



# SUPPORTING CHILDREN WITH MEDICAL NEEDS POLICY

2023-24

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Date agreed by Governing Body	
Review Date	Sept 2024
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## Mount Carmel RC Primary School

### Supporting Children with Medical Needs Policy

#### Supporting Children with Medical Conditions

This policy supersedes the previous administration of medicines policy and has been updated in line with the DFE guidelines published in September 2014. This has come about as a result of the Children and Families Act 2014 (section 100) which places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.

We have carefully considered and analysed the impact of this policy on equality and the possible implications for pupils with protected characteristics, as part of our commitment to meet the Public Sector Equality Duty (PSED) requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

#### Rationale

Mount Carmel RC Primary School wishes to provide a fully inclusive educational and pastoral system. To do this we need to ensure that correct procedures and protocols are in place to enable any pupil with a long-term medical condition to be able to attend school or have minimum disruption to their education.

The purpose of this policy is to:

- Ensure that pupils with medical conditions are well supported and have full access to education, including trips and PE.
- Ensure there is clarity around the holding and administering of medication at school.
- Ensure that information about a child's needs is shared appropriately by health professionals, school staff, parents and pupils.
- To develop staff knowledge and training in all areas necessary for our pupils

#### Definition of the term 'medical condition' used in this context.

A medical condition is one that is long term with acute episodes, requires ongoing support, and involves the need for medication and/or care whilst in school. The condition will need monitoring and could require immediate intervention in emergency circumstances.

Some children with medical conditions may be disabled. Where this is the case the Governing body must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP), which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEND code of practice and the local authority's Local Offer.

Children with medical conditions (e.g. anaphylaxis, epilepsy, diabetes) all have Individual health care plans (IHCP), usually written in conjunction with the school nurse and parents. The SENDCo has an overview of all systems in place for children with medical conditions.

The school will:

- Ensure that students with medical conditions are identified as they transfer to the school and through ongoing annual data check processes.

- Arrange for written permission from parents/carers and a member of the SLT for medication to be administered by a member of staff, or self-administered by the student during school hours.
- Ensure that IHCP are shared with relevant members of staff.
- Have separate arrangements in place for school trips or other school activities outside of the normal school timetable that will ensure the student can participate (e.g. including individual children on risk assessments)
- Designate individuals to be entrusted with information about a student's condition where confidentiality issues are raised by the parent/ carer
- Have an identified key worker trained to specifically meet the needs of students with an EHCP linked to a medical condition
- Be clear about what to do in an emergency, including who to contact, and contingency arrangements.
- Make staff working directly with students aware of the students in the school with medical conditions
- Provide sufficient training for staff to meet the needs of students at the school with medical conditions

We will work with parents and medical professionals to ensure we have specific protocols in place as soon as a child with an identified medical condition starts school. This may take the form of information sharing, developing specific care plans, organising training, employing new staff or reorganising classroom facilities.

Training regarding specific conditions will be delivered as required. First Aid training will continue to be under the guidance of the Health and Safety Policy. Pupils requiring continuous support for a medical condition will need an Individual Health Care Plan ( IHCP). This is provided by a medical specialist. IHCPs should be discussed by parents and school staff.

It is important that parents /carers update the school if their child's condition or medication changes.

The school will review medication and care plans yearly with the parent to ensure that information is up to date and shared with class teachers. It is the parent's responsibility to make sure that all medicines are in date and to dispose of any that are out of date.

### Individual Health Care Plans

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents/carers and the child the help the school can provide and receive. An IHCP will:

- Be clear, concise, giving brief details of the child's condition
- Be written in partnership with parents, child, healthcare professional and key staff
- Give details of what constitutes an emergency, what action to take and who to contact
- Special requirements e.g. dietary needs
- Be reviewed annually or when there is a change in the condition of the child
- Be easily accessible whilst preserving confidentiality. A copy is kept with the medication in the school office/ child's classroom
- Contain details of the medical condition, it's triggers, signs, symptoms and treatments
- Include relevant SEND information

- Provide details of the student's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage the condition, dietary requirements, modifications to buildings, furniture or equipment and environmental issues e.g. crowded corridors
- Outline the level of support needed (some children will be able to take responsibility for their own health needs), including in emergencies.
- State who will provide this support, their training needs, expectations of their role and cover arrangements for when they are unavailable

### Expectations

The prime responsibility for a child's health lies with the parent/carer who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of professionals.

It is expected that:

- Parents will inform school of any medical condition which affects their child and provide evidence when requested
- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container.
- Parents will ensure that medicines to be given in school are in date and clearly labelled

### Management of medication

Pupils will not be able to carry any medication with the exception of inhalers for asthma control. Inhalers are kept in the classroom. No pupil is allowed to carry any non-prescription drugs in school: this is to ensure that no pupil unwittingly or otherwise gives another pupil his or her medication.

### Managing medicines through the school day

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Prescription medicines must be in date, labelled, in the original container including prescriber's instructions administration, dosage and storage.

Parents should be encouraged to look at dose frequencies and timing so that if possible medication can be taken out of school hours.

### Prescription Medication

- A named member of staff may administer such a drug to whom it has been prescribed, according to the instructions
- Prescription drugs will be returned to the parents when no longer required. Parents are responsible for the disposal of any remaining prescription drugs ( should be taken to pharmacist)
- Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration

### Non-prescription

Unless there is written confirmation from a GP that this has been agreed, no non-prescription drug will be administered on a regular basis.

Medicines containing aspirin will only be given if prescribed by a doctor.

### Recording

When a parent requests administration of medication, the form in appendix 1 must be completed at the school office. A member of SLT must sign the form giving consent for it to be administered in school.

Medication (other than epi pens and asthma inhalers) is stored in the office and generally dispensed by a member of the office team. In the case of nursery children, the medication is stored securely in the classroom and administered by nursery staff in accordance with this policy.

When a child takes medication the dose and time are recorded in a log book. Younger children with spacers for their inhalers will need supervision by staff in order to ensure they are used appropriately.

### Epi pens

Epi pens are stored in a labelled plastic box with the care plan enclosed. Children are required to have two EpiPens in school, one in class and one in the school office. Parents/carers have the responsibility of checking whether the medication is in date, however this will also be checked annually by school staff when the child changes class.

A register of pupils who have been prescribed an epi pen is kept in the school office.

All staff have annual training in the recognition and management of an allergic reaction/anaphylaxis.

Details of children's triggers are given on the care plans. When a child starts at Mount Carmel they are also given a form to complete for the school dinner providers detailing any food allergies.

### Asthma

Children with asthma should have easy access to their inhaler, which must be clearly marked with their name. Inhalers are kept in a safe place in the classroom, but not locked away. It is at the discretion of each class teacher, as to where this place is.

The only inhaler a child should have at school is the blue inhaler, which is the relief inhaler. Other inhalers are preventative and should be taken in the morning and the afternoon at home.

The school holds a spare blue inhaler in each office in case of emergency.

Staff are trained annually in the recognition and management of an asthma attack.

### Ritalin and related drugs

Ritalin is a controlled drug. It needs to be kept in a more secure environment than suggested above. Generally, children are prescribed slow release Ritalin and do not need to take at school. If this is not the case the drug will be locked in the school safe. The adult taking it out of the safe will need to do so with an observer who will check the number of tablets going out and back in again and ensure that the child takes the tablet.

### Refusing Medicines

If a child refuses to take medicine staff should not force them to do so, but should note this in the logbook. Parents should be informed immediately. If a refusal to take medicine results in an emergency, the school's emergency procedures should be followed.

#### Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Office staff will be proactive in contacting parents to ask them to collect unused medicines.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP.

#### Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and following basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or bodily fluids and disposing of dressings or equipment. Sharps must be disposed of in a sharps box.

#### Managing medicines on trips and outings

When arranging a school trip, staff carry out a risk assessment that includes children with medical needs. Where it is necessary to take medication this is noted. A copy of the care plan is taken alongside the medication. Staff supervising should always be aware of any medical needs and relevant emergency procedures.

Children with medical needs should be encouraged to take part in residential visits. The visit leader will carry out a specific and additional risk assessment. Where children without care plans have been prescribed medication parents should include these details on a school medical form and the appropriate form for the trip. Medication should be in the original packaging.

Named members of staff will take responsibility for medication, ensuring it is stored securely during the time away, that it is administered according to the information provided by the parent and that a record is kept every time the medication is administered. (As per medicine administration during a school day)

#### PE/Sports

Any restriction to PE/ sport activities must be recorded in the care plan.

Some children may need to take precautionary measures before or during exercise and may need to be allowed immediate access to their medicines, such as asthma inhalers. Staff supervising sporting activities must be aware of medical conditions and any preventative medicine that may be needed to be taken and emergency procedures.

#### Roles and Responsibility

The ultimate responsibility for this policy in school is with the Head teacher and Governing Body. The SLT will manage the policy on a day-to day basis and ensure all protocols and procedures are maintained.

#### Liability and Indemnity

The Governing Body of Mount Carmel RCPS ensure that the appropriate level of insurance is in place and reflects the level of risk presented by children with medical conditions.

### Complaints

Should any parent/carer be unhappy with any aspect of their child's care they must discuss their concerns with the school. This will be with the child's class teacher in the first instance. If this does not resolve the issue, then it should be taken to a member of SLT. In the unlikely event of this not resolving the issue, the parent/ carer can make a formal complaint using the school complaints procedure.

This policy will be monitored annually and updated when necessary in line with new legislation.

This policy will be made available to parents/carers on the school website.

We will ask parents for annual updates regarding medical information.



## Appendix A

### Protocol for administering medication.

Name of medication: \_\_\_\_\_

Dose to be given: \_\_\_\_\_

Time: \_\_\_\_\_

Storage: \_\_\_\_\_

I give permission for staff to administer medication stated above to \_\_\_\_\_

Signed \_\_\_\_\_ (Parent/ carer)

I agree to administer the medication stated

Signed \_\_\_\_\_ (Office Staff)

I have had sight of this protocol and am aware that this medication will be administered.

Signed \_\_\_\_\_ (Headteacher/ Deputy Head/ Assistant Head)