

PILGWENLLY PRIMARY SCHOOL

ACCESS TO EDUCATION AND SUPPORT FOR CHILDREN WITH MEDICAL NEEDS POLICY

Written: September 2010, updated Sept 2011

1. Introduction

This policy is written in response to the guidance contained in the Welsh Assembly Government circular "Access to Education and Support for Children and Young People with Medical Needs". The school will continue to be responsible for all children unable to attend school for medical reasons and they should be able to access education without stigma or exclusion. Children covered by this policy may:

- be recovering from an illness or injury keeping them away from school during recovery;
- have a long term or recurring illness;
- have an illness or clinically defined mental health disorder which causes them to be absent for a period in excess of 15 days where medical opinion states they are still unable to access mainstream school.

2. Aim

Our aim is to ensure that all children in our school continue to have access to as much education as their medical condition allows so that they are able to maintain the momentum of their education and to keep up with their studies. The nature of the provision will be responsive to the demands of medical conditions that can sometimes be changeable.

3. Responsibilities

The Headteacher is the designated contact person responsible for the education of children with medical needs whose role it is to facilitate communication with all parties and ensure that the school is meeting the needs of all those identified.

Areas of general responsibility will include:

- ❖ maintaining a list of children and young people with medical conditions in the school.
- ❖ ensuring that contact is maintained with children (and their families) who are away from school due to illness for a period of less than 15 working days, setting of work if they are well enough, forwarding of newsletters etc,
- ❖ welcoming them back to school, ensuring that all staff are aware of their up to date medical situation and ensuring that any reasonable adjustments to accommodation, curriculum are made, together with ongoing monitoring of the their situation and needs whilst in school.
- ❖ keeping the EWO informed of all attendance issues regarding children where there may be medical needs, either physical or mental.
- ❖ ensuring that the school register is marked appropriately.
- ❖ maintaining contact with the school nurse.
- ❖ notifying the Medical Needs Team if a child is (or is likely to be) away from school due to medical needs for more than 15 working days. This includes those with a recurring illness.
- ❖ ensuring that close contact is maintained with them (and their family) and that arrangements are in place for the setting and marking of work. This is particularly important for those for whom a support programme is being arranged.
- ❖ the school's policy on assisting children with long term or complex medical needs.
- ❖ Administration of Medicines (please note the only addition to this policy is '*if a child is on the last few days of antibiotic medication and is deemed well. Dose two of four can be administered at school if relevant paperwork is completed*'. If the child is on three doses a day; parents should be encouraged to give medicine before school, at the end of the school day and before bedtime. Parents will be encouraged to attend school to give pupils 'Piriton' when suffering from hay fever.

4. Referral to the Medical Needs Team

Children who will be absent from school for 15 working days, trigger intervention.

Educational provision will be made in collaboration with the service providing alternative education.

The school will hold, chair and document a planning meeting.

The designated school contact for children with medical needs will be responsible for:

ensuring that Medical Needs referral forms (Request for Involvement and Request for Medical Information forms) are completed and passed to the relevant agencies as quickly as possible.

- ❖ drawing up an Individual Education Plan (IEP) and ensuring that the child or young person is on School Action Plus of the SEN Code of Practice.
- ❖ arranging for a member of the school staff to attend an initial meeting with the Medical Needs team to plan a way forward.
- ❖ ensuring that regular half termly review meetings are in place.
- ❖ ensuring the prompt provision (as agreed with the Medical Needs Team) of information about a child capabilities programmes of work, and resources. Work provided by school will be relevant, appropriate and of comparable level to work being done in school by peers in the same set/group.
- ❖ passing on details of the child or young person's special educational needs and a copy of the current IEP.
- ❖ ensuring that children and young people who are unable to attend school because of medical needs are kept informed about parents evening and are able to participate, for example, in homework clubs, study support and other activities.
- ❖ encouraging and facilitating liaison with peers - for example, through visits, emails, letter, and telephone calls.
- ❖ ensuring that all children and young people covered by this policy have access to statutory assessment, including guidance on the completion of appropriate coursework. The school will also be responsible for requesting special arrangements where necessary.

5. Parents/Carers and Children

Parents will be full collaborative partners and will have access to information, advice and support during their child's illness. Opportunities to allow the individual child to be involved in making decisions and choices will also be addressed. Pupils will be encouraged to carry and know where their own asthma pumps are kept.

6. Reintegration

The school will have a key role to play in successful reintegration and will be proactive in working with all agencies to support a smooth transition and in ensuring that peers are involved in supporting child or young person's reintegration. The plan will always have multi-agency approval.

7. Involvement of Governors

This policy has been discussed and agreed by all Governors. The named linked Governor involved with this policy is Susan Heard.

8. Emergency Arrangements

In all emergency cases an ambulance will be sent for and the child taken to hospital. A member of school staff will travel with the pupil until a member of the family arrives at the hospital. No child will be taken to hospital in a staff members car.

9. Summary

The school's policy for the education of children and young people with medical needs will form part of the Inclusion or SEN policy and will be included in the prospectus.

This policy will be reviewed annually.

10. School Medical Team

Headteacher - designated school contact

Deputy Headteacher - Emergency Medical Officer, oversee medical files and logs

Health & Safety NNEB First Aider - maintain medical stock

Four Day First Aid Trained Staff