



WyreForestSchool

Communication Specialist

Supporting Pupils with Medical Conditions Policy

Date of last review:	2025	Review period:	Bi-Annually
Date of next review:	2027	Written by:	Alison Hopkins
Type of policy:	Statutory	Committee:	FGB
Signature:			

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1. Introduction

Wyre Forest School is committed to ensuring that pupils with medical conditions are properly supported so that they have full access to their education, including school trips, PE and outdoor learning. This policy aims to provide clear guidelines and responsibilities for supporting pupils with medical conditions.

Aims and Objectives

- To ensure pupils with medical conditions are identified and supported.
- To provide a safe environment where pupils with medical conditions can thrive.
- To establish clear roles and responsibilities for staff, parents, and healthcare professionals.
- To ensure compliance with relevant legislation and guidance.

Legislation and Guidance

This policy is based on the following legislation and guidance:

- Children and Families Act 2014
- Equality Act 2010
- Supporting pupils at school with medical conditions (DfE guidance) □ Other relevant health and safety legislation.

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to plan for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance 2014 (updated 2015) on [supporting pupils with medical conditions at school](#)

It states that “appropriate authorities” must make arrangements to support pupils at school with medical conditions. The Statutory Guidance also applies to activities taking place off-site as part of normal educational activities.

The Use of Part Time Timetables for Pupils with Medical Conditions

Wyre Forest School is committed to providing an environment that supports all of our pupils to receive full-time education. On the rare occasion where a pupil’s medical needs, either short term or long term, mean that this prevents full time attendance for a time limited period, school will respond according to the guidance detailed in Worcestershire’s Policy on the Use of Part Time timetables and our own policy on this subject (Appendix 5 and 6)

Wyre Forest School staff administer all necessary medical interventions during the school day. Class Teachers and the school first aider have responsibility for medical interventions on a day-to-day basis and work in close liaison with the School Nurse Service and other professionals.

Medications are only administered in school when it would be detrimental to a pupil’s health or school attendance not to do so.

Alison Hopkins, Deputy Head Teacher, is the named contact for pupils with medical conditions.

WFS has close links with the Special School Nursing Team who are on-site during the week, The School Nurse will support pupils through:

- Training to support school staff in management and delivery of interventions such as enteral feeding, administration of oral and gastric medications, catheterizations’, epilepsy care, asthma management, management of diabetes;
- Organise training from an external source where necessary, e.g. tracheostomy care, suction, delivery of oxygen;
- Monitoring of Health of Pupils, Looked After Children, Child Protection Plans, Child in Need Plans, Safeguarding issues that are linked to medical needs raised in liaison with WFS’s DSL
- Contribution of information to Education, Health and Care Plans, where appropriate;
- Attendance at Medical Clinics (if required), when held in school;
- Lead School Nurse clinics in school (when required);
- Transcribe all information relating to medications to medication records; Be a point of contact and provide guidance to school staff.^[L]_[SEP]

This policy is based on the following policy – Medicines Management in Special Schools (Updated 2022)). It is supported by the following three policies – Medication Transcribing Policy (Appendix 2); Guidance on the use of Buccolam for Children & Young People with Epilepsy (Appendix 3); and Department of Health Guidance on the use of emergency salbutamol inhalers in school – March 2015 (most recent guidance) (Appendix 4).

2. DETAILS OF MEDICAL INTERVENTIONS AT WYRE FOREST SCHOOL

Medical interventions can include: First Aid, administration of rescue medications such as asthma medications or Epipens for severe allergic reactions; enteral and nasogastric feeds

and medications, oral medications, catheter care, management of epilepsy – both long term and emergency, tracheostomy management. Support in the care and management of other conditions would be offered as necessary.

Those staff who assist with any form of medical procedure are acting within the scope of their employment and are indemnified by Worcester County Council against any legal action and an allegation of negligence, provided they act responsibly and to the best of their ability. Worcestershire sees itself as a Local Authority which endeavours to enable all pupils to attend school whenever possible.

Apart from the school first aider, all education staff at WFS voluntarily take on the medical intervention roles. All staff that administer medications or carry out interventions as detailed above, either in an emergency or regularly, receive training and re-training when needed. All training is recorded by the trainer (usually the school nurse) and also by the WFS's Human Resources manager. Individual staff members are responsible for maintaining their training and ensuring that it is recorded on the Single Central Record. Staff are also responsible for ensuring their training is renewed annually, where appropriate.

2.1 Level of Competency Required for Interventions

Staff delivering medical interventions are deemed competent for a procedure on either a generic or individual basis. This is determined by the Health and Care Trust following NHS guidelines. Generic cover means that when a member of staff is deemed competent in a particular procedure then they can deliver that intervention to anyone who needs it. Individual cover means that the member of staff is deemed competent to deliver that intervention to a particular pupil. They may give the same intervention to more than one pupil and would need to be signed off for each separate pupil.

Medical information is provided by parents or carers and is treated as confidential. Care plans are developed and devised by the school nurse using this information. Medication Records are written by the School Nurses. Changes to either the Care Plans or Medication records can only be made if information is received from parents, carers or medical staff in writing. Parents or carers will be asked to confirm any changes at the next available opportunity such as an Annual Review, Education, Health and Care Plan meeting or Parents Evening. All records are kept securely and information only given to those who need to know.

3. THE ADMINISTRATION OF MEDICATIONS

3.1 GENERAL

3.1.1 Medications are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so as stated in the health and care trust policy.

3.1.2 Only prescribed medications can be administered at school. Parents/carers may provide medications labelled 'PRN' or 'when required' for any medications that may only be given from time to time. The medication will be included on the pupil's medications chart. If a parent/carer thinks their child may need some of that medication on a certain day, they should send written instructions detailing when the last dose was given at home.^[1]_[SEP]

3.1.3 Rescue medications should be provided in pharmacy labelled packaging and the school nurses will write the details onto the pupil's medication chart. An additional form must also

be completed for the medication Buccolam (Midazolam). The school reserves the right to refuse responsibility for the administration of medicine in some instances.

3.1.4 Pupils who are acutely ill and who require a short course of antibiotics should remain at home until they have been receiving the medication for 24 hours to ensure there is no allergic reaction. If possible, parents/carers should ask their Medical Practitioner to prescribe doses that do not need to be given during school hours however, should a dose need to be given during the school day, parents/carers should send the medication in pharmacy labelled packaging with written instructions and sign a consent form stating when the medication should be given.

3.1.5 All staff who are signed off as competent to administer oral medications have generic competency for this procedure. However, for each pupil, medication should be administered by named individual members of school staff (with specific responsibility for the task) in order to minimise error. All pupils who require medication to be given during school hours should have clear instructions where and to whom they report, if this is appropriate. Staff administering medication should sign the pupil's Medication Chart as each dose is given.

3.1.6 Changes to the Medication Chart can only be made by the school nurses. If a pupil's medication changes and the school nurse is not available to amend the Medication Chart, then either the school First Aider or SLT should complete the appropriate emergency paperwork (Documentation of Medication Not Transcribed Form), to enable the pupil to receive the correct medication. The paperwork should be given to the school nurse who should amend the Medication Chart at the earliest possible opportunity.

3.1.7 It is the responsibility of parents/carers to update the school of any changes in administration for routine or emergency medication. Changes must be notified in writing and the school nurse will amend care plans and Medications Charts, as necessary. Parents/carers should review Care Plans and Medications Charts at the earliest opportunity if amendments have been made or otherwise annually at Annual Review or Education, Health and Care Plan meetings.

3.1.8 It is the responsibility of parents/carers to maintain an 'in date' supply of medication. Any unused medication or time expired medication will be given back to parents/carers, via passenger assistants, where applicable, for them to dispose of.

3.1.9 School will only accept medications that are in-date, labelled and provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. Labelling should say the maximum single dose within 24 hours. Medications will be administered according to the manufacturer's guidance i.e., pills should never be crushed or capsules opened prior to administration unless specifically detailed.

3.1.10 Rescue medications such as reliever (blue) inhalers, auto-injectors, buccal medications and sugary sweets for diabetics should be stored as follows:

Rescue Medication	HOW TO STORE
Blue (Reliever) Inhalers	In pupil's own bag and kept with the pupil unless pupil is too young chronologically or developmentally (decided by class team in conjunction with school nurse and parents). Inhalers should be stored unlocked in the classroom and taken to swimming pools, Forest School, etc.

Epipen	In pupil's own bag and kept with the pupil (or in classroom if pupil too young and taken with the pupil to swimming, Forest School, etc.
Buccal Medications for Epilepsy	In locked cupboards in the classrooms.

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3.1.11 In the event of the fire alarm sounding, the school first aider should take out an emergency First Aid kit which also contains a Salbutamol inhaler for general use and specifically labelled refrigerator held medication for those pupils who may require it. Staff teams are responsible for taking pupil medication stored in class out with them

3.1.14 Staff will use disposable gloves and aprons, where necessary.

3.1.15 Drug error is broadly defined as any error in the prescribing, dispensing or administration of a drug (including non-administration when due), irrespective of whether such errors lead to adverse consequences or not. A drug error should be reported to the school nurse in the first instance who will disseminate the information as required. All errors will be recorded and reported to parents/carers. Drug errors will also be recorded on CPOMS under the pupil's name.

3.1.16 Staff administering medications will receive initial training and be signed off as competent in the procedure by the School Nurse. They will receive annual refresher training, according to NHS guidelines.

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3.1.17 The following practices are not acceptable:

- Ignoring the views of parents/carers, medical evidence or opinion (although this can be challenged);
- Prevent pupils from participating in school activities unless specified in the EHCP because of the need for a medical intervention; [L]
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- Penalise pupils in their attendance record if their absence is related to their medical condition;
- Require parents/carers to attend school to administer a medical intervention although negotiation can be employed;
- Prevent a pupil from going on an off-site visit unless parents/carers accompany them.

Complaints

If any parents/carers or pupils are dissatisfied with the medical support provided in school, they should initially discuss this with the class teacher and/or Pathway leader. If the matter is not resolved, parents/carers or pupils could discuss the complaint with a member of the senior leadership team and they may wish to make a formal complaint via our complaint's procedure. [L]
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3.2 LONG TERM MEDICATION

3.2.1 The medications in this category generally act as a preventative and it is essential that they are given in accordance with instructions, see paragraph 3.1 above. Long term medication is particularly applicable to the management of epilepsy and asthma. Medications are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so. [L]
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3.2.2 It is sometimes necessary to explain the use of medication to a number of pupils in the class in addition to the affected pupil so that peer group support can be given.

3.2.3 Advice for school staff on the management of long-term medication for individual pupils (including emergency care) will be provided by the school nurse as requested.

3.3 EMERGENCY TREATMENTS

3.3.1 No emergency medication (rescue medication) should be kept in school except that specified for use in an emergency for specific pupils or Salbutamol inhalers used as directed by the School Nurse.

3.3.2 Advice for school staff about rescue medication for individual pupils will be provided by the School Nurse or a Paediatrician on request and noted in care plans and Medications Charts.

3.3.3 If it is necessary to give emergency medication, parents/carers of the pupil must be informed as soon as possible. ^[L]_[SEP]

3.4 MEDICATION ROUTINES

3.4.1 Record Keeping. Medications Charts must be prepared by the School Nurse, in accordance with the 2014 Statutory Guidance detailing individual Medications Registers. If a 'Documentation of Medication Not Transcribed Form' has had to be completed by a member of school staff to enable new or changed medications to be administered to a pupil in need, in the absence of a school nurse, then the school nurse should transcribe the information to the Medications Chart at the earliest convenience.

3.4.2 Care plans detailing appropriate interventions for each pupil should be prepared and maintained by the School Nurse, who will send a copy to the office team to save on Bromcom. The class team should retain a master copy of each plan (in the pupil's folder) and ensure any plans are taken on school trips. Working copies of individual care plans for day-to-day use should be kept with individual Medication Charts in the medical room.

3.4.3 Storage. Medications in the medical room are kept in locked cabinets which are fixed to the wall. The key to each cabinet should be kept in the medicines room. Any medication that requires refrigeration should be stored in a locked fridge in the medicine room.

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4. CONTROLLED DRUGS

4.1 Controlled drugs will be stored in the classrooms in accordance with the guidelines for all other drugs in school, i.e., in a locked cupboard away from the pupils.

4.2 Most controlled drugs in school will be recorded in approved WHCT Controlled Drugs Register: Patient's Own CD's.

4.3 Stocks of controlled drugs in school must be checked weekly by the school nurse

4.4 Before a controlled drug is administered all relevant details should be checked and signed for by two appropriately certified staff.

4.5 The stock must be checked out and recorded on the CD Record in the presence of the person who will be administering the medication and the transcriber, if transcribing has taken place or by the Medications Manager if the medication is in its original packaging.

4.7 The medication should be stored in the child's bag during the trip but returned to safe storage within school on return.

5. MEDICAL INTERVENTIONS OTHER THAN MEDICATIONS

Procedures including catheterization and tube feeding can only be carried out by specifically trained education staff. School nurses provide both new training and updates at mutually agreed times. School staff maintain their own records of training which is also recorded on the Single Central Record. A pupil's care plan and EHCP must detail all aspects of any interventions.

6. OFF-SITE SCHOOL VISITS AND MEDICAL INTERVENTIONS

6.1 The leader of the visit should ensure that the medical needs of all the pupils participating in the visit have been identified and trained staff accompany the group.

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6.2 A named person must supervise the storage and administration of medication and/or equipment for a medical intervention.

6.3 The named person should ensure they have collected appropriate care plans and medications charts from the school nurse prior to leaving for the trip. All information should remain confidential and remain with the named member of staff at all times.

6.4 For day trips, medications can be provided from the supply held in school for each individual pupil; these can either be taken in the original labelled packaging or drawn up and labelled by the school nurse for administration. Parents will be required to provide a separate supply of pharmacy labelled medications for residential trips.

6.5 In line with the Infection Control Policy, the best practice to control the spread of infection and to minimise infection, is for people to thoroughly wash their hands with soap and running water. If there are no hand washing facilities when on an educational visit, then anti-bacterial gels and wipes should be used. ^{T}
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All members of staff who administer a medical intervention, must sign to confirm that they have read and understood the Policy for Medical Interventions for supporting pupils with medical needs.

Wyre Forest School Staff: I have read and understood the policy and guidance for supporting pupils with medical needs.

Signed: Date:

Name (print):

7. APPENDICES (linked documents)

Appendix 1;

[Medicines Management in Special Schools](#)

Appendix 2 –

[Medication Transcribing Policy](#)

Appendix 3 –

[Guidance on the use of Buccolam for Children & Young People with Epilepsy](#)

Appendix 4 –

[Department of Health Guidance on the use of emergency salbutamol inhalers in school – March 2015](#)

Appendix 5-

Appendix 6-

The Use of Part-Time Timetables

Appendix

7:Arranging education for children who cannot attend school because of health need
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