

## **Policy for Supporting Pupils with Medical Conditions**

<b>FREQUENCY OF REVIEW:</b>	<b>Every two years</b>
<b>RATIFICATION:</b>	<b>Spring Term 2019</b>
<b>DATE OF NEXT REVIEW:</b>	<b>Spring Term 2021 unless there is a material change</b>
<b>RATIFIED BY:</b>	<b>OWS LGB (27 March 2019)</b>

## **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 Oldbury Wells School Local Governing Body.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

Chair of Oldbury Wells School Local Governing Body.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

Headteacher



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

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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

**Medicine**Name/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			

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

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