

Policy for Supporting Pupils with Medical Conditions

FREQUENCY OF REVIEW:	Every two years
RATIFICATION:	July 2016
REVIEWED BY:	the Local Governing Body
APPROVED BY:	the Board of Trustees:
DATE OF NEXT REVIEW:	July 2018 unless there is a material change
AUTHOR:	Deputy Headteacher (Pastoral)

Principles

Many pupils will, at some time, have a medical (physical and mental health) condition which may affect their participation in school activities. For many, this will be a short-term condition. Other pupils have medical conditions which, if not properly managed, could limit their access to education (including school trips and PE). Such pupils are regarded as having 'medical needs'. Most pupils with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities, to make sure that these pupils and others are not put at risk.

This policy describes how Oldbury Wells School supports the needs of pupils with medical needs and also safeguards staff by providing clear guidelines and parameters for the support they offer.

Aims

- To ensure that pupils with medical needs receive proper care and support in school.
- To provide guidance for staff on the parameters within which they should operate when supporting pupils with medical needs.
- To reduce the medical conditions impact on academic progress, as well as improving pupils' self-confidence and self-care.
- To define the areas of responsibility of all parties involved: pupils, parents, staff etc.

Practice

1. Parents/carers are responsible for ensuring that their child is well enough to attend school.
2. Parents/carers must provide the school with sufficient information about their child's medical condition and the support and care required.
3. The school will also listen to and value the views of the pupil.
4. Parents/carers and the school must reach an agreement on the school's role and responsibility for support for the pupil.
5. Accurate records will be kept and maintained by staff in supporting pupils with medical needs.
6. The school will ensure that staff who (volunteer and) are caring for pupils with medical needs will receive appropriate training.
7. The school will ensure that pupils with medical needs have a 'Healthcare Plan' (see Appendix 1) which outline the support needed and the roles of all involved. These plans will be agreed and written after consultation, including advice from specialist medical staff if required (including the school nursing service).
8. If necessary, the Healthcare Plan will also include any specific emergency procedures.
9. Pupils will not be given any medication without parental consent. However, if medicines are required in the school day, these medicines will only be sent into school with agreement between the school and parents. Safe storage, clear instruction and safe disposal of all medicines will be agreed. (N.B. It is parental responsibility to ensure that all medicines are 'in-date').
10. If pupils are given medicines, the type of medicine and time will always be recorded by the issuing staff.
11. The Governors will ensure that the school has clear systems in place to allow the school to support pupils with medical needs. Governors will check that systems are properly implemented.

Policy implementation

- The Headteacher is responsible for ensuring policy implementation.
- School leaders will ensure that sufficient staff are suitably trained and aware of individual's conditions.
- Absent staff will be covered and supply staff suitably briefed.
- Risk assessments for school visits and other school activities outside of the normal timetable will be undertaken.
- All Healthcare Plans will be monitored and reviewed annually or as required.

Healthcare Plans

- Plans will be written and agreed by the school, healthcare professional, parent and, if appropriate, the pupil and will be based on evidence.
- If a pupil has SEN but does not have a statement or an Education Health and Care Plan (EHCP) their special educational needs will be mentioned in the Healthcare Plan.
- The Healthcare Plan will be developed with the pupil's best interest in mind and will assess and manage risks to the pupil's education, health and social wellbeing while minimising disruption.
- The particular environment of OWS should be considered, the split site and poor access to some areas of the school. If possible, the school will make reasonable adjustments to help reduce problems.
- Consideration should be given, for example, to how absences will be managed, requirements for extra time for exams, counselling, rest periods, or additional support in catching up in lessons.
- Most pupils will self-medicate, written permission will be given from parents and details will be agreed and recorded appropriately.

Parents

- Parents play the key role in passing on information and training. They are best placed to understand their child and the best way to support the medical needs.
- They will have links to health care professionals and extra support bodies and these will normally already be known to the pupil.
- Parents therefore have a major role in setting out the support and hence training of school staff.
- Parents should be fully involved at all times and any support put in place must have their agreement.
- Any regular or emergency medication prescribed to a pupil should always be accompanied by a completed form or other written agreement.

Insurance

- School staff should be appropriately insured. The level of insurance should appropriately reflect the level of risk.

The Policy for Supporting Pupils with Medical Conditions has been adopted by the Board of Bridgnorth Area Schools' Trust

Signed _____
Chair of Trust Board

Dated _____

Signed _____
Headteacher

Dated _____



Name of school

Child's name

Group / class / form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision



Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)?

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

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

Date for review to be initiated by

Name of school

Name of child

Date of birth

Group/class/form

Medical condition or illness

MedicineName/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions / other
instructionsAre there any side effects that the
school/setting needs to know about?

Self-administration – Y / N

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy**Contact Details**

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the
medicine personally to

[agreed 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.

Signature(s) _____ Date _____

Print names(s) _____

Appendix 1C Record of medicine administered to an individual child



Name of school	
Name of child	
Date medicine provided by parent	
Group / class / form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Appendix 1C: Record of medicine administered to an individual child (continued)



Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

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Time given			
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Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			