



# **Medical Care Policy**

**Updated: September 2023**  
**Next Review: September 2024**

The overarching principle of this policy is to ensure that children with specific medical needs are not discriminated against or excluded from mainstream education or activities because of their condition and that any medication is administered safely by appropriately trained staff. There is a clear link in this policy with the Disability Discrimination Act 2005, the Disability Rights Code of Practice 2002 and the Special Educational Needs and Disability Code of Practice: 0-25 years 2015.

The policy includes:

- Procedures for managing prescription medicines which need to be taken in school
- Procedures for managing prescription medicines on outings and trips
- Roles and responsibilities of staff administering medicines
- A clear statement of parental responsibilities in respect of medicines
- Written permissions from parents for medicines
- Circumstances in which children may take non-prescription medicines
- Assisting children with long term medical needs
- Staff training
- Record keeping
- Safe storage of medicines
- The school's emergency procedures
- Risk assessment and management procedures

## **Responsibilities**

### **The Governing Body**

Governors should agree this policy for the school and consult with all parties regarding the policy.

### **Head teacher**

The Head teacher is responsible for putting the policy into practice and for making all parties aware of the policy and procedures for dealing with medical needs. Individual health care plans need to be agreed between the Head teacher and parents, as necessary. The Head teacher ensures that staff are fully aware of children with medical needs and the care plans are on display for all staff to refer to outside of the staff room. The Head Teacher will ensure that named staff receive support and up-to-date training.

### **Parents/Carers**

Pupils who are ill should not attend school; parents who insist on sending poorly children to school could be open to a charge of child neglect or abuse; social services might need alerting.

### **All**

Many TAs are qualified First Aiders (see list in medical folder in reception) and individuals in school know what to do in the case of an emergency. Children or other adults inform staff, and the emergency services are called if necessary. It is a management decision as to when an adult should accompany a sick child to hospital in the ambulance - whilst the parents are contacted. The school's responsibility ceases as the child is entrusted to the care of the NHS ambulance personnel. A member of staff should stay in hospital with the child until the parent arrives but cannot give permission for any treatment at casualty. Two adults should travel with the child if taken to hospital in a private car.

### **Administering Medication**

In all instances the school will do all it can to organise the child's parent/carer to come into school to administer medicines. If this is not possible then a form must be completed by the parent giving permission for medicine to be administered by staff. A written record of medicines administered will be kept in the Business Manager's office. The medicines administered by school staff must be prescribed by the doctor.

Medicines will be kept in secure storage in the Business Manager's office. Any medication needed for life threatening needs, such as inhalers and epi pens, will be kept in the classroom out of reach of the children.

### **Short Term Medical Needs**

If a child has been given a course of antibiotics, then it is expected that the child will remain at home during the first two days of illness and the parents/carers will administer the medication. In order to reduce the time a child is away from school, after the second day there will be a staff member available to administer medicines. If it is stated that the medication should be taken three times a day, then it is expected that this could take place in the morning before school, at 3.20pm after school and then lastly before bedtime.

### **Long Term Medical Needs**

The school will be fully informed of the child's needs before admittance. It is essential to have sufficient information in order for the child's medical needs to be adequately supported. (Reference should be made to the 2005 DfES document in order to devise a care plan.)

### **Self Management**

Children who are able, will be encouraged to manage their own medicines. This will generally, apply to relief treatments for asthma. Emergency medicines such as asthma inhalers and EpiPen's should always be in the vicinity of the relevant pupils.

### **Prescribed Medicines**

We will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions. It is helpful when clinically appropriate, that medicines are prescribed in dosages that enable it to be taken outside of school hours. We will encourage parents to discuss this with the prescriber.

Prescribers should be encouraged to issue two prescriptions, one for home and one for school, thus avoiding the need for repackaging of medicines. The medicine fridge is in the Business Manager's office and when the medicine is prescribed, this will be written in the record book each time. This is overseen by the Business Manager. Controlled drugs are defined in the DfES document 'Managing Medicines in Schools and Early Years Settings 2005'.

### **Non-Prescription Drugs**

Staff should not give non-prescribed drugs to a child. A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

### **General**

#### **Educational Visits**

All medicines required by children on such undertakings will be part of the overall risk assessment for the visit. Medicines not self managed by pupils will be in the safe care of a nominated adult. This adult should be one who is willing to carry this responsibility. Complex medical needs for a specific pupil may necessitate a health plan for the visit. If any member of staff is concerned, they should seek advice from the Senior Management Team.

#### **Sporting Activities**

It is advisable to prepare a risk assessment of medical needs of individual children, including those who may suffer from an asthma attack. Asthma relievers not self managed should be taken to the field in a box or container and be supervised by a support member of staff.

#### **Head injuries**

Head injury is defined as any trauma to the head other than superficial injuries to the face. Head injuries may be sustained during all sports and as a consequence of an incident. They can be extremely difficult to assess – the vast majority are minor and result in minimal significance. All children who suffer a head injury at school will initially be seen by a First Aider for assessment and to plan ongoing care. After any head injury, even when none of the worrying signs are present, it is important that the child's parents or carers are informed.

In ALL cases the child will, after appropriate treatment, be given:

- a 'I bumped my head' sticker which will be securely placed on the child.
- a copy of a letter providing the parent/carer with details that their child has bumped their head
- a record of the incident will be placed into the medical file
- the class teacher, whenever possible will inform the parent of the incident at the end of the school day, but will make arrangements for someone else to do so if they are not available
- the person who records the incident must inform the class teacher or whoever is teaching the child next, and this will continue where the child may be taught by a number of different teachers

