



# SARACENS BROADFIELDS

## SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

Responsibility of ( <i>see policy tracking sheet</i> ):	Local Governing Body
Approved by:	Local Governing Body
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## 1. Introduction

Saracens Broadfields (SBF) is an inclusive community that supports and welcomes pupils with medical conditions and aims to provide such pupils the same opportunities as others at school.

The Principal is responsible for ensuring this policy is implemented.

The Principal is responsible for ensuring staff receive training.

Saracens Multi-Academy Trust (SMAT) is responsible for ensuring an appropriate level of insurance and liability cover is in place and that any additional resources are provided to meet the medical needs of pupils.

A copy of this policy is available on the school website.

## 2. Inclusion

SBF is committed to providing a physical environment that is as accessible as possible to pupils with medical conditions (including out-of-school visits) and appropriate adjustments and extra support are put in place to facilitate this.

We ensure that the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks/lunchtime and before/after school (discos, after school clubs, school productions and day/residential trips, where possible).

Staff are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's Anti-bullying Policy and Behaviour for Learning and Discipline Policy.

Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions among pupils and to help create a positive social environment.

Teachers are aware of the potential for pupils with medical conditions to have special educational needs or disabilities (SEND). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEND Coordinator.

A thorough handover to new staff to the pupil, accompanied by appropriate training during the Summer Term or early in the Autumn Term, is essential to ensure a smooth transition and continuity in practice.

Supply teachers will be briefed, where necessary, about medical conditions of pupils in their care.

All reasonable adjustments are made to ensure that all pupils with medical conditions can participate in as many aspects of school life as possible.

## 3. Implementation

The school ensures staff are aware of the following:

- We have a duty of care to the pupils and must act like any reasonably prudent parent/carer
- Certain medical conditions are serious and potentially life threatening, particularly if ill-managed or misunderstood
- Medication must be taken as prescribed
- Social and emotional consequences can be associated with medical conditions
- Conditions can be broadly categorised as follows:
  - Long term conditions which can be life-threatening and for which emergency medication is required but which may be very well managed and presents a low risk day-to-day (e.g. diabetes, anaphylaxis, epilepsy, asthma)

- Long term conditions which can be life-threatening and are currently unstable or not well- managed
  - Long term conditions which are not immediately life-threatening but which may require periodic absence from school (e.g. Crohn's disease)
  - Short term conditions which may require a one-off extended period of absence from school (e.g. an operation)
  - Other medical conditions which are not life-threatening but may require regular prescription medication (e.g. ADHD)
  - Chronic conditions (e.g. cerebral palsy).
- Regular updates are given to staff about common conditions e.g. anaphylaxis and appropriate staff are trained to deal with such conditions
  - NHS School Nurses will provide additional training to designated staff who work with pupils who have complex health needs e.g. epilepsy and diabetes (for pupils requiring insulin injections/insulin via pumps or blood glucose monitoring in schools the Paediatric Diabetes Team will provide this level of training and education and will refresh this training regularly).

#### **4. Communication and Management of Medical Conditions**

- Information regarding medical conditions is sought at the point of entry via our Pupil Registration Form (completed during the admission process)
- Parents/carers are asked to check and update their personal/medication condition information annually
- Parents/carers can update their medical and emergency contact information via the school MIS, Arbor. This system allows convenient, secure and immediate feedback of emergency contact and medical information which will be confirmed by a member of the Administration Team. Parents/carers who do not have access to the online system can inform the Administration Team of any changes in writing and they will update the details on their behalf
- The Full Time First Aider is responsible for managing the First Aid Room. The majority of the Teaching and Learning Support Team are also first aid trained in that year group
- More complex cases will form part of transition arrangements. This responsibility lies with the SEND Coordinator who will draw up a care plan for a pupil in consultation with the Full Time First Aider and relevant health practitioners where the following applies:
  - a. The medical condition is unstable and requires careful monitoring or regular interventions within the school day AND/OR where the medical condition is having a significant impact on their ability to learn effectively/access school AND/OR where the medical condition means school attendance has dropped below 90%
  - b. Where the medical condition has required an extended period of absence (to support re- integration into school and catch up on work missed). Support and work will be provided through Google Classroom
  - c. Where the pupil has an acute or chronic condition which is considered to be a disability, the SEND Coordinator will draw up a care plan unless an EHCP (Education, Health & Care Plan) is already in place
  - d. Where an existing condition deteriorates to where the SEND Coordinator feels a care plan would benefit the pupil and school.
- Care plans will be used to:
  - a. Identify the medical condition, its triggers, signs, symptoms and treatments
  - b. Identify how the health condition presents a barrier to learning and what strategies are needed to support the pupil
  - c. Identify who will provide the support and any training needs

- d. Clarify arrangements for the storage and administration of medication, emergency procedures and any special arrangements needed.
- Medical Tracker software is used to store information on all medications held in school, a list of all emergency AAI users, procedures for emergencies and a list of current First Aiders. First Aiders' names and photographs are displayed around the building
  - Pupils who require an emergency Adrenaline Auto Injector (AAI)/inhaler have one stored in the First Aid Room. Parents/carers are responsible for the provision of emergency AAIs/inhalers and for ensuring they are up to date. The school advises an additional emergency AAI/inhaler be handed into Reception (see Appendix 3 – Catering allergen procedures)
  - The school have chosen to hold two emergency Adrenaline Auto Injectors (AAI) for use in an emergency on pupils who have been prescribed one and for whom parental consent for its use has been obtained. This emergency AAI would be used where their own device is unavailable or not working
  - The school has chosen to hold an emergency Salbutamol inhaler for use by pupils who have been prescribed an inhaler and for whom parental consent for its use has been obtained. This emergency inhaler would be used if the prescribed inhaler is not available e.g. broken / empty
  - In the event of a possible severe allergic reaction in a pupil **without a prescribed device / parental consent**, emergency services (999) would be contacted and advice sought as to whether administration of the emergency AAI is appropriate.
  - First Aid training includes use of an emergency AAI. Additional specialist training for diabetes is undertaken by at least 6 members of staff. Additional training is also provided for supporting pupils with epilepsy. A first aid training log is maintained with the names of trained staff.

## 5. Management of Medical Conditions in School

### 5.1 Children Requiring Hospital Treatment

The school has procedures in place which involve clear communication between our staff and the care setting so that a medical form is printed via Medical Tracker and is taken to the emergency care setting with the pupil. On occasions when this is not possible, the relevant form is sent (or the information on it is communicated) to the hospital as soon as possible.

If a pupil needs to be taken to hospital, an ambulance is called and a member of staff will accompany the pupil and stay with them until a parent/carer arrives.

The school will try to ensure that the staff member is one the pupil knows. Reception keeps a record of the staff member who has left the premises, Medical Tracker is completed by a member of support staff and key staff are notified.

### 5.2 Administration of Medication at School

- SBF understands the importance of medication being taken as prescribed. Medicines will only be administered by the school when it is detrimental to the child's health or school attendance not to do so. The school will hold emergency medication where it is appropriate to do so and other medications on medical advice
- Staff will only administer prescription medication to a pupil with parental consent. A 'Parental Agreement for SBF to administer prescription medicine' form must be completed by parents/carers (see Appendix 1) and records will be compiled in accordance with Appendix 2.
- The Full Time First Aider is responsible for medication held at school. When the Full Time First Aider is not available, the Administration Team and Learning Support Team are also first aid trained and can access the medication
- All prescription medication must be supplied and stored in their original containers, which will be agreed as part of the care plan. The Full Time First Aider along with the

parents/carers of pupils with medical conditions, ensure all emergency and non-emergency medication brought into school is clearly labelled with the pupil's name, the name of the medication, prescriber's instructions for administration, dose and frequency and the expiry date of the medication

- Prescription medication is stored in accordance with the manufacturer's instructions, paying particular note to temperature. All prescription medication is held in the First Aid Room in a locked filing cabinet in a box. All First Aiders are notified of where the keys are kept to access the cabinet
- All prescription medication needing to be refrigerated is stored in an airtight container and is clearly labelled. The lockable fridge used for the storage of prescription medication is in the First Aid Room
- It is the parent/carer's responsibility to ensure that the school is provided with an adequate supply of in-date prescription medication at the start of each term and/or weekly together with the appropriate instructions
- The Full Time First Aider ensures the correct storage of prescription medication at school. They will check the expiry dates for all prescription medication stored at school each term, using Medical Tracker (i.e. three times a year)
- All staff are aware that there is no legal or contractual duty for any member of staff to administer prescription medication unless they have been specifically contracted to do so or unless the situation is an emergency and falls under their regular duty of care arrangements
- If a pupil's prescription medication changes or is discontinued, or the dose or administration method changes, parents/carers are responsible for notifying the school immediately. Parents/carers must provide the school with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital and complete a 'Parental Agreement for SBF to administer prescription medicine' form (Appendix 1)
- If a pupil refuses their medication, staff will record this. Parents/carers will be informed of this non-compliance as soon as possible
- If a trained member of staff, who is usually responsible for administering medication, is not available the school makes alternative arrangements to provide the service. Records of administering medication are recorded on Medical Tracker (see Appendix 2)
- Staff will not administer any non-prescribed or over the counter medication during the course of the normal school day (e.g. paracetamol, ibuprofen) unless they are part of wider care plan for a condition and their use has been prescribed by a medical practitioner. If parents/carers would like their child to have such medication they are able to visit school to administer it during break times only.

## 6. Off-Site Procedures

- Trip leaders attending off-site visits are made aware of any pupils on the visit who have medical conditions. They will be notified about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed. Where the visit includes an overnight stay, any prescription medication should be given to members of staff for safe-keeping, other than emergency AAI, inhalers, or other self-administered medication, such as insulin, which the pupils must keep with them at all times. If a pupil attends a trip and is an emergency AAI user, at least one member of staff who is emergency AAI trained will accompany the trip
- Parental agreement for SBF to administer medicine forms (Appendix 1) must be completed by parents/carers, and updated by them, as necessary, includes a section about administering regular prescription medication
- Risk assessments are carried out by SBF prior to any out of school visit or off-site provision to ensure that the placement is suitable, including travel to and from the venue. Parents/carers of pupils with medical conditions, requiring additional attention from staff, may be requested to return (and keep up to date) Individual Risk assessments. Feedback from these assessments will be considered during this risk assessment process. This may include:
  - access to the activities proposed

- how routine and emergency medications will be stored
- access to emergency help (i.e. hospital/doctors)
- any additional medication or equipment required to be considered.

This school works in partnership with all interested and relevant parties including the school's governing body, school staff, and community healthcare professionals and any relevant emergency practitioners to ensure the policy is planned, implemented and maintained successfully.

## 7. Roles and Responsibilities

**Local Governing Body (LGB)** – must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. The LGB should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

**Principal** – should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Principals should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. Principals have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact 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.

**School Staff** – any member of school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. 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.

**School Nurse** – every school has access to school nursing services, who 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 will 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 staff 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 staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, 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.

**Other Healthcare Professionals** - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the School Nurse and work jointly when a child has been identified as having a medical condition that will require support at school. They may provide

advice on developing healthcare plans. Anyone dealing with the medical care of a pupil in school should contact the named School Nurse for that school to ensure a coordinated approach.

**Pupils** – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

**Parents/Carers** – 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/carers 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. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

## **8. Links with Other Policies**

This Supporting Pupils with Medical Conditions Policy is linked to:

- Special Educational Needs/Disability (SEND) and Inclusion Policy
- Equality Information and Objectives Policy.
- Anti-bullying Policy
- Behaviour for Learning and Discipline Policy
- First Aid Policy.

## Appendix 1:

### Catering allergen procedures

As far as possible meals are made containing few or no allergens. We are a nut free school. Our menus, which detail the allergens contained in each meal, are displayed on our website.

All catering staff are trained in the Food Standard Agency course: Food Allergy and Intolerance Training. Our Head Chef has Level 3 Food Hygiene training, other catering staff have Level 2 Food Hygiene training.

Meals for pupils with allergies are cooked in a separate oven. Plated food for pupils with allergies is kept separately and each dish is wrapped in clingfilm.

Pupils come up to the counter to collect their individually wrapped food and cutlery.

A list of all pupils with allergies is displayed on the wall in the kitchen beside the counter. This has pictures of pupils and their allergies and is only visible to catering staff. The Administration Team update this as and when a new pupil starts or when a pupil's allergies change.

Should a child suffer an allergic reaction to something they have eaten they will be immediately taken to the First Aid Room. The First Aider is always on duty during the lunch period.

Emergency AAIs are held for all pupils for whom they have been prescribed and two general spares are kept in the event of an emergency.

If staff decide that they need to administer an emergency AAI they will call 999 for advice and attempt to call the parents/carers. Any time an emergency AAI is used an ambulance will be called so the pupil can be taken to hospital for review.