

**Carterhatch**



**Infant School**

# **Carterhatch Infant School**

**Supporting Children with  
Medical Needs**

**Including:**

**Managing Medicines and  
Health Care Plans**

Updated: January 2024  
Next Review: January 2025

### **This Policy Supports Equality of Opportunity**

All children have an entitlement to a full and balanced curriculum and should be able to participate as fully in school life as any medical or special educational need allows. Wherever possible, we will ensure that children with medical needs, as well as those with special educational needs, will be admitted and provided with appropriate support to ensure that they have access to mainstream education.

We will identify a person responsible for supporting children with medical conditions and/or a requirement for the administration of medicines. A child's individual health care plan will have details of named people, if needed.

### **The Role of the Governing Body**

The Governing Body is responsible for the school's medical needs policy. They will take account of the views of the headteacher, staff and parents in reviewing the policy on supporting children with medical needs to ensure that their needs are met and that they are included in the full life of the school. The cultural and religious views of parents and children will always be respected.

### **Role of the Headteacher**

On admission, we will establish an atmosphere of mutual trust. This will ensure that parents/carers and their children do not feel that they are making unreasonable or uninformed demands on the school and to make them feel confident about informing us about their child's condition. The headteacher is responsible for deciding whether the school can assist a child who has such needs and who may need medication. We will not, where possible, prevent children from participating in any aspect of school life, including educational visits, due to their medical needs.

The headteacher will ensure that all staff, temporary, permanent or employed by other services, are aware of the policy and where appropriate, follow agreed procedures, and that staff are properly supported and trained.

### **Role of Parents/Carers**

Parents/carers have prime responsibility for their child's health and wellbeing and will need to establish agreements with us about their child's medical needs. Parents are responsible for updating school with any changes to their child's medication, dosage and medical condition.

It only requires one parent to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom the school has day-to-day contact. Where parents disagree over medical support, the disagreement must be resolved by the Courts. The school will continue to administer the medicine in line with the written consent given and in accordance with the prescriber's instructions, unless and until a Court decides otherwise.

Empty medication needs to be returned to parents so they can dispose of safely.

### **The Role of School Staff**

Appropriate members of staff will be trained to administer medicines where practical and all staff will always use their best endeavours for children, particularly in emergencies. Safety of both children and staff is of paramount importance.

- Staff will not give a non-prescribed medicine to a child, unless agreed by headteacher in exceptional circumstances.

- If children refuse to take medication they will not be forced to do so by staff. However, parents/carers will be informed as a matter of urgency and, if appropriate, the emergency services called.
- Staff with children with medical needs in their class or group will be informed about the nature of the condition, and when and where the children may need extra support/attention.
- All staff will be made aware of the likelihood of an emergency arising and what action to take if one occurs. This will be detailed in a child's health care plan.
- Staff will not make changes to dosages on verbal parental instructions.
- Staff will record on the medication administration sheet when they have administered medication. **This will be shared with the parents each day, so they are aware how much medication their child has had and when the last dose was given. If staff do not see the parent, they must ring them. Do not pass on messages to others e.g. siblings picking up.**

### **The Role of Children**

- Children will be allowed and encouraged to administer their own medication so that they are taught to take responsibility for their needs. This is subject to the agreement of the parents and headteacher and if appropriate to the age, understanding, ability and aptitude of the child.
- Where appropriate and with agreement with the child/parents/carers, other children may be made aware of potential emergency situations and how to get help/alert staff.

### **The following is to be considered before bringing medication in school:**

- Prescribers consider the use of medicines that need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside school hours.
- Most prescribed medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime, alleviating the need for them to be brought in to school.
- Prescribers consider providing two prescriptions where appropriate and practicable, for a child's medicine: one for home and one for use in school avoiding the need for repackaging or relabelling of medicines by parents.

### **Each item of medication must include the following;**

- Pupil's Name
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements (if important)
- Expiry date

### **Storage of Medication**

**All medication should be taken to the office by parents, staff should not accept medication at the door.** Parents/carers need to complete and sign an 'Administering Medication' form. This form needs to be checked and signed by a member of the senior leadership team. This signed form gives permission for staff to administer medication.

**For Longer Term Medication** – Our family support worker (Sandra) will complete a health care plan (HCP) and an administering medication form with the parents/carers. Sandra will liaise with the headteacher and class teacher to decide who will be responsible for administering medication, including a back-up plan if staff are absent. They will also discuss when a child needs medication, where it is stored, other staff that need to be informed, and if there are any training needs. Details will be in the HCP. Location will usually be in the class medical bag but there may be circumstances when it is not (due to storage/logistical/temperature reasons). **Sandra will laminate a red A4 sign with details of the location of any medication that is kept elsewhere e.g. Tom's epilepsy medication is in the blue grab box on top of the pigeonholes (outside the main office).**

**Shorter Term Medication** e.g. antibiotics – This medication is stored in the main office and is administered by a member of the office staff. Parents can then collect the medication at the end of each the day.

### **Class Medical Bags**

**Please ensure** this is kept inside the cupboards at the front of your classroom, on a shelf that children cannot reach. Place a red medical cross on the outside of the cupboard so staff can locate the bag quickly. **It is essential that this bag is always stored there after use. e.g After taking it on a trip or on the school field.**

**Whenever you administer medication** you will need to log this on the 'Administering Medicine Log' and ask parents to sign it at the end of the day. This includes if a child has needed their inhaler. **If a parent does not collect their child at the end of the school day, then ask the office to call the parent (that day) to inform them about the medication their child has had in school. This is really important** as their child may become ill at home and may need further medication or medical intervention. Parents, paramedics/doctors etc... will need to know medication a child has had previously, at what time and how much.

**Applying cream to areas that need a child to remove clothing** – Please ensure you always have another adult present. You must also record when you have applied cream and inform parents.

**Think about where you administer medication** – Ensure your safety and choose an area where other adults are around or area that has a camera. However, think about their dignity and other children around who may ask questions that make the child feel uncomfortable.

**It is the responsibility of the Class Teacher to arrange a key person to administer asthma pumps and creams, and to arrange for someone else to do this if the key person is absent.**

### **How do we ensure that people remember to administer medication?**

- Office staff can use their mobile phones or an I pad to set an alarm.
- Class based staff to set an alarm on an I pad. Please let Sarah C know if you do not have access to some kind of alarm (we can purchase an alarm clock).

### **Important things to remember:**

- Epipens and any other lifesaving medication are **in the 'class medical bag'**. If the medication is located somewhere else there will be an A4 laminated red card in the bag to indicate where the medication is kept.
- Epipens and asthma pumps **should never** be locked away as we do not have time to find a key in an emergency. They should be in a cupboard (in class), at a height that is not accessible to children and with a red cross on the front of the door.
- Refer to a child's health care plan for details about storage, dosage etc....

*Our school grab bag, which will be used in an emergency evacuation of the building, contains a spare EpiPen and Asthma Pump. This is located on top of the pigeonholes (outside main office) in a blue box.*

### **Long Term Medical Needs**

- Children who have medical conditions that, if not properly managed, will limit their access to education are regarded as having medical needs.
- A healthcare plan will be agreed with parents/carers, and we will include the views of the child, parent/carer or medical evidence. This will include as much information as possible to ensure that the child's medical needs can be supported to assist in their attendance and positive experience in school, including preparing for an emergency. This plan may also need to be completed or have input from other professionals e.g. school nurse or other medical professionals.
- If a child with medical needs requires local authority (LA) home to school transport, then the LA will have a duty to make sure that children are safe during the journey.
- We will not insist that parents attend school to provide medical support, administer medicines or attend to toileting issues or assume that every child with the same medical condition requires the same treatment.
- Children will not be sent home for lunch unless this is stated in their health care plan.
- If a child becomes ill, we will ensure that they are accompanied by a suitable person to receive appropriate medical attention and in an area/room in the school that helps to protect their dignity.
- Children will not be prevented from eating, drinking or taking toilet breaks whenever they need to in order to manage their medical condition effectively.
- Children will not be penalised for their attendance if it is related to their condition, e.g. hospital appointments.

Reasonable adjustments will be made for children with disabilities including those with medical needs at different levels of school life. This will include planning in anticipation of the admission of a child with a disability so that they can access the school premises, the curriculum and the provision of written materials in alternative formats to ensure accessibility and creating specific job descriptions for support staff to administer medication.

## **Medical Health Care Plans**

### **Health Care Plans (HCP)**

Health care plans provide additional information about a child's condition and what to do in the event of an emergency.

### **What do I do if a parent/carer tells me that their child has a medical condition?**

Signpost them to the school office to complete and sign a medical needs form. The office will share this form with our Family Support Worker (Sandra O'Driscoll). This also includes dietary requirements.

**Nursery and Reception Staff:** Ask questions about medical conditions during your initial parent meetings during the summer term. Please complete the medical needs form with the parent and ensure you share this with Sandra.

**Mid-Year Admissions:** Sandra will ask parents questions about medical conditions during the induction meeting. She will complete a medical needs form, if needed.

### **Next Steps**

- Sandra will complete a health care plan if needed. She will meet with parents to ensure we have the correct and relevant information. Parents/carers will then agree and sign the completed HCP.
- Sandra will add the child to the medical needs or/and dietary requirements register, upload on arbor, share information with relevant staff, put a copy of the health care plan into the class medical bag and store medication in the agreed place.
- Sandra will also inform the office (Sarah Whitmore) so that she can add details in the file for after school clubs, breakfast club (Maggie) and after school care (Yesim). Sarah Whitmore will provide details to relevant staff - staff running a club, Maggie for breakfast club and Yesim for after school care.
- The Class Teacher is responsible for sharing this information with anyone else working with that child e.g. someone delivering interventions.

### **How often are HCP's updated?**

Sandra will update them at the start of each academic year and when she has been informed of a change in a child's medical condition or medication. Sandra can only share the new HCP with staff if a parent has read, checked, and signed the updated copy.

### **Medical Needs Register**

Sandra will put updated medical needs registers in class first aid bags and in a file in the office. She will e-mail staff to let them know if changes have been made to the register. She will not e-mail copies of the register as staff will accumulate many registers over the year. We want to ensure there is only one current/up to date copy. This will be the one in the medical needs bag and in the office file.

### **Dietary Needs and Allergies**

Sandra ensures a copy of allergies and dietary needs are in class medical needs bag, a file in the office and sends to Maggie (our Lead Lunchtime LA) and Yesim (our after-school club lead). Maggie will ensure updated copies are displayed in both dining rooms and requirements are discussed with the lead member of catering (usually

Sharon Clarke). Please refer to the medical and dietary needs register when cooking or eating in class (talk to the parents if you are unsure about a child's allergies). Serious allergies, such as children who have been prescribed an Epipen, will need to have a health care plan in place before having school dinners.

### **Asthma – Please see separate Asthma Policy**

#### **Short Term Medical Needs**

Children may have a medical condition that affects their participation in an educational setting. For many this will be short term. e.g. finishing a course of medication. A short-term health care plan may need to be agreed for such children to ensure they are able to attend while completing a course of medication. The school may also conduct a risk assessment for any pupil returning with an injury such as a broken leg, etc.

**Extra care will be taken in supervising activities to make sure that children with medical needs and others are not put at risk.**

#### **First Aid**

The majority of support staff have had basic first aid training. We also have staff in school that have had paediatric first aid training. Names and photos of staff are displayed around the school. All trained staff are responsible for first aid of both children, staff and any other stakeholders or visitors to the school.

**Refer to our First Aid and Welfare Policy on the safeguard system.**

#### **Confidentiality**

The medical information relating to a child will be treated as confidential and will only be disclosed to those who need to know to be able to support the child.

#### **Accurate Records**

We will maintain accurate records at all times (medical needs register) of children's medical needs and those children with short term health care plans. Records will be kept of all medicines that are administered.