



THE WOLDS & VALE FEDERATION



Supporting Children with Medical Needs

Introduction

The aim of this policy is to describe how schools within the Wolds and Vale Federation will ensure that children with medical needs have access to a good quality and appropriate education during a prolonged absence from school.

It is a requirement that the Federation has a named person who leads on the implementation of the policy for children with medical needs. This is usually the Head of School in conjunction with the school attendance manager and the SENDCO (the Special Educational Needs and Disabilities coordinator in school).

This policy is directed at children who have serious illnesses which are likely to prevent attendance at school for long periods of time and may well involve repeated periods of absence. It is also likely that such children will also spend time in a hospital.

In this policy this group of children are described as Category 1.

However, the policy also describes what will happen when otherwise healthy children are absent for more than ten consecutive school days.

In this policy this group of children are described as Category 2.

Provision for Category 1 Children

The attendance manager will maintain a list of children who are defined as falling into Category 1. In most cases a Medical Care Plan (MCP) will be written. Parents of children in Category 1 will be informed of this policy so that the MCP can be written at the earliest possible time in order to ensure that appropriate provision is made from the moment the absence begins.

Initially, an MCP will be reviewed on a weekly basis, and then at longer intervals as appropriate. Each MCP will be different, because each child's circumstances will be different.

A MCP will always name a learning mentor who will be a contact person for the parents. The following list describes some of the possible actions that could be included in a MCP:

- a) If the child goes into hospital, the medical team at the hospital will contact the SENDCO and the medical team at the Local Authority to make arrangements for the appropriate work to be set. The school will provide copies of teachers' planning to indicate the curriculum that would have been provided if the child had been in school. If the child has special educational needs and also has an EHCP (Education Health Care Plan) or an MSP (My Support Plan), a copy of this will also be provided. It is then the responsibility of the Medical Team of the hospital and LA to ensure that the child's needs are met at a level appropriate to her/his medical condition
- b) A child may have a long-term absence and be at home. If this absence is likely to exceed 15 days an application will be submitted to the Inclusion Team for possible home tuition
- c) It is possible that an MCP might also include an element of part-time attendance at school
- d) Where appropriate, ICT resources will be used to provide and share learning with the child; set by the class teacher.

Provision for Category 2 Pupils

If it becomes apparent that a child's absence due to illness is likely to exceed ten days, or has already exceeded ten days, the attendance manager and SENDCO should be informed. A decision on provision appropriate to a child's medical needs will then be made on an individual basis by the attendance manager or SENDCO. Parents may wish to have a meeting with the class teacher who can provide appropriate work.

Asthma

Children who suffer with asthma need to be able to gain quick access to their inhalers (or spacers in the case of some younger children). Inhalers will be kept in the medical bags kept securely within each classroom.

Members of staff need to ensure that such devices and medicines are taken with them and available to children when taking the class out for PE, Forest Schools etc and on off-site visits. For older children it is recognised good practice to have more than one inhaler in school. One can be kept in the designated and safe medical storage and one kept in a secure place in their bag in their locker.

Parents sign a form to acknowledge that an inhaler has been provided and must ensure the inhaler is clearly labelled with the child's name and class.

Administration of Medicines

The administration of medicines in school must remain the responsibility of the child's parents but school staff are willing to help with the supervision of certain medicines. We cannot take responsibility for giving medicines which are for the treatment of serious conditions unless a medical health care plan is in place.

Most medicine can and should be administered at home.

Whenever a medicine is requested to be administered in school it is important that parents and carers complete the appropriate documentation.

Medicines may be administered in school when:

- a) A child has a long-term illness (such as asthma, diabetes or epilepsy) which is controlled by regular medication
- b) A child is recovering from a short-term illness and is receiving a course of medicine (such as antibiotics).

Procedures for Administering Medicines

We understand that it may be difficult for parents to come in to school to give a child medicine and we want to do as much as possible to help. We do, however, need to guard against problems which can arise when staff administer medicines on behalf of a parent and we must, therefore, establish clear guidance for this.

We must consider the following points:

- a) It is often not necessary for a child to receive medicine during school time – where, for example, the medicine needs to be taken 3 times a day it is often appropriate for it to be given in the morning, at teatime and at bedtime
- b) Where the medicine does need to be taken in school-time (e.g. at lunchtime) we must ensure that this is done properly, with the correct dose etc
- c) For the protection of other children, we must ensure that medicines to be administered at school are kept safely and securely
- d) It must be accepted that a member of staff may, because of the many other things happening in school or class, forget to give the medicine and the consequences of this should be considered.

We would, therefore, propose that the following guidance is applied:

- a) Wherever possible, medicines should be administered at home rather than at school. If the directions are three times per day it should be administered before school, after school and at bedtime, therefore eliminating the need to bring medicines into school

- b) Staff will only be able to administer medicines where the consequences of a dose being missed will not be serious; where a missed dose may lead to serious consequences, we must ask parents/carers to take responsibility for administration
- c) Before medicines can be administered at school, parents/carers should complete a form giving permission for a member of staff to administer the medicine, clarifying when and how it should be given and stating their understanding that the Federation and its staff cannot be held legally responsible if, for some reason, the medicine is not administered
- d) Medicines to be kept at school should be sent in the smallest practicable amounts and should be looked after by a member of staff, not the child (except in the case of inhalers – see below)
- e) Medicines must be clearly labelled with child's name, name of the medicine and dosage

Inhalers

Inhalers must be brought in to school and signed in with parents completing the required paperwork and the medication placed in the appropriate place with the specific members of staff being informed of its whereabouts and the need for administration.

Children will not be permitted to be responsible for their own inhaler.

The inhaler should be clearly labelled with your child's name and class/form group.

It is important that parents and carers, along with school, stress the importance to children of NOT handling or taking another person's medicine at all times in school.