



**POLICY FOR:** Children with Medical Needs

**Responsible Person:** Designated Teacher for Children with Medical Needs

**Date adopted:** May 2017

**Review by:** May 2020

## **INTRODUCTION**

Most pupils at some time have a medical condition, which could affect their participation in school activities. This may be a short term situation or a long term medical condition which, if not properly managed, could limit their access to education.

Croyland Primary School is an inclusive school and we recognise that all pupils with medical needs should have access to education.

This school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions, with the same opportunities and access to activities (both school based and out of school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been met.

Croyland Primary School wishes to provide a fully inclusive educational and pastoral system. To do this we need to ensure that correct procedures and protocols are in place to enable any pupil with a long-term medical condition to be able to attend school or have minimum disruption to their education.

This is not a policy for short-term illness and related medication, for example antibiotics or paracetamol for a cold or eye infection etc.

'A child who is unable to attend school because of illness or injury should have their educational needs identified and receive educational support quickly, effectively and sensitively.

## **AIMS**

1.1 To provide a high quality education to all pupils with medical needs

1.2 To minimise the disruption to a pupil's education, to provide continuity of educational provision and to ensure that normal schooling is in place as far as the incapacity allows.

1.3 To ensure there is effective communication and exchange of information between the school, parents, carers, other education providers and professionals involved in the pupil's education and well-being.

1.4 To ensure that the pupil has access to a broad and balanced curriculum.

1.5 To make adjustments to the timetable and learning spaces, if required, which take account of a child's particular needs.

1.6 To consider the views of the pupil and to endeavour to provide opportunities for the pupil to have contact with peers.

1.7 To draw up effective plans with all partners which enable the pupil to experience a successful return to school following an absence.

1.8 To plan for and support the admission of pupils with medical needs who are new to the school.

1.9 Ensure that child's condition remains undisclosed to other pupils unless consent is given.

## **IDENTIFICATION**

We will work with the parents and medical professionals to ensure we have specific protocols in place as soon as the child starts school. This may take the form of information sharing, developing specific care plans, organising training, employing new staff or re-organising classroom facilities.

## **IMPLEMENTATION**

2.1 The school will seek information about the medical condition of pupils with long term medical needs. If required, a written Healthcare Plan will include:-

- Details of a pupil's condition
- Special requirements e.g. dietary needs, pre-activity precautions
- Medication and any side effects
- What to do and who to contact in an emergency

2.2 When a pupil has a medical condition this is recorded on their 'Healthcare Plan' which is kept by the class teacher and shared with relevant staff, including supply teachers covering the class. This information can also be found in the schools red medical folders. These are continually updated and kept in the main office, the first aid room, the staffroom, the head teachers office and at the out of hours club. The information is also on SIMS. The sheet also includes a photograph of the pupil concerned.

2.3 When a pupil is absent from school for more than five consecutive school days with a medical condition the school will examine how the pupil can best access the curriculum.

Arrangements will then be made in liaison with parents to provide the pupil with work to be done at home as soon as they become able to cope with it.

2.4 The Education Entitlement Service will be informed about a pupil's absence when it is in excess of ten days.

2.5 The Designated Teacher is the named person for Pupils with Medical Needs. After an absence of 15 days or more or where there is a pattern of recurring illness, the named person will:-

- Inform the School Secretary that the pupil with medical needs should remain on the school's roll and where they are receiving education from an alternative provider, their absence will be recorded as 'approved educational activity'.
- Ensure the pupil's needs are assessed and that curriculum plans and records are accessible.
- Liaise with parents and other agencies which may include any of the following- the class teacher, Education Welfare Officer, Educational Psychologist and Outreach Education Service, Health Service, Local Authority, Young People and Children's Services, Education Entitlement Service, Paediatrician and personnel from other local authorities.
- Draw up, monitor and review a Healthcare Plan which sets out how the pupil's needs will be provided for, in collaboration with the relevant agencies
- Ensure the pupil has access to educational resources either at home or at school (including I.C.T. support packages)
- Consider the need for assessment under the Code of Practice on the Identification and assessment of Pupils with Special Educational Needs, following consultation with the relevant agencies.

2.6 The Headteacher will make sure that all parents are aware of the school's policy and procedures for dealing with medical needs.

2.7 There is no legal duty which requires school staff to administer medication; this is a voluntary role. Staff who do volunteer will be given access to information and training to administer inhalers, creams, Epi-pens and insulin.

2.8 Prior written agreement will be required from parents before the school will agree to administer medication and these consent forms are kept in school.

2.9 Medication is securely stored in the Medical Room, School Office or in the yellow medical bag in the pupil's classroom. Pupils will have access to their medication under the supervision of staff and this is recorded in a log book/sheet. Emergency medication e.g. Epi-pen/insulin is available within easy reach of the relevant class teacher. Parents should keep a note of when medication is due to go out of date or when more needs to be brought in, and let the school know. Within school, there will be a list of all pupils with medication and expiry dates on one spreadsheet. This is monitored by the first aid team. This is also required to be added to the class medical list, by the class teacher at the start of an academic year, to make it easy for class staff to know when new medication is required.

2.10 Parents will collect medicines held at school at the end of each term, or in July at the end of the academic year. Parents are responsible for the disposal of date expired medicines. Any medicines not collected a month after the expiry date will be safely disposed of by the school.

2.11 If a child is diagnosed with diabetes, training is given to enable staff to monitor and record blood sugar levels. This is recorded in the log book and home link diary. If blood sugar level is low/high a suitable snack, provided by the parent, is administered to the child. If there are any concerns parents are contacted immediately.

2.12 Pupils with medical needs will be encouraged to participate in school trips/journeys, wherever safety permits. This school makes sure that the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential trips. Where necessary, staff will be given additional training to support pupils attending residential trips to ensure all medical needs are met and that staff are equipped to support pupils effectively.

2.13 Teaching staff, including intervention teachers, TA's and 1:1s, must read all medical files and protocols linked to the class they currently work in. They must then sign a declaration to confirm they have read them. (Appendix 1)

2.14 Parents must sign a declaration at the start of the year to confirm they have read and agree to all that is written in them (Appendix 2)

## **RESOURCES**

3.1 The school will use all its available resources and equipment to enable the pupil to address the learning objectives in all areas of the curriculum. The school will ensure that appropriate resources can be accessed for use in the school, home or hospital context.

3.2 I.C.T. should play an important part in supporting the continuity and quality of learning for pupils with medical needs. Opportunities to use e-mail, the Internet and other technologies should be included wherever possible in the pupils' learning programmes.

## **MONITORING AND EVALUATION**

4.1 Pupils' educational performance will be monitored closely and will be reviewed on a regular basis, via class profiles.

4.2 There will be ongoing evaluation of the effectiveness of the educational provision for pupils with medical needs.

## **NAMED CONTACT**

The Named contact is required to:

- Complete any Referral form as necessary e.g. HoE
- Ensure that medical evidence is provided to support the Referral and subsequent Reviews, drawing on assistance from the NHS as necessary
- Convene an initial meeting between parent and carers
- Draw up Healthcare Plans for the child, which includes all medical information. Monitor and update these as required
- Ensure all records, plans etc. are placed in the pupil's school file
- Provide advice about the appropriate curriculum for the pupil referred and ensure that relevant information about the pupil's strengths, weaknesses and specific needs is made available
- Co-ordinate the provision of work and materials to the HoE on a regular basis
- Submit a half termly report at List 10 giving an update on medical needs
- Consider whether special Educational Needs assessment is necessary
- Where appropriate, make arrangements for the child's reintegration to school as soon as possible.

The Headteacher has a responsibility to:

- Ensure the school is inclusive and welcoming and that the medical conditions or needs policy is in line with local and national guidance and policy frameworks
- Ensure the policy is put into action with good communication of the policy to all
- Ensure that information held by the school is accurate, up to date and remains confidential
- Identify the training and development needs of staff

All staff at this school have a responsibility to:

- Be aware of the potential triggers, signs and symptoms of common medical conditions or needs and know what to do in an emergency
- Understand the school medical conditions or needs policy
- Know which pupils in their care have a medical condition or need
- Understand the common medical conditions or needs and the impact it can have on students, (pupils should not be forced to take part in any activity if they feel unwell)
- Ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed
- Use opportunities in specific areas of the curriculum to raise student awareness about medical conditions or needs
- Class teacher and class to make regular contact with child e.g. email, letters, videos if child is off for an extended period of time.
- Class teacher to ensure that any key learning missed is noted so that these gaps can be narrowed when the child is able to complete work.
- Class teacher to keep in close contact with parents/careers of child and HOE, where necessary.

The parents of a pupil at this school have a responsibility to:

- Tell the school if the pupil has a medical condition or need

- To assist in completing an up-to-date Healthcare Plan for the pupil if they have a medical condition or need
- Inform the school about the medication the pupil requires whilst in their care
- Inform the school of any medication the pupil requires while taking part in visits, outings or field trips and other off-site activity
- Ensure the student's medication and medical devices are labelled with the pupil's full name
- To make sure work that is sent home is completed when the child is well enough and given back to school before more can be sent out.
- Keep the pupil at home if they are not well enough to attend school and ensure the pupil catches up on any school work they have missed
- Where the pupil has home to school transport, it is the parents' responsibility to inform School Transport of any medical needs that the pupil suffers from.

## **LEGISLATION & GUIDANCE**

This policy has been informed by:

- Managing Medicines in Schools (2005)
- Disability Discrimination Act 1995 (DDA)
- Educational Needs and disability Acts (2001 and 2005)
- The Care Standards Act 2000
- Medicines Act 1968
- Supporting pupils at school with medical conditions (2015)

## **MONITORING, EVALUATION & REVIEW**

The Governing Body will review this policy periodically and assess its implementation and effectiveness. The policy will be promoted and implemented throughout the school.

