



Ysgol Uwchradd Crughywel
Crickhowell High School

Medical Needs Policy 2022-2023

Reviewed by LT (name and date):	
Date of Issue:	
Reviewed / adopted by Governor Committee:	
Ratified by the full Governing Body:	September 2022

Signed:

MISS C. JONES	ACTING HEADTEACHER		DATE:	Sept 22
MR A. FRYER	CHAIR OF GOVERNORS		DATE:	Sept 22

Medical Needs Policy

1.0 Introduction

This policy is written in response to the guidance contained in the Welsh Assembly Government circular “Access to Education and Support for Children and Young People with Medical Needs”.

The school will continue to be responsible for all children and young people unable to attend school for medical reasons and they should be able to access education without stigma or exclusion.

Children and young people covered by this policy may:

- be recovering from an illness or injury keeping them away from school during recovery;
- have a long term or recurring illness;
- have an illness or clinically defined mental health disorder which causes them to be absent for a period in excess of 15 days where medical opinion states they are still unable to access mainstream school.

2.0 Aim

Our aim is to ensure that all children and young people in our school continue to have access to as much education as their medical condition allows so that they are able to maintain the momentum of their education and to keep up with their studies. The nature of the provision will be responsive to the demands of medical conditions that can sometimes be changeable.

3.0 Responsibilities

The school has a designated contact responsible for the education of children and young people with medical needs whose role it is to facilitate communication with all parties and ensure that the school is meeting the needs of all those identified. This is the Progress Leader for the relevant Year Group. If the Headteacher accepts responsibility, in principle, for school staff giving or supervising children and young people taking specific prescribed medication, prior written agreement will be sought for any medication to be given. See Appendices – Form 3a/3b.

Areas of general responsibility will include:

- maintaining a list of children and young people with medical conditions in the school and ensuring that it is regularly updated.
- ensuring that contact is maintained with children and young people (and their families) who are away from school due to illness for a period of less than 15 working days, setting of work if they are well enough, forwarding of newsletters etc, welcoming them back to school, ensuring that all staff are aware of their up to date medical situation and ensuring that any adjustments to accommodation, curriculum are made, together with ongoing monitoring of the their situation and needs whilst in school.
- keeping the EWO informed of all attendance issues regarding children and young people where there may be medical needs, either physical or mental.
- ensuring that the school register is marked appropriately.
- maintaining contact with the school nurse.

- notifying the Medical Needs Team if a child or young person is (or is likely to be) away from school due to medical needs for more than 15 working days. This includes those with a recurring illness.
- ensuring that close contact is maintained with them (and their family) and that arrangements are in place for the setting and marking of work. This is particularly important for those for whom a support programme is being arranged.
- ensuring staff are trained in relevant areas of care provision e.g. Defibrillator and Epi Pen training, First Aid at Work, One day First Aid certification.
- ensuring that all medicines are safely stored according to the individual Health Care Plan.

4.0 Referral To The Medical Needs Team

Children who will be absent from school for 15 working days, trigger intervention.

Educational provision will be made in collaboration with the service providing alternative education. The school will hold, chair and document a planning meeting. The designated school contact for children and young people with medical needs will be responsible for:

- ensuring that Medical Needs referral forms (Request for Involvement and Request for Medical Information forms) are completed and passed to the relevant agencies as quickly as possible.
- drawing up an Individual Education Plan (IEP) and ensuring that the child or young person is on School Action Plus of the SEN Code of Practice.
- arranging for a member of the school staff to attend an initial meeting with the Medical Needs team to plan a way forward.
- ensuring that regular half termly review meetings are in place.
- ensuring the prompt provision (as agreed with the Medical Needs Team) of information about a child or young person's capabilities programmes of work, and resources. Work provided by school will be relevant, appropriate and of comparable level to work being done in school by peers in the same set/group.
- passing on details of the child or young person's special educational needs and a copy of the current IEP.
- encouraging and facilitating liaison with peers - for example, through visits, emails, letter, and telephone calls.
- ensuring that children and young people who are unable to attend school because of medical needs are kept informed about Parents Consultation Evening/Guidance Evenings and are able to participate, for example, in homework clubs, study support and other activities.
- ensuring that all children and young people covered by this policy have access to statutory assessment, including guidance on the completion of appropriate coursework. The school will also be responsible for requesting special arrangements where necessary.

5.0 Parents / Carers Of Children And Young People

The school will work closely with parents/carers and the individual child or young person. Parents/carers will be full collaborative partners and will be able to access information, support and advice during their child's illness via the Student Support Officer and Progress Leaders in conjunction with the school nurse. Progress Leaders will contact students or parents/carers if this is not suitable, in order that the child is involved in making their own choices/ decisions where appropriate via the Healthcare plan (Appendix Form 2).

6.0 Reintegration

The school will have a key role to play in successful reintegration and will be proactive in working with all agencies to support a smooth transition and in ensuring that peers are involved in supporting child or young person's reintegration. The plan will always have multi-agency approval.

7.0 Involvement of Governors

The Governors responsible are: Mrs Heidi Waggett and Dave Newberry. This policy will be reviewed annually.

8.0 Emergency Arrangements

In an emergency, staff should follow the guidelines in the Healthcare plan, send for First aid staff and follow the dialogue in form 1 when contacting the emergency services.

9.0 Summary

The school's policy for the education of children and young people with medical needs will form part of the Inclusion or SEN policy or Accessibility Plan and will be included on the website.

Appendix A

Contacting Emergency Services

When requesting an ambulance, dial 999, ask for an ambulance and be ready with the following information:

1. Your telephone number
2. Give your location as follows: Crickhowell High School, New Road Crickhowell.
3. State that the postcode is NP81AW
4. Give exact location in the school
5. Give your name
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met
8. and taken to the place.
9. Don't hang up until the information has been repeated back.

Speak clearly and slowly and be ready to repeat information if asked. Put a completed copy of this form by all the telephones in the school

Appendix B

Healthcare Plan

The Healthcare Plan should specify the following:

The child or young person's view where possible.

- Parental wishes for the child.
- The Student Support Officer details and Progress Leader Details.
- Any anticipated changes in the child or young person's care routine.
- The contact details of the paediatric healthcare team providing medical advice, care and support.
- Protocols for exchanging information between education and health services (with clearly defined lines of responsibility and named contacts) including the provision of accurate and regularly updated information about the needs of individual children and young people.
- The medication the child or young person takes both in and out of school hours.
- The permission of parents and the Headteacher for the administration of medicines by staff or self-administration by the child or young person (Form 3 and 4).
- Arrangements for any emergency or invasive care, or for the administration of medication. Emergency procedures should be set out in conjunction with health care professionals. Risk assessment should be carried out and would include the identification of potential emergency situations in relation to the health needs of that particular child - better planning leads to fewer real emergencies.
- Any special health care needs which may affect the child or young person's use of services such as transport or play activities at the school, implementation of therapy programmes etc.
- The use, storage and maintenance of any equipment.
- Any arrangements for the provision of education or associated services when the child is too unwell to attend school or is in hospital or another appropriate health care setting.
- Health care plans should be jointly written by health professionals and parents. Completed plans should be signed by the parents, Headteacher and health professionals. A copy of the plan should also be available to all the above and to accompany the child on out of school trips.
- Health care plans should be reviewed annually at the child or young person's annual school review. If the plan needs revising the school health professionals should meet with parents and the plan would then be written again and signed by all parties. If the plan needs to be altered between reviews this should always take place with parents and be signed.
- The importance of very clear procedures for emergency treatment for all children and young people with complex health needs.
- The plan should also be made available to all staff coming into contact with the child or young person and copies of any relevant forms should form part of the Health Care Plan.

HEALTHCARE PLAN	
Name of School / Setting:	Crickhowell High School
Child's Name:	
Group / Class / Form:	
Date Of Birth:	
Child's Address:	
Medical Diagnosis or Condition:	
Date:	
Review Date:	
Contact Member of Staff:	
FAMILY CONTACT INFORMATION	
Name:	
Phone No. (work):	
Home No:	
Mobile No:	
CLINIC / HOSPITAL CONTACT	
Name:	
Phone No:	
G.P.	
Name:	
Phone No:	
DESCRIBE MEDICAL NEEDS AND GIVE DETAILS OF CHILD'S SYMPTOMS	
DAILY CARE REQUIREMENTS (e.g. before sport / at lunchtime / home / school trips)	
DESCRIBE WHAT CONSTITUTES AN EMERGENCY FOR THE CHILD AND THE ACTION TO TAKE IF THIS OCCURRS	
WHO IS RESPONSIBLE IN AN EMERGENCY? (State if different for off-site activities)	
Form copied to:	

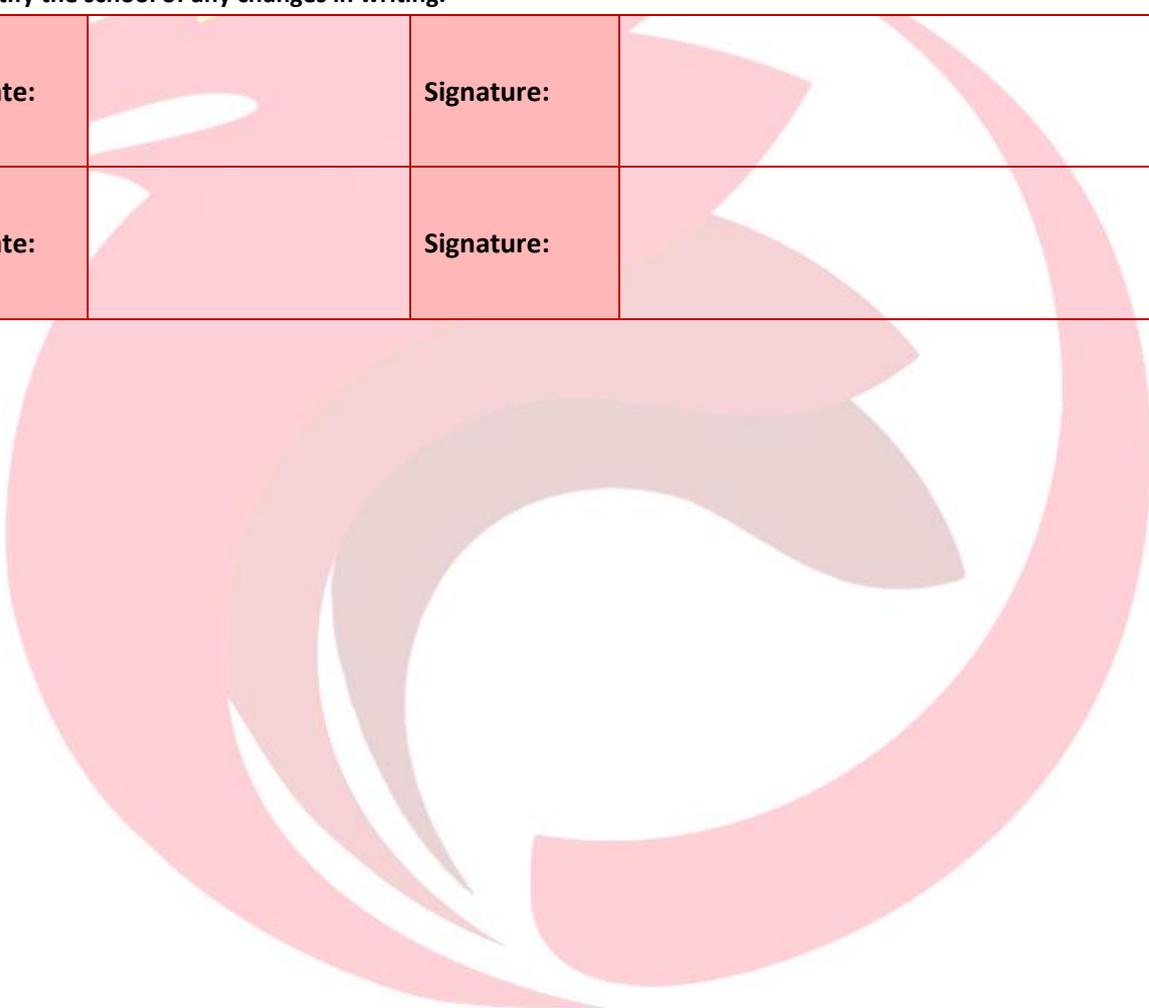
Appendix C

Parental Agreement for Crickhowell High School to Administer Medicine

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

PERSONAL DETAILS	
Name of School:	Crickhowell High School
Name of Child:	
Date of Birth (dd / mm / year):	
Group / Class / Form:	
Medical Condition or Illness:	
MEDICINE	
Name / Type of Medicine: (as described on the container)	
Date Dispensed (dd / mm / year):	
Expiry Date (dd / mm / year):	
Agreed Review Date to be initiated by (member of staff):	
Dosage and Method:	
Timing:	
Special Precautions:	
Are there any side effects that the school / setting needs to be aware of:	
Self-administration (tick box):	YES <input type="checkbox"/> NO <input type="checkbox"/>
Procedures to carry out in an emergency:	

CONTACT DETAILS			
Name:			
Daytime Telephone No:			
Relationship to Child:			
Address:			
I understand that I must deliver the medicine personally to (name of agreed member of staff):			
I accept that this is a service Crickhowell High School is not obliged to undertake. I understand that I must notify the school of any changes in writing.			
Date:		Signature:	
Date:		Signature:	



Appendix D

Parental Agreement for Crickhowell High School to Administer Medicine

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

GENERAL INFORMATION			
Name of School:	Crickhowell High School		
Date (dd / mm / year)			
Child's Name:			
Group / Class / Form:			
Name and strength of medicine:			
Expiry Date (dd / mm / year):			
Dose to be given:			
When to be given:			
Any other instructions:			
Number of tablets / quantity to be given to school / setting:			
PLEASE NOTE: Medicines must be in the original container as dispensed by the pharmacy.			
Daytime Telephone No. of Parent or Carer:			
Daytime Telephone No. of Alternative Adult Contact:			
Name and Telephone No. of GP:			
Agreed review date to be initiated by (name of member of staff):			
<p>The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.</p>			
Full name of parent / carer:		Date:	
Signature:			

Appendix E

Headteacher of Crickhowell High School – Agreement to Administer Medicine

Name of School:	Crickhowell High School		
It is agreed that (insert name of child)		will receive (quantity and name of medicine)	
every day at (state time medicine to be administered e.g. lunchtime or afternoon break).		(insert name of child)	
will be given / supervised whilst he / she takes their medication by (insert name of member of staff).		This arrangement will continue until either: End date of the course of medicine: Instructed by parents:	<input type="checkbox"/> <input type="checkbox"/>

Date (dd / mm / year):	
Signed: (The Headteacher / Named Member of Staff)	

Appendix F

Record of Medicine Administered to an Individual Child

Name of School:	Crickhowell High School		
Name of Child:			
Date Medicine Provided by Parent (dd / mm / year):			
Group / Class / Form:			
Quantity Received:			
Name and Strength of Medicine:			
Expiry Date (dd / mm / year):			
Quantity Returned:			
Dosage and Frequency of Medicine:			
Staff Signature:		Signature of Parent	

MEDICINE ADMINISTRATION RECORD

Dosage and Frequency of Medicine:			
Time Given:			
Dose Given (dd / mm / year):			
Name of Member of Staff:			
Staff Initials:			

Date (dd / mm / year):			
Time Given:			
Dose Given:			
Name of Member of Staff:			
Staff Initials:			

Date (dd / mm / year):			
Time Given:			
Dose Given:			
Name of Member of Staff:			
Staff Initials:			

Date (dd / mm / year):			
Time Given:			
Dose Given:			
Name of Member of Staff:			
Staff Initials:			

Date (dd / mm / year):			
Time Given:			
Dose Given:			
Name of Member of Staff:			
Staff Initials:			

Date (dd / mm / year):			
Time Given:			
Dose Given:			
Name of Member of Staff:			
Staff Initials:			

Date (dd / mm / year):			
Time Given:			
Dose Given:			
Name of Member of Staff:			
Staff Initials:			

Date (dd / mm / year):			
Time Given:			
Dose Given:			
Name of Member of Staff:			
Staff Initials:			

Appendix H

Request for Child to Carry His / Her Own Medicine

(This form must be completed by the parents / guardian. If staff have any concerns, please discuss this request with healthcare professionals).

GENERAL INFORMATION	
Name of School / Setting:	Crickhowell High School
Name of Child:	
Group / Class / Form:	
Address:	
Name of Medicine:	
Procedures to be carried out in an emergency:	
CONTACT INFORMATION	
Name:	
Daytime Telephone No:	
Relationship to Child:	
I would like my son / daughter to keep his / her medicine on him / her for use as necessary.	
Full name:	
Date (dd / mm / year):	
Signature:	

Appendix I

Staff Training Record – Administration of Record

Name of School / Setting:	Crickhowell High School
Name:	
Type of Training Received:	
Date Training Completed (dd / mm / year):	
Training Provided By:	
Profession and Title:	

I confirm that *[name of member of staff]* has received the training detailed above and is competent to carry out any necessary treatment.

I recommend that the training is updated *[please state how often]*

Trainer's Signature:		Date (dd / mm / year):	
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I confirm that I have received the training detailed above.

Staff Signature:		Date (dd / mm / year):	
Suggested Review Date (dd / mm / year):			