

**POLICY FOR**

**CHILDREN WITH MEDICAL NEEDS**

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| **Authorised By:**  | F.Edwards |
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**Section 1**

* 1. **– Introduction**

At Henry Hinde Infant School we believe that inclusion and equal opportunities for pupils with medical needs are an entitlement and we believe that as a school we have the responsibility to create the conditions for children to access their education and services provided.

* 1. **Rationale**

As a staff and governing body we will give regard to the required curriculum adjustments, necessary environmental aspects and desirable social support to minimise barriers for these most vulnerable members of our school community. We intend to foster a community that accepts others as they are and values the diversity of life.

* 1. **Aims and Objectives**

Children with medical needs have the same rights of admission to school as other children. As a school we are committed to providing pupils with medical needs with as much education as their condition allows in order to minimise disruption. Our emphasis is on continuance of the learning process for those pupils with physical or mental health problems, including pupils with life threatening or terminal illness. For pupils recovering from trauma or illness, a teacher can play a vital part in the recovery process. The situations of the children on roll vary widely but they all have the right to education suited to their age, ability, needs and health at the time.

**Section 2**

**2.1 Principles**

We want our children to be fit and healthy, yet we recognize that there are times when this is not possible. For some children this might be for an extended period of time and for others it might be a life-long medical need. This policy aims to show how we will provide for their particular needs. Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, we recognise that staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk. An individual health care plan can be used to help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk.

**2.2 Access to Education and Associated Services**

Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. The DDA defines a person as having a disability if he/she has a physical or mental impairment that has a substantial and long-term adverse effect on his abilities to carry out normal day-to-day activities.

Under Part 4 of the DDA, responsible bodies for schools must not discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including school trips and school clubs and activities. We recognise and believe it right that we should be making reasonable adjustments for disabled children including those with medical needs at different levels of school life. The governing body understands its duty to plan strategically to increase access, over time, to our school.

# 2.3 Support For Children With Medical Needs

The school doctor or nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information for staff.

Children with medical needs can expect flexible approaches, e.g. timetabling, full use of Information and Communication Technology, and small steps or negotiated tasks towards maximum involvement in school life. They have a right to be consulted and accept that they (or their parents on their behalf for younger pupils) will have to agree to co-operate with their negotiated personal education plan. They will remain on roll at Henry Hinde Infant School.

# 2.4 Medicines in School

# Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. There is no legal duty that requires school or setting staff to administer medicines however, the governing body expects school staff to work within the ethos of this policy and so it is likely that staff will administer medicines. As such, Surrey County Council fully indemnifies its entire staff against claims for alleged negligence providing that they are acting within the remit of their employment. As the administration of medicines is considered to be an act of “taking reasonable care” of the child, staff can be reassured that in the event that a claim for alleged negligence being successful Warwickshire Council and not the employee would meet the cost of damages.

# 2.5 Long Term Medical Needs

# It is important that we have sufficient information about the medical condition of any child with long-term medical needs. If a child’s medical needs are inadequately supported this may have a significant impact on a child’s experiences and the way they function in or out of school or a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

# We need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. We ask for information on the admissions form but for some children it is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals. Supporting children with more complex health needs must be planned, as it will greatly assist the smooth integration of children into the life of the school.

# 2.6 Educational Visits

# We encourage all children to participate in all areas of the curriculum and this includes children with medical needs participating in safely managed visits. Where necessary we consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

# 2.7 Physical Education

# Most children with medical conditions can participate in physical activities and extra-curricular activities. We are flexible in our approach as necessary, allowing for all children to follow in ways appropriate to their own abilities.

# For many, physical activity can benefit their overall social, mental and physical health and well being. Any restrictions on a child’s ability to participate in PE should be recorded in their individual health care plan and all adults should be aware of issues of privacy and dignity for children with particular needs.

# Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities will be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

**Section 3**

**3.1 – Quality Assurance**

This policy has been written with advice from the DfE, The Department of Health and the governing body. It is the responsibility of the Governors to ensure that the policy is implemented correctly.

**3.2 – Monitoring and Review**

The Senior Leadership Team and Governors will monitor and review this policy every three years. The policy will be reviewed next in the Summer 2021.