

ST ANSELM'S CATHOLIC PRIMARY SCHOOL

POLICY FOR PUPILS WITH MEDICAL NEEDS

Learning and growing together through prayer, belief and love

This policy was approved by the Governing Body Pupil Committee on 21st June 2018 and will be reviewed every two years in accordance with our Policy Review Schedule

INTRODUCTION

St Anselm's School is committed to providing all pupils with a high quality education whatever their health need, disability 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. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEN are not discriminated against or treated less favourably than other pupils. We believe that every child regardless of disability, special educational or health needs, has at all times and in all situations, the right to live a full and decent life with dignity and independence, and the right to an education that develops their personalities, talents and abilities to the full. *(Articles 23, 28 and 29 United Nations Convention on the Rights of a Child)*

DEFINITION OF HEALTH NEEDS

For the purpose of this policy, pupils with health needs may be:

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

This policy does not cover self-limiting infectious diseases of childhood, e.g. measles.

NAMED PERSON

The member of staff responsible for ensuring that pupils with health needs have proper access to education is Mrs O'Connell, the Special Educational Needs Coordinator (SENCO). The named person will be the person with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be the named persons' responsibility to pass on information to the relevant members of staff within the school. This person will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance pupils' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement.

WORKING WITH PARENTS 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 their child's medical condition or in the treatment their child is receiving, including changes in medication.
- Parents will be kept informed about arrangements in school and about contacts made with outside agencies.

- Parents and medical professionals will take a leading role in devising Medical Plans where required.

ABSENCE AS A RESULT OF A MEDICAL CONDITION

- All parents are expected to inform the school on the **first day** that their child is absent.
- In cases where pupils are absent for periods of **fewer 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 work to do at home.
- When a child's absence **exceeds 15 working days either consecutively or cumulatively over the course of one academic year**, the school may inform the Local Authority. Parents will need to provide the school with a letter from a specialist medical Consultant containing details of the medical condition or intervention and information about the estimated period of absence. The school may also contact the Home Tuition Service.
- If a pupil is to be admitted to **hospital for a period longer than 15 working days**, then the SENCO will contact the Hospital School (if any) and will consult with staff there about ensuring continuity of education. If the hospital does not have a school, the SENCO will liaise with the Home Tuition Service to establish how education can be provided to the pupil.

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 their child's 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, the SENCO will **contact the Hospital School (if any) and/or Home Tuition Service**. The SENCO will send on to the appropriate person, sufficient documentation to inform staff about the pupil's needs, enabling them to plan appropriate provision. Such information sent will usually include:
 - The child's curriculum targets;
 - The current SEN Support Plan and/or Personal Education Plan (PEP), if the pupil has either or both of these
 - In the case of pupils with Education, Health Care Plan (EHCP), relevant extracts from the reports prepared for, and the minutes of the latest Annual Review meeting.
- **Home Tuition** will start as soon as practicable. Pupils who are educated at home will receive the equivalent of full-time education (dependent on the child's age and needs). This will be provided through a combination of one-to-one teaching, homework and remote learning.
- The school, with the parents/carers' cooperation, will **maintain contact with pupils** unable to attend school. It may be appropriate for email to be used for this contact. If special events are taking place at school the school should consider making a video of the event and sending a copy to the child in hospital or at home. In some instances a child's class teacher may be able to send material to the education provider for the child, which 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 regular review meetings to be held, attended by the pupil's parents/carers, 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/carers give the school as much notice as possible about the **pupil's expected date of return** to school.
- The school will draw up a **reintegration plan** in advance of the pupil's return to school. This plan will set down any new procedures that need to be followed for the pupil, and will ensure that any additional needs are 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.

- 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 they build up stamina. Where mobility and independence are reduced, or where additional medical procedures are involved, additional support will be clear in the integration plan.
- If it seems that a pupil will have significant medical needs for the foreseeable future, it may be necessary for the school to consider completion of the EHC Plan under the SEND Code of Practice (Pupils with Medical Needs). A medical needs plan must be completed even where no need for an EHC Plan exists. The school should consult with the parents/carers on this matter.

PROVISION FOR MEDICAL AND HEALTH NEEDS AT 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. However, they may need to attend frequent medical appointments.
- Parents/carers of new pupils are required to give the school information about individual medical needs so that any necessary preparations can be made.
- Information supplied by parents is transferred to the **Medical Needs Register (Appendix 1)** which lists the children in the school by class. A summary of the class Medical Needs Register is kept inside the class attendance register so that it can be referred to easily. Welfare staff keep the Medical Needs Register as they may be working with children from several different classes. **Pupils' Individual Medical Plans (Appendix 2)** are given on a 'need to know' basis. Confidentiality of this medical information is assured by all members of staff.
- All staff must familiarise themselves with the medical needs of the pupils they work with. Where relevant, training will be provided in connection with specific medical needs, so that staff know how to meet individual needs, what precautions to take and how to react in an emergency.
- The school has a number of First Aiders who regularly attend refresher courses. These staff are trained to deal with First Aid incidents with protective gloves using universal procedures. There is no obligation for a pupil, parent or carer to disclose their HIV or hepatitis status to teachers, TAs or other staff unless they feel this would be of help to the pupil. Any information shared will be treated in confidence.
- Before taking children with special medical needs off the school premises, the member of staff in charge of the visit will ensure the pupils' Medical Plan is followed and that any medication or equipment needing to accompany pupils is safely packed. The school policy on educational visits will be followed.
- Pupils who have to undertake regular exercise programmes will be supervised by a member of staff. When necessary, pupils will be provided with appropriate equipment and a degree of privacy whilst carrying out their exercises.
- Pupils who need the disabled facility for toileting will be assisted by a member of staff. Protective gloves and aprons are provided for staff, and there are procedures in place for the disposal of soiled nappies/continence pads and used catheters. Pupils are encouraged to develop as much independence as possible in connection with toileting. Where assistance is required for toileting and personal care, an Intimate Care Plan is required, as set out in the school's Intimate Care Policy.

MEDICINES IN SCHOOL

- The school policy on medication is that only prescribed medication including asthma inhalers, adrenaline pens (Epipen) or any medicine **prescribed by a doctor to be taken during the school day** may be given at school. In such cases the parent/carers will complete a '**Consent to Administer Medicine Form**', (**Appendix 3**) which is available from the Medical Room.

- The parent/carer **is required to bring the medicine into school and hand it to the Welfare Assistant**, clearly marked with the child's name and dosage required to be administered by the Welfare Assistant during school hours. The pharmacist's label would be on the medicine brought to school. If medicine is prescribed for four times a day, or to be taken at certain times of day, the Welfare Assistant will administer it. If medicine is prescribed for three times a day parents are advised to do this entirely at home. Medicines will only be sent home if collected by an adult. The school will not administer any other medicines bought over the counter.
- In the event of a severe allergic reaction a member of staff trained in administration of the adrenaline pen/injection will administer the child's own pen into the muscle of the upper outer thigh.
- Inhalers will be marked with the child's name and they will be supported in the use of their inhaler (and spacer where necessary) by welfare or first aid trained staff.
- It is the responsibility of parents/carers to ensure that medicines are not out of date. The school uses the agreement forms and advice recommended by the Department for Education and the Department of Health: 'Managing Medicines in Schools and Early Years Settings'. (Updated Aug 2017)

STORAGE OF MEDICINES

- All **emergency medicines** such as asthma inhalers and adrenaline pens are held readily available to children and **are not locked away**. Children should know where their own inhalers are stored and **have immediate access to these when required** however they should only be available to those for whom they are prescribed. Epipens are stored in classrooms for staff administration as necessary, and separately in the Medical Room.
- Other prescribed medicines should be stored strictly in accordance with product descriptions and in the original container in which dispensed. Staff should check the name, frequency and dose of the medicine before administering medicine in accordance with the prescriber's prescription.
- Medication is stored safely in the Medical Room in a refrigerator where appropriate or in a cabinet **and is taken only under appropriate supervision**

A WHOLE SCHOOL APPROACH

- A healthy lifestyle will be promoted through the 'Personal, Social, Health Education' (PSHE) curriculum. We will promote healthy eating and physical activity for pupils, parents, carers and staff. We will do this by monitoring pupils' menus and food choices and participation in physical activity. It may be necessary to provide support for individual needs within a Medical Care Plan.

IDENTIFICATION OF HEALTH NEEDS

- Most health needs will be identified by the parents/carers in consultation with a medical professional outside school.
- Any medical concerns the school has about a pupil will be raised with the parents/carers. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances the school, after consultation with the parent/carer, may write a letter to the GP (with a copy to the parents) suggesting a referral to a multi-disciplinary centre such as Child and Adult Mental Health Services (CAMHS), where a full paediatric assessment can be carried out.
- Information about medical needs or SEND is requested on admission to the school. Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever possible, meetings with the parents/carers and other professionals are held before the pupil attends school to ensure a smooth transition into the class.
- The school will work closely with other professionals to ensure good communication and liaison.

Appendix 2 –**Medical Plan****Date form completed:****Date for review:**

Copies held by: SENCO/welfare/class teacher/teaching assistant/School nurse/SALT/OT/Physio/Sensory Team/GP/

Pupil's information

Name of pupil

Class

Date of birth

male / female

 Member of staff responsible for home-school communication

Contact information

Pupil's address

 Postcode

Family contact 1

Family contact 2

Name

Name

Phone Mobile

Phone Mobile

Phone Home

Phone Home

Relationship with child

Relationship with child

GP

Name

Phone

Other professionals involved

Name

Phone

Details of pupil's medical conditions

Signs and symptoms of this pupil's condition:

Triggers or things that make this pupil's condition/s worse:

Routine healthcare requirements (For example, dietary, therapy, nursing needs or before physical activity)

During school hours:

Outside school hours:

What to do in an emergency**Regular or emergency medication taken during school hours
(For more medication, continue on a separate sheet)****Medication 1**

Name/type of medication (as described on the container):

Dose and method of administration
(the amount taken and how the medication is taken, eg tablets, inhaler, injection)

When it is taken (time of day)?

Are there any side effects that could affect this pupil at school?

Are there any contraindications?
(signs when this medication should not be given)?

Self-administration: can the pupil administer the medication themselves? Yes / No

Yes, with supervision by: Staff member's name

Medication expiry date

Medication 2

Name/type of medication (as described on the container):

Dose and method of administration
(the amount taken and how the medication is taken, eg tablets, inhaler, injection)

When it is taken (time of day)?

Are there any side effects that could affect this pupil at school?

Are there any contraindications?
(signs when this medication should not be given)?

Self-administration: can the pupil administer the medication themselves? Yes / No

Yes, with supervision by: Staff member's name

Medication expiry date

Members of staff trained to administer medications for this pupil

Specialist education arrangements required (eg activities to be avoided, special educational needs)

Any specialist arrangements required for off-site activities

Any other information relating to the pupil's healthcare in school?

Parent signature

School staff signature

Headteacher: Mrs A Monahan
 Secretary: Mrs S Burke

email:office@st-anselms.harrow.sch.uk
<http://www.st-anselms.harrow.sch.uk>

Tel: 020 8422 1600
 Fax: 020 8422 3564

**Parental Request for the Administration of
 Prescribed Medication in School**

Name of Child.....Class.....

Date of Birth.....

Please write instructions clearly

Name of Medicine	Dosage	Exp. Date	When to Give				
			M	T	W	TH	F

I agree that the medical information contained in this Consent Form may be shared with professionals involved with my child’s care and education (this includes emergency services).

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

I..... (Print name) request that the school administers the above medication to:

Name of Child.....Class.....

Signed (parent/guardian).....Date.....

Daytime telephone contact number.....

Name of person agreeing to administer medicine: Mrs Dent/Mrs Patterson

The school will take all responsible care to administer medicine as prescribed.