

**Education of Children with Medical Needs Policy**

**September 2016 – July 2017**

Note: This policy will be reviewed annually

**Dated: 09.05.2016**

**Produced on: 01.09.2015**

**Signed off by: Asarena Simon**

**Issued to Governors on: 09.05.2015**

**Signed off by: Alister Bould**

**Date signed off:**

**(This policy should be read in conjunction with the St John of Jerusalem CE Primary School SEN Policy and Accessibility Plan)**

At St John of Jerusalem, 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 recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, medical need or SEN are not discriminated against or treated less favourably than other pupils.

**Definition of Medical Needs**

A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

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

* Children with **chronic or short term medical conditions** **or a disability** involving specific treatments 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**.

**Named Person**

The member of staff responsible for ensuring that pupils with medical needs have proper access to education is the **Carly Richards our Inclusion Manager**.

She will be the person with whom parents/carers will need to discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be the Inclusion Manager’s responsibility to pass on information on the relevant matters to staff. 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.

**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 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 pupils will be **consulted** before referral to Home Tuition Service and 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, 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 Attendance 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 school will also contact the Home Tuition Service.
* If a pupil is to be admitted to **hospital for a period longer than 5 working days**, the SEN coordinator will contact the Hospital School 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 (longer than 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 Inclusion Manager. After speaking to parents/carers, the Inclusion Manager will **contact the Hospital School and/or Home Tuition Service.**

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 if the pupil has one
	+ extracts from the latest Annual Review (pupils with statements only)
* **Home Tuition** will start as soon as 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.
* In cases where a child has **recurrent or regular treatment** and is away for a number of shorter periods, the Inclusion Manager will alert the Home Tuition Service, and the Home Tuition Coordinator for the Learning Trust will make every effort to organise special provision for the pupil in question.
* The school, with the parents’ 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 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 discussions with teachers working with the child out of school, and by examining work samples (where appropriate). In cases of extended absence, the Inclusion Manager 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 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 might 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 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.

**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 **information about individual medical needs**. It is the duty of parents to return this form so that any necessary preparations can be made.
* Each year, a similar form will be sent out in order to keep medical needs information current.
* 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 attendance register so that it can be referred to easily. Support staff will have full copies of the Medical Needs Register as they may be working with children from several different classes. Fuller details are given on a ‘need to know’ basis. Confidentiality is assured by all members of staff.
* 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 knows what precautions to take and how to react in an emergency.
* The school has a number of **First Aiders** who regularly attend refresher courses.
* All 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. All staff will receive awareness training about these conditions.
* Before taking **children off the school premises**, the member of staff will ensure the guideline checklist is followed and that in charge will check any medication or equipment that needing to accompany pupils is safely packed. The school policy on educational visits will be followed along with the Learning Trust guidelines on ‘Educational Visits and Pupils with SEN and Medical Needs’.
* **Medications** such as inhalers are kept at the office with the Admin Officer and are taken under supervision. Parents are generally expected to administer medicines themselves, but in very specific circumstances and after suitable training, the school may agree to administer certain medicines, e.g. EpiPen. Parents must give written permission agreement for any medication personal or nor prescriptive to be given to a child. Such as pain killers (Analgesics) including Aspirins, Paracetamol. May not be given to children.
* Parents must reach an agreement with the school before sending in medication. It is the responsibility of parents to ensure that medicines are not out of date. The school uses the agreement forms and advice recommended by the DfE and Dept of Health ‘Managing Medicines in Schools and Early Years Settings’.
* Children with more complex medical needs may require a **care plan**. 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 and personal care** will be assisted by a trained member and will use one of the school’s specially adapted toilets. Protective gloves and aprons will be provided for staff and procedures would need to be 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 Personal care. We follow the Learning Trust guidelines.

**A Whole School Approach**

* The school will promote positive **emotional health** and well-being in the school community and help pupils understand and express their feelings to build their confidence, emotional resilience and capacity to learn.
* **Lifestyle health** will be promoted through the ‘Healthy Schools Policy’ and the ‘Personal, Health, Social and Citizenship Education’ (PHSCE) 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, participation in physical activity and identify pupil who need breakfast. Support will be offered to vulnerable pupils who may be over- or under-weight. We will meet the need for a balanced diet in line with the DfES/DoH school food standards and provide the necessary support for individual needs. This may be ensuring:
	+ a suitable eating environment e.g. appropriate table height, chair, cutlery, quiet surroundings
	+ assistance with feeding/drinking which may include specialist training for modified diets or tube feeding. Staff will be trained to ensure the feed is appropriate and hygienically administered. All pupils will be involved in regular mealtimes whenever possible to ensure social integration.
* The **PHSCE and science curriculum** will also address issues including sex and relationship education and drug and substance misuse. All staff will receive awareness training on substance misuse and will be alert to symptoms and unusual behaviours.
* The school will promote **back care** for pupils and staff and support those with back pain by considering seating, work stations, lifting and carrying, locker provision, physical activity and awareness training.

**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 mattes 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 such as the Hackney Ark, where a full paediatric assessment can be carried out.
* When pupils enter the school, parents and children are offered the opportunity of attending a personal interview with the school nurse.
* The school will work closely with other professionals to ensure good communication and liaison. At this meeting, parents can seek advice on the health of their child.
* Parents are expected to inform the school on the first day that the child is absent. If an absent last a full week or longer the parent must produce a medical certificate.
* The school nurse has termly meetings wit the Inclusion Manager at which the Medical Needs Register is reviewed and health matters discussed.

**Further information is available from:**

The Inclusion Manager, Carly Richards

The Healthy Schools Co-ordinator, Asarena Simon

The Specialist Teacher for pupils with medical needs, The Learning Trust: 020 8820 7326

The Learning Trust website, <http://www.learningtrust.co.uk/specialneeds>

http:www.teachernet.gov.uk/wholeschool/healthandsafety/medical &

http:www.wiredforhealth.gov.uk