard in the staff room.

Medication File Contents

The file should contain this policy at the front and then each child in the class who has medication or care plans must have their own section of the file that holds all information about them. The following documents as appropriate should be in each child's section

IHCP (Care Plans)

This must be the most up to date care plan for any medical need including seizures that requires one. This should also be saved in the Pupil File on SharePoint. Care plans can be shredded once they have been superseded

Feeding Plan

If enterally fed, an up to date laminated feeding plan should be in the file. This is supplied by the appropriate dietitian and informs trained staff in school when and how much feeding should take place.

Permission to Administer of Medicines and Treatments Form (Form 1)

Completed by home when a medication needs to be administered at school, when the dosage changes or when medication changes at home. This must be individual for each child. This must be updated minimally yearly, or whenever medication changes.

Medication Sign in and Out Form (Form 2)

Completed every time the medication comes in and out of school. This form needs to be individual for each child and kept in their section of the medical file

Medication Administration Form (Form 3)

Completed by school every time the medication is given to the child and for any enteral feeding and enteral water flushes given.

This must be individual to the child and for each medication/feed. Medication includes regular medicines, rescue medication, prescribed creams, inhalers and other medications that have been signed in.

If medication is administered off site, the checks must remain the same (2 people checking the drugs, the name, the dosage etc) and staff should note down what time the medication is given. On returning to school, this must be transferred over to the appropriate form as soon as possible.

Record of Administration in School (Enteral Feeding) – (Form 3b)

Completed for each enteral feed

Record Sheets (Form 4)

If the child has seizures, requires oxygen, suction, catheterization etc, these should be recorded. The record sheet should be filled in promptly after any events with appropriate information. Each child should have an individual record sheet for each medical need

The forms that record the administration of medication should be scanned at the end of each long term and placed within the student's pupil file on SharePoint. The paper copies should be shredded.

5.5 Signing Medications in and out

- All Medication must be signed in when it arrives in the building and signed out when it leaves to go home
- All medication must be signed in and out by two people and the form must be completed as soon as medication arrives in the classroom
- All prescribed medications must have prescription label on it. This can be on the bottle, syringe or box but it must be the prescription that matches that bottle, syringe or box of medication (batch numbers and expiration date must match).
- Medications should be in an unopened bottle or packet unless. The only exception is for antibiotics that are going home daily
- All medications as far as possible should be kept in school and not sent home on a daily basis unless it is short term medications such as antibiotics
- We cannot give drinks that have medications dissolved in them from home e.g. laxatives. The medication will need to be sent into school and the classroom staff will need to dissolve it in the drink and record it in the same way as any other medication
- Over the counter medication (for example, painkillers for post-surgery recovery) must be supplied in the box, bottle and packaging that they originated in

- Transport medication (e.g. Rescue medication such as Buccal Midazolam) will be given to the school office by the transport PA. The office staff will sign it in to acknowledge that it has been received, however will they do not check the medication. It is kept in a locked cupboard in the office. This is the responsibility of parents and transport staff. This will be handed back to the transport PA at the end of the day
- The class teacher is responsible for organising regular checks to ensure that medication is still in date
- Medication should be checked by the last day of each half term to ensure it is in date and that there is still sufficient quantity. Any out of date medication should be returned to parents and requests made for new medication if needed
- All medication must be signed out and sent home at the end of each long term (Christmas, Easter and Summer)

Signing in

- The medication must be handed over from the parent or transport to the adult collecting the child.
- The medication must be transported into class using the yellow bag
- When signing in medication, two people must check the following details:
 - i. Name of student on the prescription label on the medication
 - ii. Name of medication on the prescription label matches the medication that has been sent in
 - iii. The medication expiry date
 - iv. The dosage
 - v. The above details against the 'administration of medication' form
- Once checked, medication to be put away in the classroom's locked medical cupboard

Signing out

- Two people must complete the checks:
 - i. Name of student on the prescription label on the medication
 - ii. Name of medication on the prescription label matches the medication that has been sent in
 - iii. The medication expiry date
- The two people who checked the medication must sign the appropriate form after doing the checks.
- Once checked, the medication be placed in a yellow bag.
- The adult transitioning the student must hand over the medication to the parent or transport PA collecting. They need to sign on the transport form that they have received the medication. No checks are needed since the signature is just that they have received them

5.6 Administration and Recording of Controlled Drugs

A separate controlled drug register with numbered pages is to be maintained for each child who requires the administration of controlled drugs such ADHD medication and Buccal Midazolam. In addition to the guidance for the receipt, administration and disposal of non-controlled drugs, this book must include the balance remaining for each product. The balance remaining is confirmed each time a controlled drug is administered.

It is a legal requirement that a record is made each time a controlled drug is administered.

5.7 Storage of Medicines

- All medication including controlled drugs e.g. ADHD medication and Buccal midazolam must be kept in a locked medical cupboard within the child's classroom unless it is stated otherwise.
- Most 'cupboard' medications are stable between 8-25C. If temperatures exceed 25C for 4 consecutive days, it can prevent the medication being as effective as the heat can break down the medication. Reducing the temperature will help to restabilise the medication
- If the temperature in the room goes above 25C take action to cool the room as much as possible including closing blinds, turning on fans or putting icepacks in the medicine cupboard for short periods of time
- Medications such as asthma inhalers must be readily accessible if required in a place known by class staff but out of reach of students e.g. on a high shelf
- Where special equipment (e.g. refrigeration) is required for the storage of medicines, this should be detailed within the IHCP, and the school nurse (or other appropriate individual as delegated by the Co-Heads of School should assist with either provision or procurement of the equipment. Equipment should be suitable for the task and be operated and maintained in accordance with manufacturer's guidance

5.8 Administering Regular Medication

Regular Prescribed Medication includes Inhalers (Asthma), Allergy Medication, heartburn relief medication and ADHD medication. This list is not finite and will change depending on the students' needs.

The school to be aware of any possible side effects of medicines administered at school.

Staff need to follow the five rights: Right patient, Right drug, Right dose, Right route, Right time.

All regular medication that is administered in school must be accompanied with an 'Administration of Medicines/Treatment' form completed by home. This form must be updated when the dosage or medication changes. If home have not been able to complete the form, written permission either in the Home/school communication book or by email stating the follow is accepted for the first day

- Name of medication
- Dose needed
- Time of dose that needs to be given in school
- Time of the last dose given at home.

This covers home for the first day of administering the medication. A form must be sent home and completed for the following day.

When administering the medication:

- Two members of staff must check the following:
 - i. The name on the medication matches the child requiring and being given the medication.
 - ii. The dosage on the prescription label matches the dosage on the 'Administering medications' Form
 - iii. The expiry date.
 - iv. If the prescription label is on the box, the batch number and expiry date on the box must match the details on the bottle.
- Both members of staff must be present for drawing up or removing the medication from the checked packaging. One person draws up/ removes, and one person observes.
- Both members of staff must sign the 'Medication Administration' form and the medication must be returned to the locked storage immediately.
- The member of staff that drew up/removed the medication from the packaging must be the member of staff that gives the child the medication. If this is not possible, the member of staff who checked the medication can administer.

- If appropriate, the child is encouraged to be as independent as possible throughout the process. For example, if the child is able to use their inhaler with no support, this should be encouraged.

5.9 Thickener use in school

Some children as part of their feeding plan require thickener to be used in their drinks. Thickener is considered a medication and can only be used for the child it has been prescribed for. Thickeners should be locked in the medical cabinet and their use should be recorded

5.10 Enteral Feeding in school.

All staff that are working with children who are Enterally Fed (Gastrostomy, PEG, Naso-gastric, Jejunostomy) require training to administer enteral feeds safely. They will attend a training session delivered by the Community Nursing Team. They will then work alongside trained competent school staff until they are assessed as competent by the Community Nurses

5.11 Disposal of Medicines

When no longer required, medicines should be returned to the parent to arrange for safe disposal.

Sharps boxes should always be used for the disposal of needles and other sharps.

All unused medication, including refused and wasted doses is returned to the parent/carer for safe disposal via their child's GP surgery. If they are not willing or unable to, then the school will dispose of them via a local reputable pharmacy. They are never to be used for other individuals. A record is made in the person's notes of the name of the medication, quantity, reason, and date of disposal.

Where individuals require insulin or any other medication with a syringe, a "sharps box" must be provided by the parent/carer. The sharps box, once full, must be given back to the parent/carer for disposal and a new one delivered to the school.

5.12 Management of Medication Error and Accidents

It is recognised that, despite high standards of good practice and care, mistakes may occasionally happen for various reasons. Every employee has a duty and responsibility to report any errors immediately to their line manager and consult with the appropriate medical practitioner (or the nominated pharmacy in their absence), to prevent harm to the individual. The person's parent/carer and the senior leadership team must be informed of any error, in writing, if the belief, following consultation with the Head Teacher, that the error could have led to harm or injury. Managers/Leaders should encourage employees to report errors. They should be dealt with in a constructive manner that addresses the underlying reason for the incident and prevents recurrence. If an error occurs, the healthcare administrator/line manager must meet with the employee in person and go through the guidance with them to ascertain their level of understanding and to establish how the error occurred. This is for support purposes, with outcomes for improvement

6 Emergency Procedures

6.1 Radio Calls

At Exeter House, we use a series of set phrases to communicate medical situations across the radios. To ensure that these messages are heard and responded to appropriately, all chat should be kept to a minimum on the radio.

If a child is presenting unwell (has a temperature, general sickness, diarrhoea, a rash etc), SLT should be phoned for advice. A first aider is not required to support in these situations.

Radio calls you should use in school are:

- **Paediatric/Adult First Aid. Location**
This is to be used for non-urgent first aid cases that class staff cannot deal with outside of their basic first aid training. This could include a scrapped knee or a sore finger.
- **Paediatric/Adult First Aid. Urgent. Location**
This is to be used for urgent first aid cases and head bumps. This means a school first aider who has completed more training will attend the location as soon as they can.
- **Medical Assistance. Location**
This is reserved for situations where you are dealing with a serious medical situation (for example, a seizure) but you need more support to deal with the situation or the rest of the class.
- **Medical Emergency. Location**
This is reserved for situations where you are required to phone an ambulance. This is ensure SLT and the medical response team will attend to ensure that everyone is supported throughout the incident. If a child is having a seizure and extra support is needed, call 'medical emergency' not 'medical assistance'.

If there is no response to the call, staff should continue to make the radio call until there is a reply or the appropriate staff have turned up.

6.2 Emergency Procedures Protocol

- Make sure the student is safe
- If a seizure begin timing
- Collect any relevant medication, care plan and information sheet with child's details. **The care plan must be followed at all times**
- Keep the other students away from the medical situation and continue with learning/ alternative activities if appropriate. It may be appropriate for the students to be moved to another class or screens put up around the student to protect their dignity
- Call medical emergency and state where you are. Then call 999
- The person timing and the 2nd person check drugs, administer and write the time the drugs are given if appropriate. Stay with the student at all times
- A member of SLT will bring the Defib and collect details from class - Who? What? How long? How are they?
- The member of SLT will go and give this information clearly to Reception to ring parents
- The member of SLT to return to class, check with team dealing with emergency, whether they continue to need support or whether the other studnets need support
- Another member of SLT/Office staff will wait for ambulance and bring them through to the emergency
- Currently there is a medical response team made up on school staff who are experienced in dealing with medical emergencies who will go to the class and give support. This support should be empowering the class team to be able to deal with medical emergencies independently.
- Give the paramedics when they arrive the care plan and clearly give the details of the incident and answer any their questions. Stay with the student to support

If parents are unable to attend within emergency timeframes then a member of staff should accompany the pupil taken to hospital by ambulance, and should remain until the pupil's parent arrives. The member of staff should then return to school

If a parent does not attend within a couple hours of being contacted then a member of SLT should be contacted so that support can be arranged, as appropriate. If, for example, the hours extend to outside the normal school working hours further action may need to be taken and children's services contacted in consultation with other agencies.

6.3 Administration of Emergency Medication e.g. for Seizures

Seizure Rescue Medication includes: Buccal Midazolam, Rectal Diazepam, Rectal Paraldehyde and Epistatus. This list is not finite and will change depending on the student's needs.

- These must only be administered by trained staff who have completed the appropriate medical training and have been signed off by the appropriate medical team.
- 2 members of trained staff must check the medication. The following details must be checked:
 - v. The name on the medication matches the child in seizure.
 - vi. The dosage on the prescription label matches the dosage on the syringe.
 - vii. The expiry date
 - viii. That the syringe has not been previously used/doesn't look tampered with.
- Once both adults are happy with the medication checks, both agree that the child remains in seizure and the appropriate time has been reached (please see individual care plan for the individual child's time), a trained member of staff must administer the rescue drugs. They must follow their training when doing so.
- Staff must follow the child's individual care plan, call an ambulance and call 'Medical Emergency' on the school radio.
- Used medication must be handed to the paramedics for their information and disposal of
- If in an emergency situation it is found that emergency medication is not present or out of date 999 should be called immediately and then the parents informed
- Children should not be excluded from school due to emergency medication being unavailable
- If this is a persistent issue where emergency medications are not brought in safeguarding procedures will be followed.
- All emergency medication along with the care plan must be carried by an adult around school with the student if they are not in their classroom using a yellow bag. This can be either a backpack or a bumbag. This medication is not to be left on wheelchairs
- If there are no suitably trained staff available to administer the medication, the emergency services must be called. However, certain lifesaving drugs might be advised over the telephone by a doctor or ambulance service to be given by staff.
- If, in an emergency, a child refuses to take their medication and it is in their best interest to administer the medicines, then a trained staff member can administer the medicine only under the direct instruction of a suitable medical practitioner (e.g. advice given from a 999-call centre or a paramedic).

7 Offsite Activities

School staff should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools should make arrangements for the inclusion of students in such activities with any adjustments as required unless evidence from a clinician, such as a GP, states that this is not possible.

On such occasions the school will consider what reasonable adjustments need to be made to enable children with medical needs to be able to participate fully and safely on visits. The school will observe best practice and carry out a risk assessment to assist with identifying and planning the steps that need to be taken to ensure that students with medical conditions are included. This is likely to include consultation with parents/guardians, students and relevant healthcare professionals to ensure that the students can participate safely. Medicines to be taken in their original containers and given to the

delegated employees for administering and safekeeping. Controlled medicines are to be kept in a lockable container. If appropriate, and safe to do so, the medication container will be placed in a secure location not visible to others but not likely to be forgotten.

8 Automated External Defibrillator (AED)

Sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe.

- Schools are advised to consider purchasing a defibrillator as part of their first-aid equipment. DfE has put arrangements in place to assist schools/nurseries in purchasing defibrillators at reduced cost. If schools install a defibrillator, they should notify the local NHS ambulance service of its location.
- Employees appointed as first-aiders should already be trained in the use of CPR and may wish to promote these techniques more widely in the school, amongst both teachers and students alike.

9 Liability and Indemnity

Proprietors of academies should ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangement (RPA).

It is important that the school policy sets out the details of the school's insurance arrangements which cover employees providing support to students with medical conditions. Insurance policies should be accessible to employees providing such support.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for employees to be trained, should be made clear and complied with.

In the event of a claim alleging negligence by an employee, civil actions are likely to be brought against the employer.

RPA is a scheme provided specifically for academies.

10 Training and Support

The school's policy should be clear that any school employees providing support to a student with medical needs should have received suitable training.

Any school employees providing support to a student with medical needs **MUST** have received suitable training. This includes giving prescription medicines or undertaking healthcare procedures. Suitable training will be identified during the development or review of IHCPs. Employees who provide support to students with medical conditions will be included in meetings where training requirements are discussed. The school will take the guidance from the relevant healthcare professional on the type and level of training required, and how this can be obtained. Where appropriate the school may arrange this training themselves and ensure the training remains up to date. The family of the child may provide relevant information to school employees about how their child's needs can be met but cannot be considered as the sole source of training. The training will be sufficient to ensure that employees are competent and have confidence in their ability to support with medical conditions, and to fulfil the requirements as set out in the IHCPs.

The school will seek the confirmation from healthcare professionals of the proficiency of employees in medical procedures or in providing medication.

This policy will be communicated to all employees and will be uploaded to the school website. The Co-Heads of School must make their teams aware of this policy and its contents. The Trust will also encourage schools to deliver training to all employees that will help ensure that all medical conditions affecting students in the school are fully understood. This includes preventative and emergency measures so that employees can recognise and act quickly when a problem occurs.

The training for employees at the school who are involved in the administration of medication should include:

- Introduction to medicines and prescriptions.
- Medicine supply, storage, and disposal.
- Self-administration of medication.
- Administration of Tablets and Capsules, Liquids, Eye Drops, Inhalers, Creams, and Ointments.
- Quality control and record keeping.
- Accountability, responsibility, and confidentiality. Refresher training should be sought as appropriate.

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of employees in a medical procedure, or in providing medication.

Employees must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).

11 Monitoring and Review

This policy will be reviewed **annually** by the Education Team. At every review, it will be approved by BAT Board of Trustees and BE Board of Trustees.

12 Complaints Process

Parents with a complaint regarding this policy should discuss these directly with the Head of Provision in the first instance. If the Head of Provision cannot resolve the matter, they will direct parents to the complaint's procedure.

13 Related Policies and Document

- Safeguarding policy
- Intimate Care policy

This policy is adopted by the BAT Board of Trustees and will be reviewed every year or earlier if change to legislation.

Signed: 

CEO

Signed:



Chairman of BAT Board of Trustees

Date:

This policy is adopted by Exeter House School (part of the Brunel Academies Trust) and will be reviewed every year or earlier if change to legislation.

Signed:

Co-Head of School

Signed:

Director of Education

Date:

Appendix List

Appendix	Document
1	Medical Form 1 - Signing Medication in and out of school
2	Medical Form 2 - Permission from Home to Administer Medications/Treatment
3	Medical Form 3 - Record of Medication/Treatment administration in School
4	Medical Form 3b - Record of Enteral Feeding in School
5	Medical Form 4 - Recording Sheets

Medical Form 1 – Signing in and Out Medication

Name of Student	Medication	Quantity	Signing Medication In:		Signing Medication Out:		Notes
			Time and Date	Signed and Checked by 2 Staff	Time and Date	Signed and Checked by 2 Staff	

Form 2 – Permission from Home to Administer Medications/Treatment

Child's Name:		Class	
Address:			
Date of Birth:		M/F	
Home Phone Number		Work Phone Number	
GP Practice:		GP Phone Number	
Condition/illness			

I hereby request that members of staff administer the following medicines prescribed for my child by their GP/Specialist as directed below.

I understand that all prescribed medications must be accompanied by the appropriate prescription label and that school needs the following information to be visible to administer the medication: student's name, medication type, dosage, frequency, expiry date and batch number.

I understand that all non-prescribed medications must be accompanied by the following information: when the last dosage was given, expiry date and batch number

Signed:

Date:

<i>The following medications need to be administered in school</i>				
Name of Medication	Dose	Frequency/Times	Date of Completion of Course (If Known)	Any Special Instructions/Side Effects/Precautions?

Please record any medications administered at home on the other side of this form

Form 2 – Permission from Home to Administer Medications/Treatment

<i>The following medications are administered at home</i> <i>(This information is useful staff in case of an emergency)</i>		
Name of Medication	Dose	Frequency

Form 3b – Record of Administration in School (Enteral Feeding)

Name :		Medication:	
Dosage:		Time Given:	

Date Administered	Time Given	Given by	Checked by	Any notes or changes?

Form 4 – Recording Sheets

Name :			
Feed type:		Time Given:	

Date Administered	Time Given	Given by	Checked by	Any notes or changes?

Please ensure you have read the student’s feeding plan to ensure that you are up to date with the volume of flushes need, the amount of food and whether there are any special requirements (rate of feeding, venting etc)

<u>Seizure Record Sheet</u>						
Student Name:						
Date	Time	Duration of Seizure	Description of Seizure	Rescue Medication Given?	999/Parents Called?	Signed
				<i>Yes/No/Not Prescribed</i>		
				<i>Yes/No/Not Prescribed</i>		
				<i>Yes/No/Not Prescribed</i>		
				<i>Yes/No/Not Prescribed</i>		
				<i>Yes/No/Not Prescribed</i>		
				<i>Yes/No/Not Prescribed</i>		

<u>Seizure Record Sheet</u>						
Student Name:						
Date	Time	Duration of Seizure	Description of Seizure		999/Parents Called?	Signed
				<i>Yes/No/Not Prescribed</i>		

Form 4 – Recording Sheets

				Yes/No/Not Prescribed		
				Yes/No/Not Prescribed		
				Yes/No/Not Prescribed		
				Yes/No/Not Prescribed		
				Yes/No/Not Prescribed		

<u>Catheter Record Sheet</u>					
Student Name:					
Date	Time	Description (Change of colour?)	More than once?	Any Concerns?	Signed

<u>Suction Record Sheet</u>					
Student Name:					
Date	Time	Description (Change of colour?)	More that once?	Any Concerns?	Signed

Form 4 – Recording Sheets
