

**Leamington Community Primary School**  
***'Together we make a Difference'***



**Medical Policy**

**The Aims of this policy are to ensure that:-**

- The school minimises disruption to the education of children with medical needs.
- The school ensures that children with medical needs are not treated less favourably than their peers.
- That the school makes reasonable adjustments to ensure that children with medical needs are included as far as possible.

The schools responsibilities regarding the education of children who are unable to attend school because of medical reasons are as follows:-

- To ensure that the SENCO has specific responsibility for these children.
- To notify the EWO if the child is to be absent for more than 15 working days.
- To ensure that the child is not removed from the register.
- To monitor attendance
- To provide strategies for support
- To liaise with other providers.
- To take an active part in monitoring
- To take account of the view of the child
- To put procedures in place to re-integrate the child back into school.

**The Role of the Governing Body has general responsibility for the policy supporting children with medical needs.**

**The headteacher is responsible for implementing the policy and for developing procedures.**

**The staff should be aware of children with medical needs and what action is to be taken in an emergency. It is important that staff receive training and advice.**

**School will create a register of children with medical needs to circulate to all staff.**

**There is no legal or contractual requirement for any teacher to administer medication.**

**However named staff have been nominated to administer.**

**These are:-**

**Foundation Stage – Mrs Gannon**

**Key Stage 1 – Mr Frazer**

**Key Stage 2 - Mrs White**

In the absence of these staff the head teacher /deputy or other trained member of staff, will administer medication.

## **Short Term Medical Needs**

### **Administering Medication.**

Antibiotics which require 3 doses do not have to be administered whilst the child is in school. The nominated person should administer antibiotics requiring 4 daily doses. A letter from the doctor, describing the dosage, must be handed to the teacher and medication must be stored away from the children.

Any medication/Inhalers brought into school will need to have the expiry date checked by parents regularly. School is not responsible for checking expiry dates.

### **Long Term Medical Needs**

It is important for the school to have sufficient information about the medical condition of any child with long term medical needs. Therefore it will be helpful for the school to be fully informed before the child starts school or when the condition develops. School will draw up a health care plan to include

- Details of the condition
- Special requirements e.g. dietary needs
- Medication and any side effects
- What to do in case of emergency

No child under 16 should be given medication without the parents consent.

If a child has long term medical needs then it will be necessary for the adult administering medication to be trained in dealing with the condition and to be able to deal with any side effects of medication. A record of any medication given will be kept in school by the nominated person.

### **Self Management**

It is good practice to allow children who can be trusted to do so to manage their own medication from a relatively early age and school will encourage this. If children can take their medicine themselves then staff should supervise this. Parents must give consent for a child to take their own medicine.

If children refuse to take medication school staff should not force them to do so. Staff should inform parents as a matter of urgency. If appropriate school should call the emergency services.

## **School Trips**

Wherever safety permits school will encourage children with long-term medical needs to participate in school trips. Staff supervising excursions will be aware of any medical needs and relevant emergency procedures.

## **Sporting Activities**

School will encourage children with long term medical needs to participate in all sporting activities.

## **Emergency Procedures**

All staff are aware of how to call emergency services. In case of need It should be known who is responsible for carrying out emergency procedures. An adult should accompany a child taken to hospital and remain until the parent arrives..

Staff should not take children to hospital in their own car. However in an emergency it may be the best course of action. On these occasions the member of staff should be accompanied by another adult and have public liability insurance.

## **First Aiders are:-**

Tracey White, Elsie Gannon, Iain Frazer, Norah Tuzio, Alma Shaw, Phillappa Miller, Emma Hudson, Kerry Garnder, Colin Daniels, Lynn Evans, Cath Noon, Lynn Finnan, Brenda Fredson, Michael Francis Rachael Satchell and Lorna McKevitt..

## **Health Care Plans**

With certain children it will be appropriate to draw up a health care plan with the doctor/hospital and parents.

## **Training for Staff**

In line with plans in the inclusion agenda staff will receive training in how to support children with asthma, epilepsy, diabetes and allergic reactions.

## **First Aid boxes can be found in :-**

The main office

Outside the sub office

The nursery

All parents complete an annual medical form. This will list any complaints that staff need to be aware of during school time. All medical forms are checked and conditions will be listed on the medical register.

## **Play time and Lunchtime Supervision**

Two teachers supervise the playground so that in the event of an injury the child can be helped from the yard to the office area where first aid can be administered. A trained teaching assistant is available at break times and dinner times to assist in the event of a more serious accident.

### **Head Injuries**

If a child suffers a head injury then parents should be notified by phone so that they can have the option of taking the child home to monitor them or they will be advised to seek medical attention according to the nature of the accident. A letter will be sent home notifying parents of the injury.

In the event of a child needing more serious medical attention parents are contacted straightaway. Medical forms need to be copied in the event of a trip to hospital.

Parents are contacted by the office staff if their child is ill and we feel they need to go home to recover. The office have all contacts on the database. These are updated annually.

### **Children with Asthma.**

The school:-

- Recognises that asthma is a condition which affects many children. About one in seven children have asthma diagnosed at some time and about one in twenty have asthma which requires regular medical supervision.
- School will identify children with asthma either through the admissions form or through the annual medical form. Children's names will be entered on the medical register.
- School will encourage children with asthma to participate fully in all aspects of school life.
- Nominated staff will have a clear understanding of action needed in the event of a child having an asthma attack.
- School recognises that immediate access to inhalers is vital.
- School will endeavour to ensure that other children understand asthma so that they can support their friends.
- School will work in partnership with parents and health professionals to provide optimum care and support for asthmatics.

### **What is Asthma?**

People with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur and dust mites. Exercise and stress can also bring on asthma attacks in susceptible people.

The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness and difficulty in breathing, especially breathing out. The affected child may be distressed and in severe attacks the skin and lips may become blue.

### **Medication and Control**

There are two types of Treatment:-

1. Preventative treatment is taken regularly to desensitise the air passages so that attacks do not occur.
2. Immediate relief open the airways when the symptoms appear. Reliever devices have a variety of forms.

*Aerosol sprays ,dry powder devices, electronically activated nebulisers.*

### **Use of Inhalers**

Children should be trained by their doctors, pharmacist, practice nurse and/ or parents to use inhalers properly to ensure that they receive the correct dose. They should be encouraged to use their inhaler as per the doctor's instructions.

### **Access to Inhalers**

- In school all inhalers should be clearly marked with the child's name and will be kept in the classroom. Older children should keep their inhaler with them.
- On a school trip the child should carry their inhaler.
- On a residential trip the preventative inhaler should be taken.

### **If a child has an asthma attack**

- Wherever possible sit the child on a comfortable chair.
- Ensure that the reliever inhaler is taken
- Reassure and comfort the child
- Encourage them to breathe deeply and slowly
- Do not put your arm around the child as this may restrict breathing.
- If medication has had no effect after 5- 10 minutes or if the child appears very distressed, is unable to talk and is becoming exhausted then medical advice must be sought and/ or an ambulance called. Pupils should not take medication, which has been prescribed, for another child