



# Medical Policy

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| <b>Written By</b>                                   | <b>Senior Leadership Team<br/>School Office Team</b>   |   |
| <b>Frequency of Review</b>                          | <b>4 years</b>   |   |
| <b>Date reviewed and approved by Governing Body</b> | <b>January 2017</b>  |   |
| <b>Date of next review</b>                          | <b>January 2021</b>  |   |
| <b>Display on Website</b>                           | ✓  |   |
| <b>Purpose</b>                                      | The School ensures that medicines are administered appropriately and according to our policy |   |
| <b>Consultation</b>                                 | <b>Governors</b>   | ✓ |
|   | <b>Parents</b>   | ✗ |
|   | <b>Pupils</b>  | ✗ |
|   | <b>Staff</b>   | ✓ |
| <b>Links with other policies</b>                    | <b>Child Protection<br/>Safeguarding</b>   |   |

## **Principle**

Burlington Junior School serves a diverse community. A significant number of children on roll at the school have specific and special medical needs. These medical needs may need addressing during the school day if we are to enable the children to have full access to the education on offer at Burlington.

## **Aim**

The aim of this policy is to ensure that there is a clearly understood and shared structure to managing medical support and so ensuring that those children with medical needs are supported safely.

## **Objectives**

1. On admission, forms are scrutinised to ensure relevant medical information is recorded. The Officer Manager Mrs J Kerr is responsible for overseeing all medicines and any enquiries from parents.
2. Where medical conditions that require support are identified the parent/carer is invited to meet with the Headteacher, SENco and any relevant outside agency personnel deemed to be necessary by the parent/carer or school.
3. A full discussion is recorded and an agreed programme for medical support is arranged with:-
  - timed induction period
  - a set review meeting date
  - clear administrative procedures for the medical support
  - emergency numbers
  - a plan for raising staff awareness and training as appropriate
  - a consent form is filled in by the parent/carer
  - medicines are kept in a locked fridge or cupboard in the welfare room and checked each week for expiry dates
  - a log is kept of who administered the medical support, details of the administration and any reactions
  - where possible the same staff members carry out medical support to ensure continuity and emotional support for the child
  - if a child has to have medical support in sensitive areas it is the policy of the school to have two adults during administration. This is to protect adults as well as pupils.
4. This policy works in accordance with the school development plan, Equality of Opportunity, Race and Diversity, Health and Safety, Inclusion and First Aid Policies.

## **Medicines in school.**

Children are often required to take medicine during the school day following an illness. Parents need to inform the school office of this. *Medicine will only be administered if it is in a clearly labelled container from the doctor or hospital. If the dosage required is different to the label the parent will be asked to seek clarification from the doctor before the school will administer the medicine.*

### **Inhalers.**

Parents must inform the school if their child is asthmatic and an inhaler must be left in a clearly labelled container in school. Inhalers must be replaced by parents after six months. Children are encouraged to take responsibility for coming to get their inhalers which can be at any time of the day. If a child has a severe case then the inhaler must be kept in the classroom and the child take this with them at all times. Parents must inform the school if the case is severe and update the school with guidance from the GP treating the child. No child can go out of school without taking their inhaler with them. Inhalers are returned to the school office at the end of the trip.

### **Informing Staff.**

- Any child with a severe medical need (allergy to nuts, kiwi, bees, asthma) has a photograph on the staff board and in the school office detailing their need and treatment.
- All medical information is kept in class lists. These are displayed in the school staffroom so that any adult in contact with the child is aware of their needs.
- The school office update the medical lists and inform the class teachers immediately where changes need to be made.
- Supply staff entering the school are requested to check this information on the staff board before teaching the children. They each have a supply teacher information sheet detailing the policies regarding medicine.
- A list of staff trained to administer first aid is held on the display board outside the school office.

*If any cases are deemed as serious an appointment with the Headteacher must be made to ensure the most suitable care is being given to the child during school hours.*

IF ANY CHILD CLAIMS TO FEEL UNWELL AND REQUIRES ANY MEDICATION HELD IN SCHOOL THEY ARE SENT TO THE SCHOOL OFFICE IMMEDIATELY.

Children and young people with temporary or recurring medical or mental health needs are valued as full and participating members of the school community. The school will do all that it can to ensure that such children are supported through their period of absence from school and sensitively re-integrated once they are well enough to attend.

The SENco will take an active and continuing role in their educational, social and emotional progress. The school will at all times aim to work in partnership

with parents to ensure the best possible outcomes and a return to school as soon as possible.

The school may need to seek the assistance of the Education Welfare service usually through the Tuition Service and Behaviour Support Service. Staff in these services will support pupils who are temporarily unable to attend classes. These pupils may be:

- a) Children who have been deemed by a medical practitioner as being too ill to attend the school for more than 15 days or who have conditions which lead to recurrent absences from school which becomes significant in the longer term.
- b) Pupils with mental health or behavioural problems who are unable to attend the school.

The aim of the Tuition Service and Behaviour Support Service will be to support the school in its work to re-integrate these pupils into full time education into school at the earliest possible opportunity. In the greatest number of cases this means a return to mainstream education. The school will continue to maintain a contact with a pupil who is unwell and not attending and will contribute to their ECHP in order that they may enjoy a continuous and high level of education and support from the school during their period of absence. This may include providing to the Tuition Service and Behaviour Support Service relevant information about the child, helping to maintain contact with parents, assisting with and guiding the work of the child, supporting the process of achieving public examinations or taking part in National tests and providing emotional support at the level of teacher and peer involvement. The school will maintain links with appropriate agencies including the Social Inclusion Service, the Educational Welfare Service and the Educational Psychology Service to support individual pupils.

Reviewed January 2017

Pip Utting Headteacher

Next review date: January 2021

## ABSENCE FROM SCHOOL DUE TO ILLNESS

The information below states the recommended period for children to be kept away from school following illness. The guidance is taken following advice from the Health Protection Agency.

| <u>Illness</u>                | <u>Period away from school</u>                                   |
|-------------------------------|--|
| <b>Chicken pox</b><br>are dry | At least 5 days from onset of rash and/or when all spots are dry |
| <b>German measles</b>         | At least 5 days from onset of rash                               |
| <b>Impetigo</b>               | Until lesions are crusted or healed                              |
| <b>Measles</b>                | At least 5 days from onset of rash                               |
| <b>Shingles</b>               | Keep home if rash is weeping and cannot be covered               |
| <b>Slapped cheek</b>          | None after consultation with GP if necessary                     |
| <b>Conjunctivitis</b>         | None after consultation with GP if necessary                     |

### VOMITING AND/OR DIARRHOEA

Diarrhoea and/or vomiting can spread very quickly and easily and we are always concerned if a child has been unwell, that it does not spread through the school.

If your child suffers from a bout of vomiting and/or diarrhoea the school follows the guidelines set out by the Health Protection Agency. **This states that the child should be off school for 48 hours following the last bout of diarrhoea and/or vomiting.** Do not send your child to school within this time.

Good hygiene, particularly handwashing, is very important for preventing diarrhoea and vomiting and we regularly talk to the children about washing their hands carefully after toilet visits and before eating food. Hand sanitisers are available in our school halls for children before lunch and also in their classrooms.

### Absence Notification

Please notify the school in the morning of your child's absence (for any reason) from school giving a reason for the absence and a date when your child will return to school. If you are unsure how long your child will be absent from school, then please phone every morning to advise the office of your child's absence.

