

WALTON CEVC PRIMARY SCHOOL
"Every Child, Every Chance, Every Day"



Policy for Children with Medical Needs

What is the purpose of this policy?

The purpose of this policy is to describe how Walton CEVC Primary School will ensure that children with medical needs have access to a good quality and appropriate education during a prolonged absence from school.

Who leads on this policy?

It is a requirement that each school has a named person who leads on the implementation of the policy for children with medical needs. At the time of writing this person is Rachel Toal, Headteacher and Mrs Katherine Cooper SENCO.

What is the definition of children with medical needs?

All children are likely to be absent from school occasionally. This policy is directed at children who have serious illnesses that 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 five consecutive school days. In this policy this group of children are described as Category 2.

What will be the provision for children defined as Category 1?

The SENCO will maintain a list of children who are defined as falling into Category 1. In most cases a Care Management Plan will be written. Parents of children in Category 1 will be informed of this policy so that the Plan can be written at the earliest possible time in order to ensure that appropriate provision is made from the moment the absence begins. Initially, a Care Management Plan will be reviewed on a weekly basis, and then at longer intervals as appropriate.

Each Plan will be different, because each child's circumstances will be different. The following list describes some of the possible actions that could be included in a Plan. A Plan will always name a learning mentor who will be a contact person for the parents.

1. The child may go to a hospital that has a hospital school. The SENCO will contact the headteacher of the hospital school and 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 SNIP (Special Needs Individual Plan), a copy of the SNIP will also be provided. It is then the responsibility of the headteacher of the hospital school to ensure that the child's needs are met at a level appropriate to her/his medical condition.
2. 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.
3. It is possible that a Care Management Plan might also include an element of part-time attendance at school.
4. Where appropriate, use will be made of ICT to send work to a child's home.

What will be the provision for children defined as Category 2?

If it becomes apparent that a child's absence is likely to exceed 5 days, or has already exceeded 5 days, the Headteacher/SENCo should be informed. A decision on provision appropriate to a child's medical needs will then be made on an individual basis. It may be necessary to write a PEP. In most cases this will not be necessary and an offer will be made to parents to have a meeting with the class teacher who will provide appropriate work. Parents will be informed of this aspect of the school's provision in the newsletter once every school year.

What is the Policy on Asthma?

Children who suffer with asthma need to be able to gain quick access to their inhalers (or spacers in the cases of some younger children). Parents sign Form 7 to acknowledge that an inhaler has been provided. The inhaler is kept in classrooms and the form in the Medical File in the front office. Members of staff need to remember to ensure that inhalers are taken on off-site visits. However, as children with asthma get older it is very much the expectation that they should take the lead on remembering to take their inhalers.

What is the Policy on the Administration of Medicines?

Occasionally, it is necessary for medicines to be administered at school. If a parent wishes a child to take a prescribed medicine during school time they should either arrange with the Headteacher to come to school to administer the medicine or complete Form 3B Administration of Medicines in Schools form, giving permission for the Headteacher or his/her nominee to administer the medicine and deliver the medicine with instructions to the school office where it

will be kept in the school kitchen fridge or if needing to be kept secure, in the school office. The medicine should be in date and clearly labelled with:

- Name of medication
- The owners name
- Dosage, time and frequency
- The prescribing doctor's name.

Each time a medicine is administered it is recorded on the form kept in the child's class.

The school will not administer non-prescribed medicines except in special circumstances such as a doctor's recommendation following injury such as broken limb, operation etc.

Cough sweets may only be brought to school with the permission of the Headteacher. These must also be held in the school office.

How do we know which children have medical needs?

A list will be kept in each teacher's class SEN file and a list of children and their photograph with serious medical needs is kept in each teachers classroom cupboard. There is also a list in the cupboard in the staffroom.

Policy on the Administration of Epipens

What is the purpose of this policy?

The purpose of this policy is to describe to parent, governors, and staff the measures taken by the school to protect those children who may need to receive the administration of an epipen. This policy only describes in outline the causes and symptoms of anaphylaxis. Staff will receive detailed training from our local medical team.

What is anaphylaxis?

Anaphylaxis can be triggered by foods (nuts, shellfish, dairy products) or non-foods (wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system, genitourinary system. In the event of an attack it is important to administer an epipen as soon as possible and then call 999 for an ambulance.

How will I know when and how to administer an epipen?

In September, all members of staff will be informed about anaphylaxis and the administration of epipens. Each September there will be a reminder training session for members of staff on use of the epipen. First Aid Training also covers the use of Epipens.

How will I know which children might need an epipen?

At the beginning of each new school year (or when a new child joins the school), all information about anaphylaxis will be passed to the Headteacher. She will ensure that this information is given to all those adults that have most frequent contact with individual children.

Where are Epipens Stored?

An epipen for each child is stored in a clear box that also contains the name of the child, her/his photograph, and a copy of the child's individual Health Plan-Form 2. These are stored in the HT office in the cupboard.

Review

The governing body reviews this policy annually. The governors may, however, review the policy earlier than this, if the government introduces new regulations, or if the governing body receives recommendations on how that policy might be improved.

This policy should be read in conjunction with the First Aid Policy

January 2025

Review Date: January 2027