



Wath Comprehensive School Policy on Supporting Sick Children and those Students with Medical Needs

Introduction

This policy reflects guidance produced by the Local Authority. It is written in accordance with the Department for Health and Department for Education and Employment's guidance, 'Supporting Pupils with Medical Needs', and the D.f.E.E. Circular 14/9, 'Supporting Pupils with Medical Needs in School'

This policy sets out how the school intends to manage the arrangements for supporting children with medical needs. Most children with medical needs are able to attend Wath regularly and, with support from the school, take part in most routine activities, whilst others with more significant medical needs require an Education, Health and Care Plan (EHCP) to be drawn up. The policy also provides information on the administration of medicines in schools.

This Policy on the Education of Sick Children is intended to safeguard the right of children unable to attend school for medical reasons to continuing education of the highest possible quality. Wath Comprehensive School recognises that schools have a continuing role to play in ensuring that children's continuing educational needs are met and that all agencies involved must work in close cooperation with parents and with each other in the best interests of the child.

School Responsibilities

1. Staff will be notified regarding students who have medical needs via the school's Inclusion Register. This will be maintained by Ruth Jeffcote under the direction of the SENCO.
2. The Headteacher accepts responsibility, in principle, for school staff administering or supervising the taking of prescribed medication or medical care during the school day. The acceptance of responsibility may depend, however, upon the nature of any individual needs.
3. Where the Headteacher decides that he/she cannot meet the medical needs in individual cases, this decision will be notified to the parents/carers promptly.
4. The Headteacher will seek staff volunteers to administer medicine. However, teachers' conditions of service do not allow for Headteachers to require teachers to give medication or supervise the taking of medicine.
5. Provided that correct procedures are followed, staff will normally be fully covered by their employer's public liability insurance in the event of a claim. If legal action over an allegation of negligence were pursued, the employer rather than the employee is likely to be held responsible.
6. The designated staff members with key responsibility for medicines/medical care are the Medical Room Staff. Katy Edmondson, SENCO, will initiate Individual Health Care Plans or EHCPs where

this is recommended by a health professional and arrange for staff training as necessary. Katy Edmondson will oversee liaison with health professionals. Any arrangements for children with medical needs participating in offsite school activities will be overseen by the senior member of staff in charge.

7. Notes from parents/carers concerning the administration of medicines will be received by the Teaching Assistants, who will keep a record of medicines administered and will ensure medicines are stored appropriately (see Department of Health Form 2 and L.E.A. Policy 5.5 and 7.1 to 7.5). Katy Edmondson will ensure parents/carers are notified when their child refuses to take medication prescribed and ensure systems are in place via administrative staff (Jo Fenton) to inform parents/carers if any expired/unwanted medicine has been left in school and requires collection.

8. Where a health professional advises that an Individual Health Care Plan is required for a child with significant medical needs, for reasons of confidentiality details are likely to be kept in the main office and Inclusion office. A list of staff able to administer EPIPEN is available in the same locations.

9. All medicines should be handed in to Teaching Assistants or staff in Main Reception at school, who will inform Katy Edmondson and Ruth Jeffcote. Medical Room will then supervise the taking or administering of all medicines.

10. Ordinarily, the school policy does not allow for children to carry their own medicines, except where children self-medicate in an emergency, e.g. asthma, inhalers, Epipens. Children should be advised to hand in any medicines at Main Reception.

11. Where a parent/carer considers their child to be capable and mature enough to self-medicate prescription or non-prescription medicine, e.g. commercially available pain killers, the parent/carer should send a note to Ruth Jeffcote giving their permission. Please see final point below.

12. Where children exceptionally carry their own medicine, they should never give their medicine to other children.

13. In some circumstances, e.g. severe allergic reaction, which may require the immediate administration of medicines, those staff who have volunteered will receive training.

14. Ordinarily, all medicines will be stored in First Aid Room except those requiring refrigerated storage. These medicines will be kept in the refrigerator adjoining the main office. In exceptional and agreed circumstances medicines may be stored in a different location and this will be reflected in the child's care plan.

15. Where a child's medical needs require the appointment of care workers, this arrangement is likely to come under the direction of the Special Educational Needs Co-ordinator and be reviewed under the Statutory S.E.N. process.

16. Any pupil under 12 years will not knowingly be given medication, containing Aspirin, unless it is prescribed by a doctor, as it may cause severe illness in young people.

The Responsibilities of Parents/Carers

1. Whilst we encourage regular school attendance, children who are acutely unwell should not be sent to school but school should be kept informed regarding their absence.

2. Parents/carers should try to ensure that their child's medication is taken out of school hours wherever possible.

3. Where children are required to take medicines during school time, parents/carers should send a note with the medication to Ruth Jeffcote/Jo Fenton providing the details of the dose and frequency.

4. If parents/carers prefer to administer medication themselves to their children during school time, they should discuss this with Ruth Jeffcote.

5. Parents/carers should ensure that they provide the school with emergency contact(s) where they or a nominated person can be contacted should their child become ill.

6. Parents should regularly check the expiry date of medicines; the responsibility for collecting expired or unwanted medicine lies with the parent/carer. Staff members will periodically check medicines held at school, parents/carers will be contacted and they should make arrangements to collect and dispose of such medicines.

7. Where a parent/carer considers their child to be capable and mature enough to self-medicate prescription or non-prescription medicine, e.g. commercially available pain killers, the parent/carer should send a note to Ruth Jeffcote giving their permission.

8. Where a pupil has a significant medical need and health professionals advise that an Individual Health Care Plan is required, parents/carers will be expected to fully participate in providing information in relation to the medical condition, agreeing and signing the plan for their child.
9. Parents/carers should inform the school as soon as possible of any changes in their child's condition or treatment.
10. Whilst we will endeavour to maintain confidentiality, in some cases in the interests of the pupil's safety, information about their condition and treatment will be made available to staff in areas where pupils do not normally have access. In these cases, the permission of the parents/carers and pupil will be sought.

The Responsibilities of Pupils

1. Whilst we encourage regular school attendance, children who feel very poorly before leaving home in the morning should ensure that they tell their parent/carer, who can then decide whether they are well enough to attend school.
2. Prescribed medicine should be taken out of school hours if possible. However if, with their parent/carer's permission, they need to bring medicine into school, this should be accompanied by a note from home, which should be handed in to main reception.
3. **All** medicine (except that which may be required to be taken in an emergency or which is covered earlier) needs to be handed in to the First Aid room to Jo Fenton, who will supervise the taking of it. Children should **never** give their medicine to anyone else.
4. Where a child of sufficient understanding has a significant medical need, which requires an Individual Health Care Plan, the child will be invited to participate in drawing up and agreeing the plan.
5. Whilst the school will try to maintain confidentiality, in the interests of safety, some medical information relating to the condition and treatment may be required to be made available to staff at school. This will be discussed when drawing up the Individual Health Care Plan.
6. Pupils should take care in carrying medicines to and from school. They should never give their medicine to other children.

The School's Emergency Procedures

See Department of Health Guidance for more information.

1. Where it is clear that a child requires urgent medical attention, an ambulance will be called.
2. The caller will try to provide details of the child's known condition and symptoms. Where possible, they will give the name and date of birth of the child etc.
3. Where urgent medication is required, e.g. Epipen, the School will endeavour to administer the medication and call for an ambulance simultaneously.
4. The caller will give their name and provide details of the school's location to aid the Ambulance Service. Each teacher knows that if there is a medical emergency a child is despatched immediately to the office for a first aider to be called or an ambulance.
5. Parents/carers will be contacted as soon as possible where emergencies arise.
6. A pupil taken to hospital by ambulance should be accompanied by a member of staff, who should remain until the parents/carers arrive.

Training

1. Staff who volunteer to administer medication will receive training by a suitably qualified medical professional.
2. Request for school training will be notified to the Local Authority.
3. A record of who delivered the training, and who received the training, will be kept by the school. A date for review of further training will be agreed at the first training session.
4. If a serious medical incident occurs in school, a debriefing session will be arranged.

Record Keeping

The school will keep records of the following:-

1. Medication administered or supervised.
2. Individual Health Care Plan/EHCP.
3. Notification from parents/carers giving consent regarding medication issued.
4. Training records in staff files.

5. These records will be transferred with the child to subsequent schools throughout their academic career.
6. Secondary schools will retain these records for Y11 leavers for a further **5 years**.

Education of Sick Children

Wath Comprehensive School will:

1. Respond to any areas of concern identified and take an appropriate course of action.
2. The school will react as swiftly and assertively as possible to any parental concerns. Parents/carers will be encouraged to make contact with school to discuss any issues impacting on their children's attendance and ultimately on their progress and attainment.
3. Take responsibility for monitoring student attendance and will work closely with the external support services where a student has been identified as needing to receive education otherwise than at school.
4. Implement management structures, staff responsibilities and lines of communication as identified in the school's Attendance Policy to monitor continued long-term non-attendance.
5. Liaise closely with the Education Welfare Officer, Inclusion Team, parents/carers and other external agencies, including the Hospital Tuition Services, where appropriate, to support the education of students where medical issues prevent students from attending school.
6. Provide a named contact within the school to aid communication with other parties, to attend reviews and to keep in contact with the student.
7. Provide work and materials for students absent from school due to medical conditions.
8. Liaise with all agencies and examination boards to ensure that students who are unable to attend school because of medical conditions have access to public examinations, possibly as external candidates.
9. Follow the practices and procedures of referral (as set in the school's Inclusion and SEN Policy) for students with an EHC Plan.
10. Enable parents/carers to access details of advice/support available to them, through the named contact person within the school and within the LA.
11. Liaise closely with the student to ensure he/she has a full understanding of the practices and procedures of being educated away from the school context and to take into account the student's views and those of other professionals who are working with the student.

Reintegration into School after Absence

1. The school will endeavour to support students returning after a long period of absence, by providing a preliminary assessment in the Support Areas if necessary.
2. Children with mobility issues will be risk assessed and a suitable plan enabling maximum inclusion facilitated.
3. School staff, including PYLs and EWOs, will liaise closely on this issue and employ appropriate reintegration strategies, incorporating 'Individual Education Plans' as required.
4. Children in public care (CIPC) will be supported following significant disruption to their education by implementing a Personal Education Plan. Students could be referred to the Education Support Team for Looked After Children for support with reintegration, where necessary.

Monitoring of the LA and School Policies for the Education of Children with Medical Needs

The school will report to the Governors' annually regarding:

1. Number of students who have been educated elsewhere other than in school, as a consequence of their medical needs.
2. How the school has implemented support for those students.
3. Agencies involved and financial cost to the school – if applicable.
4. Outcomes for those students.

The school will seek to ascertain the views of those students (and their parents/carers) who have been supported in their education – but out of school - because of their medical needs. This will be part of the school's ongoing policy for self-evaluation and review.

Note - the names of students will not be disclosed to parties outside the school without the direct permission of the student and parents/carers.

Confidentiality

1. Whilst the school will endeavour to maintain confidentiality, in the interests of safety some medical information relating to a child's condition and treatment may be required to be made available to staff at school. This will be discussed at the meeting to arrange an Individual Health Care Plan.
2. Sometimes it will be appropriate for a photograph to be kept with the child's Individual Health Care Plan. Normally these will be displayed in areas where pupils have restricted access, e.g. First Aid Room/Inclusion Office/PYL Office. This will be discussed with parents/carers and pupils as appropriate.

Monitoring and Reviewing the Policy

The Headteacher will ensure that this policy is implemented and monitored and is made known to parents/carers, staff and pupils.

The Governing Body will receive an annual report on the implementation and monitoring of the policy.

The policy will be reviewed annually.

Annual Actions:

- Epipen training and revision for staff to take place
- New training for those administering medicines and/or as part of first aid training
- Continue to track attainment of sick children
- Liaise with Home/Hospital Tuition Service (HHTS) and other agencies as necessary.