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 **The Federation of Boskenwyn & Germoe Schools**

**EDUCATING CHILDREN WITH MEDICAL NEEDS POLICY AND PROCEDURES**

**1 Introduction**

 The School is committed to ensuring that all learners with medical needs continue to have access to as much education as their medical condition allows suited to their needs, age and ability.

 The School will carry this out by ensuring that:

* The disruption to schooling is minimised by continuing education as normally as the incapacity allows.
* Suitable arrangements are in place to enable the learning process to continue.
* Wherever possible progress is maintained.
* Learners receive appropriate care and support.
* There are effective links with parents/carers and all those involved in the education, health and welfare of the child.
* There is a named member of staff responsible for the education of children and young people with medical needs.
* School governors have responsibility for the annual review of the policy and procedures that apply to educating children and young people with medical needs and monitor any individual healthcare plans
* Cover arrangements are in place when there is staff absence and supply teachers are briefed if necessary
* Appropriate risk assessments are carried out for school visits, and other activities outside of the normal timetable

**2 Supporting Learners in School**

Learners with medical needs who remain in school will be given care and support as appropriate to enable them to access as much of the curriculum as their medical condition allows.

The designated teacher (Miss Blackburn) will take overall responsibility for the education of children and young people with medical needs and ensure that:

* All relevant staff are made aware of the needs of the learner and appropriate training and guidance is sought where necessary.
* Transition arrangements are made when required
* Wherever possible children and young people manage their own medication.
* Cornwall Council protocols on the administration of medication and staff training are followed and staff are trained appropriately
* Where necessary, a Health Care Plan is set up for children with medical conditions to provide clarity about what needs to be done, when and by whom in school. A Healthcare plan is essential for a child whose condition fluctuates or where there is a high risk that emergency intervention will be needed and particularly where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be appropriate. The aim is to capture the steps which a school should take to help the child manage their condition and overcome potential barriers.
* If appropriate, a Personal Education Plan is set up and monitored.
* The Education Welfare Officers are informed if the illness or injury necessitates absences from school.
* Homework, books and other relevant materials are sent home for children who are expected to be absent for 15 days or less.
* There is effective liaison with other professionals to ensure the needs of children and young people can be identified early

**3 Supporting Learners Out of School**

The School aims to provide continuity of education for a child or young person who is unable to attend school because of medical needs. The School will ensure that educational needs are identified and educational support is quickly and efficiently given.

The School will carry this out by:

* Referring learners if their absence is, or is likely to be more than 15 days.
* Providing detailed attainment data and other relevant information including information about any ICT resources that may enable learners to access the full range of curriculum opportunities.
* Providing appropriate curricular materials, plans and assessment as quickly as possible to enable learners to keep up with their peers.
* Monitoring work that the learner misses.
* Ensuring that learners have access to public examinations and that any special arrangements are made.
* Working with the home and hospital tutor to prepare a Personal Education Plan.
* Arranging planning and review meetings in school as appropriate.
* Liaising with the home and hospital tutor to monitor progress.
* Arranging multi agency meetings in school if required.
* Enabling the named member of staff to attend regular interviews for children with long term illnesses or mental health problems.

The School will carry this out by:

* Considering the need for assessment under the Code of Practice on the Identification and Assessment of Pupils with Special Educational Needs, of learners with a medical need.
* Monitoring attendance and marking the registers so that they show if a learner is, or ought to be, receiving education otherwise than at school.
* Maintaining contact with parents/carers during the time that the learner is absent from school owing to illness or injury, for example by keeping them informed of school events.
* Enabling absent learners, if possible, access to lessons/work via Teams/Zoom, Seesaw or email.
* Ensuring that as much contact as possible is maintained between the learners and his/her peers or teachers by the possible use of letters, visits, emails, videos, Seesaw.

**3 Supporting Learners Through Reintegration**

The School will, wherever possible, encourage a successful reintegration after absence owing to illness or injury.

The School will do this by:

* Liaising with the home and hospital tutor to determine a reintegration strategy and placement objectives as soon as possible after referral so that the learner understands the long term goal.
* Holding reintegration meetings at school.
* Supporting a flexible approach with regard to timetabling and curriculum.
* Welcoming learners back into school.
* Having positive working relationship with all agencies and retaining this contact once a learner has returned to school in order to monitor progress.
* Ensuring that peers are involved in supporting the learner’s reintegration.
* Making use of ICT to provide a bridge between hospital, home and school to provide continuity.
* Considering part time education for learners who are in the recovery phase.
* Taking the views of parents/carers into account particularly with regard to requests that children and young people are excluded from certain activities because of their medical needs.

Reviewed January 2025

To be reviewed January 2026

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**Paula Blackburn, Executive Headteacher Bertie Archer, Chair of Governors**

**See templates attached: A: Individual Healthcare plan**

 **B: Parental Agreement**

 **C: Record of medicine administered**

 **D: Staff training record**

**Template A: individual healthcare plan**

|  |  |
| --- | --- |
| **Name of school/setting** |  |
| **Child’s name** |  |
| **Group/class/form** |  |
| **Date of birth** |  |  |  |  |
| **Child’s address** |  |
| **Medical diagnosis or condition** |  |
| **Date** |  |  |  |  |
| **Review date** |  |  |  |  |
| **Family Contact Information** |  |
| **Name** |  |
| **Phone no. (work)** |  |
| **(home)** |  |
| **(mobile)** |  |
| **Name** |  |
| **Relationship to child** |  |
| **Phone no. (work)** |  |
| **(home)** |  |
| **(mobile)** |  |
| **Clinic/Hospital Contact** |  |
| **Name** |  |
| **Phone no.** |  |
| **G.P.** |  |
| **Name** |  |
| **Phone no.** |  |

|  |  |
| --- | --- |
| **Who is responsible for providing support in school** |  |

**Describe medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc**

**Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision**

**Daily care requirements**

**Specific support for the pupil’s educational, social and emotional needs**

**Arrangements for school visits/trips etc**

**Other information**

**Describe what constitutes an emergency, and the action to take if this occurs**

**Who is responsible in an emergency *(state if different for off-site activities)***

**Plan developed with**

**Staff training needed/undertaken – who, what, when**

**Form copied to**

**Template B: parental agreement for setting to administer medicine**

**The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.**

|  |  |
| --- | --- |
| **Date for review to be initiated by** |  |
| **Name of school/setting** |  |
| **Name of child** |  |
| **Date of birth** |  |  |  |  |
| **Group/class/form** |  |
| **Medical condition or illness** |  |
| **Medicine** |  |
| **Name/type of medicine*****(as described on the container)*** |  |
| **Expiry date** |  |  |  |  |
| **Dosage and method** |  |
| **Timing** |  |
| **Special precautions/other instructions** |  |
| **Are there any side effects that the school/setting needs to know about?** |  |
| **Self-administration – y/n** |  |
| **Procedures to take in an emergency** |  |
| **NB: Medicines must be in the original container as dispensed by the pharmacy****Contact Details** |
| **Name** |  |
| **Daytime telephone no.** |  |
| **Relationship to child** |  |
| **Address** |  |
| **I understand that I must deliver the medicine personally to** | **[agreed member of staff]** |

**The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.**

**Signature(s)               Date**

**Template C: record of medicine administered to an individual child**

|  |  |
| --- | --- |
| **Name of school/setting** |  |
| **Name of child** |  |
| **Date medicine provided by parent** | **Shape** | **Shape** |  |  |
| **Group/class/form** |  |
| **Quantity received** |  |
| **Name and strength of medicine** |  |
| **Expiry date** | **Shape** | **Shape** |  |  |
| **Quantity returned** |  |
| **Dose and frequency of medicine** |  |

**Staff signature**

**Signature of parent**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **ShapeShape** |  |  | **ShapeShape** |  |  | **ShapeShape** |  |  |
| **Time given** |  |  |  |
| **Dose given** |  |  |  |
| **Name of member of staff** |  |  |  |
| **Staff initials** |  |  |  |
|  |  |  |  |
| **Date** | **ShapeShape** |  |  | **ShapeShape** |  |  | **ShapeShape** |  |  |
| **Time given** |  |  |  |
| **Dose given** |  |  |  |
| **Name of member of staff** |  |  |  |
| **Staff initials** |  |  |  |

**Template D: staff training record – administration of medicines**

|  |  |
| --- | --- |
| **Name of school/setting** |  |
| **Name** |  |
| **Type of training received** |  |
| **Date of training completed** |  |  |  |  |
| **Training provided by** |  |
| **Profession and title** |  |

**I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].**

**Trainer’s signature**

**Date**

**I confirm that I have received the training detailed above.**

**Staff signature**

**Date**