

## **Medical Treatment of Pupils Policy –**

Oasis Academy Parkwood follows the Oasis Medical Treatment of Pupils Policy with the following amendments.

### **Responsibilities:**

First aid provision is overseen by the Office Manager: Susan Endericks

1. Giving Medication: A pupil should take medication themselves where at all possible and this should be logged in a record book by time and date and signed by a first aider.
2. Medications taken off site for school trips must be signed out and back in by the trip leader or trip first aider and countersigned by a member of the office staff.
3. There is one key to the medicine cabinet kept in the school office.
4. If a child's medication is about to run out then a member of the office staff should ring the parent/carer to inform them and log the phone call in the medications file under the child's details.
5. Parents to fill out a form if they would like medication to be given.

### **Identification of Medication:**

1. Details of any medication held in school is entered into the Medications File.
2. Medication details logged for each child should include date medication brought into school, name of pupil, medication name, type of medication (tablet/liquid), dosage/time to be given and if it is tablets the number of tablets(tablet/liquid), dosage/time to be given and if it is tablets the number of tablets received. This information should signed off by a member of staff and counter signed by the parent/ carer bringing in the medicine. Any side effects and the expiry date of the medicine should also be recorded.

### **Storage of Medication:**

1. If fridge storage is required for medicines they are stored in the medical room fridge which is a secure area.

### **Sharing Information:**

1. Pupils medical information is held on the Bromcom system and in their care plans.

### **First Aid Training:**

1. A list of designated First Aid trained staff is kept in the business manager's office and some communal areas and the kitchen.

### **Asthma**

1. Oasis Academy Parkwood recognises that asthma is an important condition which affects many children. We will welcome all children who suffer from asthma and we will ensure that they are able to participate fully in all areas of school life
2. The aim of this policy statement is to ensure that staff, parents, governors, visitors and pupils understand about asthma and how to deal with it and work in partnership to ensure the successful implementation of this policy. In order to make our school asthma friendly we have developed a non-smoking policy to ensure that pupils are never exposed to the dangers of passive smoking.

Chemicals, cleaning materials and paint sprays are not to be used whilst pupils are present. Avoiding all these in school environment can lessen the impact of asthma attacks.

### **Definition**

3. Asthma is sometimes described as wheezy bronchitis. It causes the airways in the lung to narrow making breathing difficult. Children with asthma have inflamed airways which react to certain triggers (irritants) eg. viral infections, allergies, exercise, cold weather, temperature changes, excitement, laughter, glue, paint, peanuts and tobacco smoke

4. It is essential that we understand how to deal with medication and inhalers effectively. There are two types of treatment which come in an inhaler. RELIEVERS – which help the child's breathing difficulties, these are generally in blue containers. PREVENTERS – which make airways less sensitive are generally in brown/white containers.

5. Children with asthma should have easy access to their inhalers in case they need them for any reason and be responsible for their use. The common practice is that the teachers look after the inhalers for the children and that these are kept in school with other inhalers for school use. If a child/parent so wishes the child may carry their inhaler in a pouch on their person. Inhalers should never be locked away. The parents are responsible for informing the school if their child suffers from asthma and the teacher has a list of all asthma sufferers in is/her class. Inhalers should always be taken on school trips. The documentation linked to educational visits identify children who have asthma.

6. If a child uses a NEBULISER then clear instructions for its use should be given to the teacher by the parent. If in any doubt the teacher should liaise with health professionals. What to do if a child suffers an asthma attack

7. An asthma attack can cause severe distress to the child and be a frightening experience when first observed. Action needed to deal with an asthma attack does not require medical training and the following guidelines may be helpful: • Ensure that the reliever medicine is taken • Stay calm and reassure the child • Encourage the child to breathe slowly and deeply • Send for assistance if necessary • Contact the parents immediately • Call an ambulance urgently if; the reliever has no effect after 5-10 mins; the child is either distressed or unable to talk; the child becomes exhausted or there are any doubts about the child's condition.

### **Equal Opportunities**

8. Full participation in all areas of the school curriculum, including physical education, should be the aim for all but the most affected with asthma. Children with exercise induced asthma should take a puff of their inhaler before they start exercise. They should bring inhalers to the hall, sports field and swimming. Children who say they are too wheezy to continue should take their inhaler and rest until they feel better.

9. Teachers should be aware that some children are shy in public when taking their inhalers we will endeavour to find a private place if this situation arises.

### **Children with Allergies:**

1. Children with known allergies will have a health plan which is shared with all concerned.
2. Epi pens will be kept within the child's classroom and if possible one within the medical room.

3. All staff who need to administer epi pens will be given extra training to recognise symptoms and when and how to administer the pen.