

Cornholme School Medical needs policy

This policy is taken from the Calderdale medical needs Guidance document.

Definition

A medical need is a clinically identified or diagnosed health need which prevents a child or young person attending school for fifteen working days or more. This includes children or young people who are hospitalised for four days or more.

The child or young person remains the responsibility of the school. In accordance with Calderdale Council's Policy 'Access to Education for Children and Young People with Medical Needs', the school may need to seek support for children or young people who are temporarily unable to attend school on a full time basis.

Aims

The aim of the school is to ensure early identification, continuity of education for children and young people with medical needs and to ensure reintegration into school at the earliest opportunity.

Objectives

- i to ensure access to quality provision;
- ii to establish effective communication between other agencies which promote and enhance learning opportunities for children and young people.

Procedure

If the school has a concern about a child's:

- i potentially long term sickness;
- ii recurrent bouts of sickness leading to extensive periods of absence;
- iii or young person who is unable to attend school due to mental health needs.

The named person should convene a "Team around the Child" meeting to include:

- i child or young person;
- ii parent/carer;
- iii appropriate school staff;
- iv Education Welfare Officer (EWO);
- v representatives from other agencies as appropriate.

The named person will hold, share and document the planning meeting. If it is agreed that education other than at school is appropriate, then the school will activate the

request to Vulnerable Children Service for medical needs teaching and make arrangements for continuity of education.

Provision of medical needs teaching support

Upon receipt of a referral and supporting documentation and the agreement that teaching support is appropriate, the Vulnerable Children Service will:

- liaise with the referring school and agency/identify the named person at the school
- undertake a home visit to discuss with parents/carers
- meet the young person and ascertain their views on educational provision
- undertake a risk assessment
- allocate a teacher within five working days
- confirm in writing to the young person, parents, school and agencies the agreed provision, including venue, and times of sessions
- set a meeting date for the first target setting and half-termly review
- ensure that an integrated support programme is actioned, leading to a planned reintegration into school where appropriate

Responsibilities and Resources

The school retains the funding for the child or young person and will be responsible for:

- i. a named person responsible for children and young people with medical needs
- ii. ensuring planning is available in all national curriculum subjects which the child or young person would normally be studying;
- iii. making available Individual Education Plans/Personal Education Plans and Health Care Plans where appropriate
- iv. the loan of appropriate resource materials and equipment where possible.
- v. making arrangements for SATs and examinations (including entry fees)
- vi. on-going assessment and target setting
- vii. career interviews and work experience placements.
- viii. ensuring that a named member of staff regularly liaises with the Vulnerable Children Service/attends half termly target setting and review meetings/facilitates and supports any planned reintegration programme

The named person and Head Teacher will monitor this policy and report to the curriculum committee of the governing body on an annual cycle to ensure that children and young people's educational needs are being met, continuity of education is provided

within the statutory timescales and Council policy. The curriculum committee will report their findings to the full governing body and review the policy in light of statutory and Council recommendations.

Links to other school policies may include:

- i equal opportunities;
- ii inclusion;
- iii Special Educational Needs;
- iv curriculum;
- v assessment;
- vi examinations;
- vii attendance;
- viii administration of medicines.

Pupils in School who have Medical Conditions

1) At Cornholme School we will follow the guidance set out by Calderdale Council including:-

- ◆ Guidance for the administration of medicines
- ◆ Guidance for pupils with a high risk of anaphylactic reaction
- ◆ Guidance for use with pupils with Asthma
- ◆ Guidance for use with pupils with diabetes
- ◆ Guidance for use with pupils with epilepsy

2) All pupils in school who have a medical condition, will have a "Health Care Plan".

Copies of these plans will be kept centrally in the staff room and with the class teachers of the pupils concerned. All staff, teaching/non teaching must make themselves aware of the medical conditions of pupils and health care plans.

3) Staff taking pupils out of school will always take with them the "medical form and the medicines for any pupils in the group who has a medical condition. This outlines the details of any procedures and medicines that the pupil might need.

- 4) Where there are pupils requiring prescribed medicines in school, we will follow the procedures outlined in the school brochure and staff handbook with regard to written instructions on dosage, frequency and danger.
- 5) As a matter of principle, all pupils at Cornholme school will be included in every educational activity we normally undertake, unless medical advice specifically precludes it.
- 6) This policy will be reviewed every three years or in response to government/council guidance.

Additional guidance

1. **Authorised Persons**

The Headteacher is responsible for the operation of the school policy on the Administration of Medicines and is therefore the main person responsible for the administration of medicines. The Headteacher can authorise a named member of staff, with their agreement, to be responsible for the administration of medication (this member of staff is then the 'Authorised Person').

It is the duty of the Headteacher to ensure that all members of the teaching and non-teaching staff (including supply staff) are made aware of the school policy.

2. **Information for Parents**

Full copies of the policy on the Administration of Medicines should be made available to parents as required.

3. **Storage of Medicines**

At school, all medication should be stored and locked in an appropriate place. The locked filing cabinet in the front office or the medicine fridge in the bottom office

4. **Injections and Invasive Procedures**

It is unlawful for staff to administer medication by injection unless for the purpose of saving life in an emergency and invasive procedures will only be undertaken if included in a Health Care Plan. Suitable training will be given.

5. **Self-Administration of Medication**

Wherever possible, pupils should be encouraged to self-administer medicines in an appropriate place, or under the supervision of an authorised member of staff.

6. **Procedures**

6.1 The parent/carer is responsible for supplying the Headteacher with adequate information regarding their child's condition and medication. If medicine is likely to be needed for more than a few days the Headteacher/authorised person will then initiate the Health Care Plan.

6.2 This must be in writing, signed and current so that procedures for each individual case are known. It is recommended that each school has a standard Medical Consent Form for this purpose. It should be updated annually at the start of each academic year or earlier as and when appropriate, if medication is altered by the child's GP or Consultant.

6.3 Copies of this Consent Form should be kept in the child's main school file and in the Medication administration Records File.

- 6.4 All medicines must be delivered to the school by parents/carers or authorised person. It is the parent/carers' responsibility to inform the Headteacher in writing when the medicine or the dosage is changed. The parent/carer/escort should sign the transfer of medication book on arrival at school.
- 6.5 After first receipt of medicines at school, additional medication may continue to be accepted without further notice, but any change in dosage etc, must be notified, in writing, to the Headteacher or accepted Authorised Person. "As required" medication, eg inhalers, will only be accepted if the above procedures have been followed. It is expected that pupils will keep inhalers on their person.
- 6.6 Each medicine must be delivered, **in the original container**, to the Headteacher or Authorised Person. It may be appropriate for the GP to prescribe a separate amount of medicine for school use. This should be negotiated with the parent/carer. Medicines in unlabelled containers will not be accepted. The school should record the delivery of medication in a special book on receipt.
- 6.7 Each container **must** be clearly labelled with the following:-
- i name of medicine;
 - ii pupil's name;
 - iii dosage and frequency;
 - iv date of dispensing and expiry date;
 - v storage requirements, if important;
 - vi any contra-indications.
- 6.8 It should be made clear by the parents/carers whether the medication should go with the pupil at the end of the school day or remain in school.
- 6.9 All pupils will have access to the National Curriculum unless medical advice specifically precludes it, or it is clearly impractical (for example, pupils who have epilepsy should participate in swimming lessons unless the school is specifically advised to the contrary by the pupil's Consultant).
- 6.10 When pupils who have a medical condition such as epilepsy go out of school, school staff will have access to a mobile telephone. School staff will take the pupil's medical card with them (the medical card lists details of all medications that the pupil is taking) and where necessary medication.
- 6.11 No medication should be left in an unattended situation.