



# Policy for Children with Significant Medical Needs

## History

<b>Starting point</b>		Sept 2007 Policy
<b>Update</b>	March 2012	Headteacher
<b>Second Draft</b>	April 2012	Staff
<b>Approval</b>	May 2012	Full Governors
<b>Final Version</b>	May 2012	
<b>Reviewed</b>	February 2016	Health & safety/Premises govs committee

## **Introduction**

This policy refers to children with significant medical needs attending Girton Glebe Primary School. For the purposes of this policy, 'significant medical needs' refers to medical needs which require school staff to be involved with the day-to-day management of a child's medical condition, for example, in administering medication, carrying out physiotherapy or dealing with the manifestation of a condition, eg epileptic seizures.

Here, at Girton Glebe Primary School, we recognise that many children are affected by medical conditions to a differing degree, either in the short-term, for example following an operation, or the long-term, eg children with epilepsy or diabetes, and we are committed to welcoming and supporting these children and encouraging them to achieve their best.

Staff in the school will receive training as appropriate when supporting children covered by this policy. Examples of such training would be in:

- administering medication
- emergency procedures
- physiotherapeutic exercises
- positive handling

Training applies equally to teaching and non-teaching staff and will need to be revisited when staff changes occur, such as at the end of a school year.

## **1 Admission or Onset**

### **1.1 Starting school / Returning to school**

When a child with significant medical needs is admitted to the school or significant medical needs are diagnosed in a pupil already at the school the following procedure will be followed:

- The headteacher or SENCo will arrange a meeting with the child's parents, and where appropriate the pupil, to discuss the impact of the condition on their school life. This should include the implications for learning, playing and social development, and out of school activities. They will also discuss any special arrangements the pupil may require, eg extra time in exams.
- Contact will be made between the school and any appropriate medical staff (eg physiotherapist, epilepsy nurse) to offer advice, plan training and support both the school and the family through the admissions process.
- Consideration will be given as to whether medical hours or an educational health care plan (EHCP) of special educational needs would be required
- With the pupil's and parent's permission, the condition will be addressed as a whole-school issue through assemblies and in the teaching of PSHCE or citizenship lessons.
- Children in the same class will be given age-appropriate information on the conditions involved. This is particularly important where children may witness an event which may be frightening if they are not prepared (for example: an epileptic seizure). Medical staff may be invited to attend such a discussion.

### **1.2 Learning and behaviour**

Depending on the individual child and individual needs, the condition may or may not impact on the child's learning and behaviour. It will be important to gain this information when talking with the parent, child or medical staff. Staff should monitor children's progress carefully and discuss any concerns with the SENCo. Normal SEN Code of Practice procedures will apply in these cases.

## **2 Plans and Records**

The school, in collaboration with parents and medical staff will draw up a care plan for the child involved. The exact nature of the plan may vary from child to child, but may include such sections as:

- Intimate Care Plan
- Physical Intervention Plan
- Emergency Procedures
- Medication – what, how, when and how much
- Individual Healthcare Plan

The plan will detail what records will be kept and how these records will be shared with parents. A home-school book, or home-school diary will be used to communicate with parents. The plan should also include parental consent to administer medication, if necessary, and should be signed by all involved in the care of the child.

As a minimum, records should show:

- a record of medication administered, where appropriate
- where procedures deviated from those agreed, for whatever reason
- any emergency or unusual events

Records may also show:

- information on the impact of a medical condition, for example where the school is asked to keep a record of blood glucose levels in a diabetic child to aid medical treatment

Plans and records should be stored sensitively, accessible to those that need them but not available to the extent that confidentiality is breached.

### **3 School Environment**

Girton Glebe Primary School recognises the importance of having a school environment that supports the needs of all children. For example, making reasonable alterations to the school building to allow access, or making recovery space available for a pupil.

The above policy applies equally within the school and at any outdoor activities organised by the school. This includes activities taking place on the school premises, and residential stays. Any concerns held by the pupil, parent or member of staff will be addressed at a meeting prior to the activity or stay taking place.

### **4 Condition Specific Information**

It would be impossible to cover all eventualities in this section from the outset. Therefore it is anticipated that this section will be developed as needs arise.

#### **4.1 Epilepsy**

##### **4.1.1 First Aid**

First aid for the pupil's seizure type will be included on their Care Plan and all staff (including support staff) will receive basic training on administering first aid. The following procedure giving basic first aid for tonic-clonic seizures will be prominently displayed in all classrooms.

1. Stay calm.
2. If the child is convulsing then put something soft under their head.
3. Protect the child from injury (remove harmful objects from nearby). NEVER try and put anything in their mouth or between their teeth.
4. Try and time how long the seizure lasts – if it lasts longer than usual for that pupil or continues for more than five minutes then call medical assistance.
5. When the child finishes their seizure stay with them and reassure them.
6. Do not give them food or drink until they have fully recovered from the seizure.
7. Sometimes a child may become incontinent during their seizure. If this happens, try and put a blanket around them when their seizure is finished to avoid potential embarrassment.

#### **4.2 Diabetes**

All staff working with pupils with diagnosed diabetes should be aware of the signs and symptoms of both hypoglycaemia and hyperglycaemia and should know the responsible adult in school who can support the pupil in such cases. This is covered in the Basic First Aid training, but additional training will be offered by the children's diabetes nurse.

All concerns regarding hypoglycaemia and hyperglycaemia will be taken seriously by staff as the situation can quickly become serious.

Medication will be administered, by trained staff only, in line with the pupil's care plan. Untrained staff should not administer medication.