

BRECON HIGH SCHOOL YSGOL UWCHRADD ABERHONDDU



SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

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BRECON HIGH SCHOOL POLICY FOR SUPPORTING PUPILS WITH MEDICAL NEEDS

It is the policy of Brecon High School to do all that is practicably possible to support pupils with either short or long term medical needs. The aim of the school is to ensure that as far as is possible pupils are able to continue with their education in a normal manner and to play a full role in school activities. The actions of the school will always place the highest priority on ensuring both the short and long term Health & Safety of the individual.

TO FULFIL THIS AIM THE SCHOOL WILL:

- Communicate the contents of this policy to staff, pupils and parents. This will be achieved for staff by publication of the policy to both teaching and non-teaching staff and through discussion at staff meetings and reminders through staff briefing.
This will be achieved for parents by publishing the policy in the school prospectus and reminding parents of the contents of the policy and their responsibilities through letters and parents' meetings.
This will be achieved for pupils through the P.S.E. programme.
- Support the work of the School Health Service in fulfilling their clinical programme and liaising with them on general health issues and in dealing with specific problems encountered by individuals. This work will be facilitated by using the close working relationship between the school and the school nurse.
- The Headteacher will accept responsibility for school staff giving or supervising children taking prescribed medication during the school day providing parents are prepared to fulfil their responsibilities as detailed in the section of this policy entitled "Expectations of Parents".
- Note First Aiders are no longer allowed to apply anything directly to the skin in the form of a spray or cream.
- Where pupils have long term or complex medical problems the school will do all that is practicably possible to assist with the management of the problem. The action to be taken will be detailed in an individual Health Care Plan (Form 2). No action will be taken until the healthcare plan has been drawn up and agreed in consultation with parents/guardians and any appropriate healthcare professionals.
- In some circumstances it will be appropriate for pupils to carry and administer their own medication (e.g. asthmatics with inhalers). The school will support this providing parents have informed the school in advance of any requirements and that this has been agreed by the headteacher. The school reserves the right to refuse permission for children to carry and administer their own medication. The headteacher will exercise this right if he/she considers that given the nature of the individual, the carrying or administering of the medication or the possible misuse represents an unacceptable risk to the individual or others. Should this permission be refused the school, in consultation with parents/guardians will make alternative arrangements to enable the medication to be taken.
- The school will offer award bearing first aid training to all staff who request it on a regular basis and will provide refresher courses as required to ensure qualifications can be kept up-to-date.
- Medicines will be stored as required by appropriate regulations and British Standards. Advice will be sought on a regular basis from Health Professionals about any changes in requirements. Access to medicines will be through the **school office/wellbeing** which may be staffed by a first aider.
- Should a pupil refuse to follow any of the agreed procedures or refuse to accept the administration of prescription or non-prescription medication, the school will not accept any responsibility for the consequences and will inform parents as soon as possible.

EXPECTATIONS OF PARENTS:

To enable the school to meet its stated aims regarding the health care of pupils, the full cooperation and support of parents/guardians is required.

Whether a pupil has a long or short term need for healthcare in school, the school requires that parents will:

- Inform the school at the earliest opportunity of the nature of the medical need and any arrangements that are required.
- Should it be necessary, to attend a meeting at the school with school staff and healthcare professionals to draw up and agree an individual healthcare plan.
- Should the school need to administer medicines, parents are required to ensure that the school has sufficient supplies of the medication and full details of the timing and method of administering the medication having completed Form 3
- Should parents feel that their child should carry and administer their own medication they are required to contact the school and seek permission of the headteacher using Form 4
- Parents are required on admission to the school to complete a form indicating whether or not they give permission to the school to administer the stated non-prescription medication.
- Parents are required to inform the school at the earliest opportunity of any change in a child's medical needs.

PROCEDURES

SHORT-TERM MEDICAL NEEDS:

If your child requires medication for a medical condition (short term) e.g. antibiotics, please complete Form 3 if you request school to administer, or Form 4 if you request your child administers their own medication and return to school immediately.

LONG TERM MEDICAL NEEDS:

The school need to be informed of the pupils medical needs and in consultation with parents and medical professionals drawing up a Healthcare Plan (see Form 2), giving details of medication, contacts, emergency procedures and care arrangements.

SELF MANAGEMENT OF MEDICATION:

Where children have been advised by medical professionals to administer their own medication (e.g. inhalers for asthma) then parents should complete Form 4 and return it to school immediately.

RECORD KEEPING:

A register will be kept of all pupils with Medical needs from information supplied by Parents, Feeder Schools, or the Health Service.

Records of parental consent will be kept.

All medication administered by school staff where the relevant forms have been completed will be recorded on the medication register (Form 1).

SCHOOL TRIPS:

As part of the "Risk Assessment" staff organising trips will make themselves aware of the medical needs of pupils by requesting medical information to be provided on the consent letter, which will kept in the possession of the trip organiser.

Arrangements will be made to meet the medical needs of individuals e.g. medication and an emergency procedure planned.

EMERGENCY PROCEDURES:

In the case of an injury, the pupil will be seen by a first aider who will then decide if further treatment is necessary e.g. hospital visit. If there is any doubt the school will always err on the side of caution and transport the pupil to hospital. If the member of staff judges an ambulance is required then the school office will contact the ambulance service. In all cases the parent will be contacted as soon as possible. Given the nature of the situation and if considered necessary, more than one member of staff may escort the pupil. The school will ensure that a member of staff will remain with them unless agreement is reached with the hospital and parents for the child to be left.

STAFF TRAINING:

If a child requires a particular medication or procedure as part of their on-going healthcare plan which requires training of staff, then the school will arrange with medical professionals to ensure appropriate staff are trained.

PUPILS OFF SCHOOL DUE TO LONG TERM MEDICAL ILLNESS

The Attendance Officer will ring on first day of absence to ascertain reason for absence. After 5 days the Education Welfare Officer is informed. If the pupil is still off after 10 days a medical certificate is

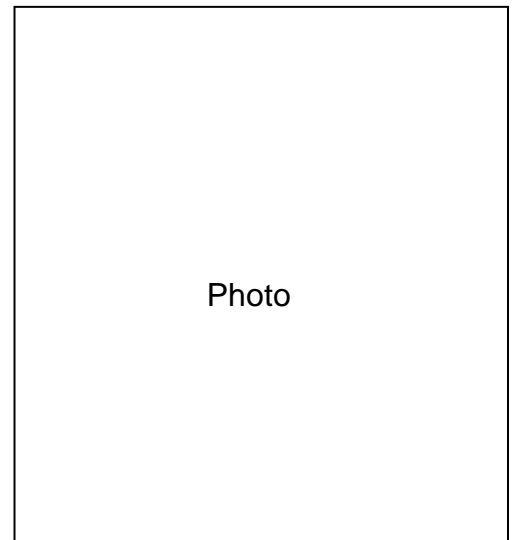
required and work will be sent home from school to enable the pupil to keep up with their education. Contact is maintained between school and family to ensure that work is marked and other work is provided.

HEALTHCARE PLAN FOR A PUPIL WITH SPECIAL MEDICAL NEEDS

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that staff can administer the medication

Child's Name _____
Group/Class/Form _____
Date of Birth _____
Child's Address _____

Medical Diagnosis or Condition _____
Date _____
Review date _____



CONTACT INFORMATION

Family contact 1

Family contact 2

Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

Relationship _____ Relationship _____

Clinic/Medical contact

GP

Name _____ Name _____
Phone No. _____ Phone No. _____

Describe condition and give details of pupil's individual symptoms
Describe condition and give details of pupil's individual symptoms

Describe medical needs and give details of child's symptoms:

Daily care requirements: (e.g. before sport/at lunchtime)

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

Follow up care:

Who is responsible in an Emergency: (State if different for off-site activities)

Form copied to:

Signed

..... School

..... Parent

..... Health Care Professional

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that staff can administer the medication

Details of Pupil

Surname _____
Forename(s) _____
Address _____

Condition or Illness _____

M/F _____ Date of Birth _____ Class / Form _____

Medication

Name / Type of Medication (as described on the container) _____

For how long will your child take this medication? _____

Date dispensed _____

Full Directions of Use

Dosage & Method _____

Timing _____

Special Precautions _____

Side Effects _____

Contact Details

Name:

Daytime Telephone No:

Relationship to Child:

Address:

I understand that I must deliver the medicine personally to [agreed member of staff] and accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

Date:

Signature(s):

Relationship to child:

REQUEST FOR PUPIL TO CARRY THEIR OWN MEDICATION

THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN

If staff have any concerns discuss request with school healthcare professionals

Pupil's Name: _____

Group/Class/Form: _____

Address: _____

Condition or Illness

Name of Medicine: _____

Procedures to be taken in an emergency:

Contact Information

Name: _____

Daytime Phone No(s): _____

Relationship to child: _____

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed: _____ Date: _____

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