

# Mawsley Community Primary School



## MEDICAL NEEDS POLICY

Policy Ownership	Teaching & Learning
Statutory Requirement	YES
Date reviewed by committee	28 <sup>th</sup> January 2019
Adopted by Full Governing Board	18 <sup>th</sup> March 2019
Formal Review	January 2021

## MAWSLEY COMMUNITY PRIMARY SCHOOL

### Policy for the Education of Children with Medical Needs

(This policy should be read in conjunction with the Mawsley C.P School Policy for Special Educational Needs and Access Policy)

**At Mawsley C.P School we are committed to providing pupils with access to education whatever their medical needs or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation.**

#### Definition of Medical Needs

For the purpose of this policy, pupils with medical needs are:

- children with **chronic or short term medical conditions** involving specific treatments or forms of supervision during the course of the school day, or
- **sick children**, including those who are physically ill or injured or are recovering from medical interventions, or
- children with **mental health problems**.

#### Named people

The members of staff responsible for ensuring that pupils with medical needs have proper access to education is **Andrea Cox, Special Educational Needs Coordinator (SENCo), Tracey Smith (Learning Support Assistant)**. They will be the people with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be their responsibility to pass on information to the relevant members of staff in conjunction with Joanne Beattie, School Administrator.

#### Partnership with Parents/Carers and Pupils

- Parents hold key information and knowledge and have a **crucial role** to play. Both parents and pupils will be involved in the process of making decisions.
- Parents are asked to keep the school informed about any **changes in the treatment** their children are receiving, including changes in medication.
- Parents will be kept **informed** about arrangements in school and about contacts made with outside agencies.
- Parents and pupils will be **consulted** before any home tuition begins.

### **Absence as a result of a medical condition**

- In cases where pupils are absent for periods **less than 15 working days**, parents will follow the normal arrangements for informing\* the school. If the length of the period of absence can be anticipated, then it may be appropriate for the school to provide the pupil with a pack of work to do at home.
- Where an absence **exceeds 15 working days**, the school will inform the Education Inclusion Partnership Team (EIPT). Parents will need to provide the school with a letter from a medical Consultant containing details of the medical condition or intervention and information about the estimated period of absence.
- If a pupil is to be admitted to **hospital for a period longer than 5 working days**, then the SENCo will contact Hospital Outreach Education directly or via the teaching provision at Kettering or Northampton General Hospital as appropriate and will consult with staff there about ensuring continuity of education.

### **Arrangements for access to education in the case of long-term absence**

- It is essential that **Parents/Carers inform the school** at the earliest opportunity if it is anticipated that an absence will be long-term (exceeding 15 working days).
- When an absence of more than 15 working days can be predicted, arrangements for continuing the pupil's education will be made by the SENCo. After speaking to the parents, she will **contact the Hospital and Outreach Education**. She will then send on documentation that will inform staff about the pupil's needs, enabling them to plan appropriate provision. Information sent will generally include:
  - curriculum targets
  - a current Individual Education Plan (IEP) and/or personal education plan, if the pupil has either of these already in place.
  - extracts from the latest Annual Review (pupils with EHCPs only).
- The school, with the parent's cooperation, will **maintain contact with pupils** unable to attend. It may be appropriate for email to be used and if special events are taking place at school it may be possible for a video to be made and a copy sent to the hospital or home. In certain instances a child's class teacher may be able to send material to the education provider that will help to keep the absent pupil up to date with topics being covered in class.
- The school will continue to **monitor the progress of pupils** unable to attend. This will be done through discussion with teachers working with the child out of school and by examining work samples (where appropriate). In cases of extended absence the SENCo will arrange for a review to be held, attended by the pupil's parents, the education provider and the class teacher.

## Reintegration following absence for medical treatment

- As with the notification of absence, it is very important that parents give the school as much notice as possible about the **pupil's date of return** to school.
- The school will draw up an individually tailored **reintegration plan** including appropriate risk assessments for the pupil's safety being put into place in advance of the pupil's return to school. This plan will set down any new procedures that need to be followed and will ensure that any additional equipment is in place. Particular attention will be given to matters such as handling and lifting and support staff will be given appropriate training. It is essential that all agencies involved with the pupil contribute to the drawing up of the plan. In some cases it will be necessary to have outside professionals on site when the child first returns.
- For some children, **reintegration will be a gradual process**. A pupil may start with a short visit to school and gradually increase the time spent in class as s/he builds up stamina. Where mobility and independence are reduced, or where additional medical procedures are involved, a preliminary visit will help to establish whether there are any safety issues that need to be resolved before a date is fixed for the pupil's return.
- If it seems as though a pupil will have significant medical needs for the foreseeable future, it may be necessary to consider making a request for an **Education, Health and Care Plan** under the Code of Practice. There will be consultation with the parents on this matter.

## Catering for pupil's medical needs in school

- The majority of children who have medical needs are able to **attend school regularly** and do not have to undergo extended periods of treatment.
- Parents of new pupils are required to complete a form which gives the school **information about individual medical needs**. It is the duty of parents to return this form promptly so that any necessary preparations can be made.
- Information supplied by parents is transferred to the **Medical Needs Register** which lists the children class by class. A copy of the class Medical Needs Register is kept inside the class file in the office so that it can be referred to easily. There are also two central copies kept providing information for the whole school these are situated in the Deputy Head's office and the medical room. Support staff are made aware of the locations of these files and may access them as they may be working with children from several different classes. The Medical Needs Register should indicate whether there is a care plan or risk assessment in place for a pupil.
- Staff must familiarise themselves with the medical needs of the pupils they work with. **Training** will be provided in connection with specific medical needs so that staff know what precautions to take and how to react in an emergency.
- Before taking **children off the school premises**, the member of staff in charge will check that any medication or equipment that needs to accompany pupils is safely packed.
- **Medication, including epipens**, is kept in the office and is taken under supervision, records are kept in relation to when medication has been taken. Medicines are only administered in specific circumstances and parents must reach an agreement with the school before sending in medication (further information regarding medication in schools is included in Appendix A). It is the responsibility of parents to ensure that medicines are not out of date. Inhalers are kept in a

red box, in individual wallets, in the relevant classroom so they can be accessed quickly. An individual record book is kept with the inhalers and any child who requires use of their inhaler should have this use documented. Every term Joanne Beattie, School Administrator, carries out an audit of inhalers to check their dates. She then informs parents by letter if a new inhaler is required or if an inhaler is not in school. Parents are responsible for supplying information about medicines that their child needs to take at school, for letting the school know of any changes to the prescription or the support needed and for ensuring it is in date. The parent or doctor would provide details including:

- Name of medication
- Dose
- Method of administration
- Time and frequency of administration
- Other treatment
- Any side effects
- Children with more **complex medical needs** may require a **care plan/risk assessment**. This will be drawn up in consultation with parents and outside professionals. A delegated member of the support staff will supervise the carrying out of the plan.
- Pupils who have to carry out regular **exercise programmes** will be supervised by a member of staff who will have received training from an appropriate professional. Where necessary, pupils will be provided with an exercise bed and a degree of privacy whilst carrying out their exercises.
- Pupils who need **special arrangements for toileting** will be assisted by a trained member of staff and will use one of the school's specially adapted toilets. Protective gloves and aprons are provided for staff and there are procedures in place for the disposal of soiled nappies and used catheters. Pupils are encouraged to develop as much independence as possible in connection with toileting.

## Health Care Plans

It is important for the school to have sufficient information about the medical condition of any pupil with complex long term medical needs. The school needs to know about any medical needs before a child starts school, or when a pupil develops a condition. For pupils who attend hospital appointments on a regular basis, special arrangements may also be necessary. A written health care plan should be completed for such pupils, involving the parents and relevant health professional. This should include:

- Details of a pupil's condition
- Special requirements eg dietary requirements, pre-activity precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

The main purpose of an individual health care plan for a pupil with medical needs to identify the level of support that is needed in school. A written agreement with parents clarifies with staff, parents and the pupil the help that the school can provide and receive. Schools should agree with parents how often they should jointly review the health care plan. The school needs to ensure that all relevant professionals have a copy of the care plan.

### Identification of medical needs

- Most medical needs will be **identified by the parents** in consultation with a medical professional outside school.
- Any **medical concerns the school has** about a child will be raised with the parents and reported to the school nurse. Most parents will wish to deal with medical matters themselves through their GP. In some instances the school, after consultation with the parent, may write a letter to the GP suggesting a further referral.
- At the beginning of the school year Joanne Beattie, School Administrator, will meet with all teaching staff in each year group to ensure they are aware of the medical needs of any of their pupils. Teaching staff will ensure any relevant information is disseminated to support staff. Joanne will update staff as / when changes occur.
- The SENCo / designated LSA will meet with First Aiders at the beginning of an academic year to review the Medical Needs Register, update care plans and ensure all staff have the relevant information.

Signed: \_\_\_\_\_

\* Parents are expected to inform the school on the first day that their child is absent. If an absence lasts for a full week or longer, parents must produce a medical certificate.

## Appendix A

### Managing medicines on school premises

#### 1. Procedures for administering medicines to children:

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child under the age of 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered
- a child under the age of 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises eg on school trips

- a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school
- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps