



## **Medical Needs Policy**

### **What is the purpose of this policy?**

The purpose of this policy is to describe how Coldfall Primary School will ensure that children with medical needs have access to a good quality and appropriate education whilst they are attending school and having to take regular medication or during a prolonged absence from school.

### **Who leads on this policy?**

It is a requirement that each school has a named person who leads on the implementation of the policy for children with medical needs. At the time of writing this person is Tsveta Dimitrova (School Business Manager).

### **What is the definition of children with medical needs?**

All children are likely to be absent from school occasionally. This policy is directed at children who have serious illnesses that are likely to prevent attendance at school for long periods of time and may well involve repeated periods of absence. It is also likely that such children will also spend time in a hospital. In this policy this group of children are described as Category A. However, the policy also describes what will happen when otherwise healthy children have to take medication in school either for a short period or on an ongoing basis. In this policy this group of children are described as Category B.

### **What will be the provision for children defined as Category A?**

The SENCO will maintain a list of children who are defined as falling into Category A. In most cases a Medical Plan will be written. Parents of children in Category A will be informed of this policy so that the Plan can be written at the earliest possible time in order to ensure that appropriate provision is made from the moment the absence begins. The Medical Plan will be reviewed as appropriate for individual cases.

Each Plan will be different, because each child's circumstances will be different. The following list describes some of the possible actions that could be included in a Plan. A Plan will always name the relevant class teacher who will be the contact person for the parents.

1. The child may go to a hospital that has a hospital school. The Special Educational Needs Coordinator (SENCO) will contact the head teacher of the hospital school and will provide copies of teachers' planning to indicate the curriculum that would have been provided if the child had been in school. If the child has special educational needs a copy of the Provision Map will also be provided. It is then the responsibility of the head teacher of the hospital school to ensure that the child's needs are met at a level appropriate to her/his medical condition.

2. A child may have a long-term absence and be at home. If this absence is likely to exceed 15 days an application will be submitted to the Inclusion Team for possible home tuition.
3. It is possible that a Medical Plan might also include an element of part-time attendance at school.
4. Where appropriate, arrangements will be made to send work to the child's home.

### **What will be the provision for children defined as Category B?**

If it becomes apparent that a child needs ongoing medication in school the parent should fill in a medical consent form and return it to the school office. The submission of this form may trigger a meeting with the SENCO, depending on the individual circumstance or severity, in order to review and agree appropriate action.

If your child has a complex medical condition requiring regular administration of medical procedures or care, the school will require a medical consultant's report. The report or letter should clearly indicate the necessary attention required within the constraints of a busy school setting.

### **What is the Policy on Asthma?**

Children who suffer with asthma need to be able to gain quick access to their inhalers (and spacers in the cases of some children). Parents should provide the school with at least two inhalers. One inhaler is kept in the medical room and a spare inhaler is kept in the classroom. Members of staff need to ensure that inhalers are taken on off-site visits. Inhalers taken off the premises should be recorded as such and later returned to the medical officer. However, as children with asthma get older, it is very much the expectation that they should take the lead on remembering their inhalers. We are aware that children's need of asthma inhalers may change during their years at school. We ask parents and/or older children to keep us up to date on inhaler needs.

### **What is the Policy on the Administration of Medicines?**

The school will only administer prescribed medicines that are required to be taken MORE than three times per day. If this is necessary the parent should complete an 'Administration of Medicines in Schools' form and leave it with the school office along with the medication. The medicine should be in date and clearly labelled with:

- Name of medication
- The child's name
- Dosage, time and frequency
- The prescribing doctor's name.

Each time a medicine is administered it is recorded in a book. **The school will not administer non-prescribed medicines or treatments.**

### **How do we know which children have medical needs?**

The medical officer will maintain a register that will be circulated to all staff at the beginning of each school year. A list will also be kept in each teacher's class SEN file.

**Policy on the Administration of EpiPens. What is the purpose of this policy?**

The purpose of this policy is to describe to parents, governors, and staff the measures taken by the school to protect those children who may need to receive the administration of an EpiPen. This policy only describes in outline the causes and symptoms of anaphylaxis. Staff will receive detailed training from our local medical team.

**What is anaphylaxis?**

Anaphylaxis can be triggered by foods (nuts, shellfish, dairy products) or non-foods (wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system and genitourinary system. In the event of an attack, it is important to administer an EpiPen as soon as possible and then call 999 for an ambulance.

**How will I know when and how to administer an EpiPen?**

We provide all our teaching support staff with regular training on anaphylaxis and the administration of EpiPens by the school's locally assigned nurse.

**How will I know which children might need an EpiPen?**

At the beginning of each new school year (or when a new child joins the school), all information about anaphylaxis will be passed to the Medical Officer who will ensure that this information is given to all those adults that have most frequent contact with individual children.

**Where are EpiPens stored?**

After receiving advice from the nurse, it has been agreed that each child should have two EpiPens in school, which should both be stored in the medical room. Each EpiPen is stored in a plastic wallet that also contains the name of the child, her/his photograph, and a copy of the child's individual medical plan.

Children from the Early Years and Foundation Stage will have all of their medications, including EpiPens and inhalers, securely stored in their own classrooms, clearly labelled.

**How are staff made aware of children with high-risk medical needs?**

Children with high-risk medical needs are all displayed on a poster which is kept confidentially in the staff room, medical room, with the medical officer and SENCO. This contains a small photograph of the child, a description of the illness and/or food allergy, the medication required and class. The information is also noted on Class Action Plans. This enables all staff to become familiar with these children in order to take prompt and corrective action if required.

**How do we deal with injuries at school?**

Any child experiencing an injury at school will be given immediate first aid treatment by one of our trained staff. Minor injuries would be treated in the school medical room as appropriate. In all cases an accident report form will be completed. One copy will be kept on file and a second copy will be sent to the child's parent/carer.

Minor injuries to the child's head will be treated as above, but the school will always contact the child's parent/carer to inform them of the incident (however slight it may initially appear) and give the parent the opportunity to collect their child earlier from school if they so wish.

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**Staff will be aware that children with SEND may have difficulty communicating the extent or nature of any injuries. Attention will be paid to this in the administration of treatment and subsequent follow up.**

### **How do we deal with children with broken/injured limbs?**

Any child who has an accident at school which necessitates a visit to the hospital would prompt an investigation by the school's health and safety manager (School Business Manager). This will involve a discussion with the member of staff who came to the child's assistance and also a discussion with the child him or herself on return to school. All appropriate report forms will be completed and sent to the Local Authority's Insurance and Risk Management Team and to the Local Authority's principal Health and Safety Manager. Broken limbs should not necessarily be a barrier to a child attending school. If the child's doctor agrees to the child returning to school, an individual risk assessment identifying any support needed will be provided to the class teacher for guidance and action.

October 2024

### **Appendix 1**

#### **List of First Aid Qualified Staff**

Leonie Gosling-Brown

Therapis Georgiou

Gail Roose

Mitchell Browning

Margret Soful-Arslan

Laureline Verpiot

Seraphina Coffman

Pinar Parlayan

### List of Paediatric First Aid Qualified Staff

Leonie Gosling-Brown

Seraphina Coffman

Pinar Parlayan

Marion Liddy

Nia Harding-Rickard

Beata Potoniec

### **Administration of Medicines**

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of school/setting
Date / /
Child's name
Group/class/form
Name and strength of medicine
Expiry date / /
How much to give (i.e. dose to be given)
When to be given
Any other instructions
Number of tablets/quantity to be given
to school/setting

**Note: Medicines must be in the original container as dispensed by the pharmacy**

Daytime phone no. of parent or
adult contact
Name and phone no. of GP
Agreed review date to be initiated by (name of member of staff)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature \_\_\_\_\_  
 Print name \_\_\_\_\_  
 Date \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.

**October 2024**