



**Westwood with Iford School**  
**Supporting Children With Medical Needs Policy**

**Date: September 2020**

**Review Date: September 2021**

This policy has been written in line with DfE statutory guidance 'Supporting Pupils at School with Medical Conditions' 2015 and the 'Children and Families Act' 2014.

The policy should be read in conjunction with:

- SEND Policy
- Accessibility Plan
- Child Protection & Safeguarding Policy

**Principles**

At Westwood 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. The school will do all that is reasonably practicable to ensure no child is excluded from any activity offered by the school due to the nature of their medical condition as part of its commitment to inclusion.

Governors have a statutory responsibility to ensure that:

- Pupils at school with medical conditions are properly supported so that they have full access to education, including school trips and physical education.
- Arrangements are in place in schools to support pupils at school with medical conditions.
- School leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- Appropriate levels of insurance are in place and that this appropriately reflects the level of risk

**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.

### **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 referral to a multi-disciplinary centre.

### **Named person**

The member of staff responsible for ensuring that pupils with medical needs have proper access to education is the Head teacher. S/he 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 his/her responsibility to pass on information to the relevant members of staff. Parents may also be invited to meet with our SENCo (Georgie Bennett) if this is appropriate.

### **Catering for a 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 in the classroom so that it can be referred to easily by permanent staff and supply teachers. Support staff have full copies of the Medical Needs Register as they may be working with children from several different classes.

Staff must familiarise themselves with the medical needs of the pupils they work directly 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.

### **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 their permission will be sought before the school makes contact with any outside agencies.

Parents and pupils will be consulted before any home tuition begins.

## **Medication**

The school does not take responsibility for administering medication for general ailments.

Medication is only administered in school in specific circumstances. In such circumstances:

- All medication must be clearly labelled with the child's name, doctor, prescribed dose, possible side effects.
- Medication is taken under supervision, and witnessed by a third party. A register will be kept detailing the medication taken and when, who supervised and who witnessed.
- It is the parents responsibility to make sure that any medicine is not out of date
- Needles will be disposed of in a sharps bin
- All medication will be kept locked in the school office or put in the office fridge.

On a day or residential trip, the named trip leader will take responsibility for ensuring that medication is taken from school for the duration of the trip and administered in line with the policy.

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

### **Absence up to 15 working days**

Parents will follow the normal arrangements for informing the school as outlined in our attendance policy. If appropriate the school may provide the pupil with a pack of work to complete at home. Absence will be recorded on the register as M (medical).

### **Absence exceeding 15 days**

Where an absence exceeds 15 working days, the school will inform the Education Welfare Service. 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. The Education Welfare service will work with the school to provide home tuition.

If a pupil is to be admitted to hospital for a period longer than 5 working days, then the Headteacher will contact the Hospital School and will consult with staff there about ensuring continuity of education. The school will send to the home tutor or hospital school records of the pupil's attainment and, if appropriate, their 'My Plan' to support them in planning and delivering appropriate provision.

## **Home Tuition**

Home Tuition will start as soon as is practicable. Pupils educated at home will receive a minimum of 5 hours teaching per week. This is intensive one-to-one teaching and is normally as much as a child recovering from illness, injury or surgery can benefit from. In exceptional cases the amount of tuition may be increased if the Home Tuition Service has the capacity at the time.

In cases where a child has recurrent or regular treatment and is away from school for a number of shorter periods, the Headteacher will alert Education Welfare. The school will work with Education Welfare to make every effort to organise appropriate special provision for the pupil in question. The school, with the parents' cooperation, will maintain contact with pupils unable to attend.

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 Headteacher will arrange for a review to be held, attended by the pupil's parents, the education provider and the class teacher.

The school will monitor the progress of this group of children and report on it to the governors at least three times a year.

### **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 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 statutory assessment under the Code of Practice (Pupils with Medical Needs). There will be consultation with the parents on this matter.

### **Complex medical needs**

Children with complex medical needs may require a care plan. This will be drawn up with parents and outside professionals. A named, designated member of the 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 a degree of privacy whilst carrying out their exercises.

Pupils with toileting needs will use the school's disabled toilet or most appropriate facility. Protective gloves and aprons will be provided for staff and procedures put 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.

### **Best Practice**

Westwood School will do all it can to ensure that best practice is followed at all times. This includes:

- Ensuring children have easy access to inhalers.
- Supervising pupils who self-administer their medication.
- Respecting the dignity of pupils at all times.

We will not:

- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parent or medical evidence or opinion.

- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless specified in their medical/care plans.
- Send a child who has become ill to the school office unsupervised.
- Penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments.
- Prevent pupil from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively.
- Require parents to attend school to administer medication or provide medical support to their child, including toileting issues.
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including trips, eg by requiring parents to accompany their child.

### **Short Term Medication**

If a child is prescribed short term medication, the parent is advised to attend the school during the school day to administer the medication to the child. Save as determined appropriate by the head teacher (in the head teacher's sole discretion), the medicine is not kept on the school premises and is not administered by a member of staff. If this is not possible, the parent(s) should contact the school to discuss the requirements on a case-by-case basis.

### **Complaints**

1. If a parent/carer has a complaint about the way that their child's medical condition/needs are being met by the school they should initially speak to the class teacher to try and resolve the issue.
2. If parents /carers are still not happy then the parent/carer should put their complaint in writing to the Headteacher. The Headteacher will respond within five days.
3. If parents/carers feel that the issue has still not be resolved then they need to put their complaint, in writing to the Chair of Governors. An initial response will be made within five days giving details of any investigations that will be carried out and time scales.

### **Monitoring of Policy**

This policy will be monitored by the Governing body each year to ensure compliance with statutory responsibilities.

## Annex A: Model process for developing individual healthcare plans

