



Holy Trinity Catholic Primary School
Aspire not to have more but to be more

Policy for the Management of Pupils with Medical Conditions

Holy Trinity is a Catholic Primary School where Core Values, underpin every aspect of school life. Our Mission Statement is:

**Inspired by Christ and His teaching,
Holy Trinity Catholic Primary School educates, nurtures and celebrates
the unique nature and worth of every member of its diverse family.**

The Mission Statement is summed up in our school motto: '**Aspire not to have more, but to be more**'

The aims for all of our school family are:

- *to promote excellence in all aspects of school life, developing each person's ability to recognize and strive for this;*
- *place Christ at the centre of our daily lives, so that our school family may be the leaven of the Gospel values promoted in our mission*
- *to recognize that all members of the community are life-long learners, prepared to accept challenges with confidence and determination*
- *to promote self-discipline and respect, never accepting bullying of any kind and to communicate this belief in a positive and proactive manner.*

These aims are revisited regularly to ensure their relevance and we work to ensure our statement on equality of opportunity and values are understood by all.

SCHOOL POLICIES ON THE MANAGEMENT OF PUPILS WITH MEDICAL NEEDS

1. All schools should have a written policy statement and guidance to staff.
2. Policies should be clear and understood and accepted by staff, governors and parents/carers, providing a sound basis for ensuring that pupils with medical needs receive proper care and support at school and when they are unable to attend school.
3. The school should include a summary of the policy in the prospectus/school brochure or other information sent to parents/carers.
4. Procedures should be in place for formal agreements to be drawn up between the school and parents/carers of children with medical needs.
5. Policies should ensure and enable regular school attendance as far as possible.

Schools' policies should cover:

- procedures for managing prescription medicines which need to be taken during the school day
- procedures for managing prescription medicines on trips and outings
- a clear statement on the roles and responsibilities of staff managing administration
- a clear statement on parental responsibilities in respect of their child's medical needs

- the need for prior written agreement from parents (for early years settings prior permission is a mandatory requirement) for any medicines to be given to the child
- the circumstances in which children may take any non-prescription medicines
- children carrying and taking their medicines independently
- staff training regarding dealing with medical needs
- record keeping
- safe storage of medicines
- access to the school's emergency procedures
- a statement about the school's commitment to ensuring access to education for pupils with medical needs

1 STATEMENT OF PRINCIPLES

1.1 The Governors, Head Teacher and staff of Holy Trinity Catholic Primary School will conform to all statutory guidance and work within guidance issued by Royal Wolverhampton NHS Trust and Wolverhampton Local Authority.

1.2 The Governors, Head Teacher and staff:

- are committed to ensuring that all pupils have access to as much education as their medical condition allows in order to maintain the momentum of their studies, keep up with their peers and fulfil their educational potential.
- recognise the valuable contribution of parents and other agencies in providing information to ensure best access to all educational and associated activities for pupils with medical needs.
- recognise that on occasion pupils with long-term and/or complex medical needs will require intervention from a specialist provision, such as a special school, the Home and Hospital Tuition Service or at the Orchard Centre.
- will work with specialist providers, whenever necessary, to ensure smooth transition to and from (where appropriate) the specialist provision and, as far as it is possible, provide continuity in learning.

2 RESPONSIBILITIES

2.1 Governing Body

A nominated governor will be responsible for reviewing and monitoring the procedures that apply to children and young people with medical needs. This may or may not be the same person as the governor with link responsibility for SEND and/or disability access. The named governor is **Ann Ramsbottom**.

The Governors of Holy Trinity Catholic Primary School:

- will ensure that the school has an effective policy on the management of pupils with medical needs and that a summary of the policy is included in the prospectus.
- will have delegated day-to-day responsibility for the management of pupils' medical needs to the Head Teacher.
- will ensure the appropriate level of insurance is in place to cover staff providing support to pupils with medical conditions.
- will receive information on issues relating to the management of pupils with medical needs, once a term, via the Head Teacher's report.
- will review the effectiveness of this policy on an annual basis and make any necessary revisions to ensure that it continues to be effective and that it reflects any changes in the law.
- will ensure that parents' cultural and religious views are always respected in managing the medical needs of pupils.
- will ensure that arrangements are clear regarding support for pupils with medical conditions in participating in school trips and sporting activities.
- will ensure procedures are in place to cover any transitional arrangements between schools.

- will ensure written records are kept of all medications administered.

2.2 Head Teacher

Subject to the provisions set out in this policy and guidance document the Head Teacher will accept responsibility for the school giving, and/or supervising, pupils taking medication during the school day and:

- will ensure that the school has an effective policy on the management of pupils with medical needs and that a summary of the policy is included in the prospectus/school brochure. This should be read in conjunction with the Department of Education document (DE, 2014/2015) Supporting pupils at school with medical conditions, with particular attention being paid to page 20 section 21 on the management by governing bodies and page 23 section 25 unacceptable Practice.
- will ensure school staff are appropriately insured and aware that they are insured to support pupils.
- will ensure that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- will ensure that procedures are in place for formal agreements to be drawn up between the school and parents/carers of pupils with medical needs. (See Appendix C, Planning Forms).
- is responsible for ensuring the effectiveness of this policy in providing pupils with medical needs access to education and all associated activities available to other pupils.
- has an overall responsibility for the development and implementation of individual health care plans.
- will ensure that school staff understand the nature of the condition where they have a pupil with medical needs in their class and that all staff have appropriate access to information and training in order that pupils with medical needs are able to attend school regularly and, with appropriate support, take part in all, or almost all, normal school activities.
- will ensure that trained staff are available wherever and whenever necessary to ensure the safety of pupils with medical needs and deliver against all health care plans.

3.3 Named Contact

In order to ensure that parents, staff, governors and outside agencies that have contact with pupils with medical needs have an easy route to communication with the school, the identified person(s) is **Carroll McNally** the Head teacher, with the school first aiders who support pupils with long term or temporary medical needs.

As well as acting as first contact for parents and outside agencies the above staff will be responsible for:

- the school's system of record keeping for pupils with medical needs.
- ensuring the confidentiality of all records of pupils with medical needs.
- ensuring that school staff understand the nature of the condition where they have a pupil with medical needs in their class and that all staff have appropriate access to information and training in order that pupils with medical needs are able to attend school regularly and, with appropriate support, take part in all, or almost all, normal school activities (see form M6).
- ensuring that risk assessments are carried out wherever necessary, for both in-school and off-site activities (see also HSE Guidance on School Trips).
- ensuring that trained staff are available wherever and whenever necessary to ensure the safety of pupils with medical needs.
- monitoring the attendance of pupils with longer term medical needs.
- assisting in maintaining contact with pupils out of school because of medical needs.
- attending multi-agency reviews as required.

- ensuring that, wherever appropriate, pupils out of school for short periods of time with any medical condition are provided with work to do at home and this work is assessed and recorded appropriately.
- providing appropriate agencies with confidential access to school records in order to ensure that pupils transferred to specialist provision are able to maintain their learning and progress as far as is possible.

3.4 Teachers and Other Staff

There is no statutory/contractual duty for teachers to administer medicine in school. However, in an emergency swift action will need to be taken by any member of staff to secure assistance for any pupil.

The consequences of not helping a pupil in an emergency may be more far reaching than the consequences of making a mistake by trying to help. Teachers and other school staff in charge of pupils have a common law duty to act as any reasonably prudent parent would, to make sure that pupils are healthy and safe on school premises. This duty extends to teachers leading any activities taking place off the school site.

In Holy Trinity Catholic Primary School, the following teachers have volunteered to take responsibility for administering and supervising pupils taking medication, whenever requested to do so by: **Carroll McNally: Sarah Lester** or **Claire Beech**, the Assistant Head.

The following teaching assistants / clerical staff have specific duties to provide medical assistance as part of their contract: **A Sandhu, J Croome, C Crump, S Jones, N Roberts, L Ward, J Price, V Greensill, A Irving, K Small, D Clarke, F Clayton, S Wellington-Brown and P Keay**, school staff will receive suitable and sufficient training and achieve the necessary level of competency to support children with medical conditions. This also includes staff who escort pupils to and from school.

School staff will receive suitable and sufficient training and achieve the necessary level of competency to support children with medical conditions. In some cases, this may be completed annually by the school nurse or on request for example prior to school visits. This also includes staff who escort pupils to and from school.

- any member of school staff will know what to do and will respond accordingly when they become aware that a pupil with a medical condition needs help.

When pupils are out of school for short periods with a medical condition, it is the responsibility of the class/form teacher to:

- ensure that, wherever appropriate, they are provided with work to do at home and that this work is assessed and recorded appropriately.
- maintain contact with the pupil and his/her family.
- ensure that the pupil is welcomed back into school with the minimum of disruption.
- ensure that the pupil has any additional support necessary to catch up with work and maintain best progress.

4 RESPONSIBILITIES OF THE PUPIL

4.1 Competent children will be encouraged to take responsibility for managing their own medicines and procedures and this will be reflected in the Health Care Plan.

5 HEALTH CARE PLANS

5.1 The School Nurse will be requested to provide support and training for staff, including advice and liaison on the implementation of the health care plan. Consultation will also be undertaken with parents/carers and /or pupils.

5.2 An individual nurse specialist for e.g. epilepsy, diabetes sickle cell etc. will contact the school to arrange a visit to complete these individual health care plans. A copy will be sent to the school nurse and the child's GP.

5.3 The training of staff will be reviewed annually when completing the working together agreement between the school and the school nurse.

6 MEDICATION COMING INTO SCHOOL

6.1 Most medication prescribed for a pupil will be able to be administered once, twice or three times a day. In these circumstances parents/carers will manage this before and after school and there is no need for medication to come into school.

6.2 No medication will be allowed into school unless it is clearly labelled with:

- the child's name
- the child's date of birth
- the name and strength of the medication
- the dosage and when the medication should be given
- the expiry date

6.3 This information will be checked each and every time that medication is administered. If there are doubts about the procedure staff will check with parents/carers before proceeding.

6.4 Medication administered short term or occasionally will be recorded using form M3 and for pupils requiring regular medication form M4 will be used. Wherever possible, it is good practice to have the dosage and administration witnessed by another responsible adult.

6.5 All medication must come into school in the original childproof container and be accompanied by the original guidance literature.

6.6 Where two or more types of medication are required, each should be in a separate container and labeled as above.

6.7 Where medication is required long-term, a letter from the pupil's General Practitioner (GP), Consultant or Medical Prescriber must accompany the medication.

6.8 Parents/carers will hand all medication to the assigned first-aider responsible to the child's class teacher on arrival at school.

6.9 Medicines will normally be stored in a locked cupboard in the medical room or, where necessary in the lockable refrigerator and accessed only by staff named in Section B above.

6.10 Certain medicines, e.g. salbutamol, adrenaline etc., will need to be readily available to pupils. These will be kept by either:

- the class teacher
- a designated teaching assistant

7 STORAGE OF MEDICATION

7.1 With the exception noted below, any medication received into school will be stored in a locked, wall-mounted, cabinet in the medical room. Where the medication is a controlled drug it will be double locked (i.e. A lockable container within the locked medicine cabinet). The key will be kept in an accessible place known to designated members of staff but inaccessible to pupils. In most cases, where there are no specific issues related to privacy, medication will be administered in this area.

7.2 Some medication may need storing at low temperatures and will be kept in a lockable fridge located in the staffroom.

- 7.3 Some medicines will be needed by the pupil at short notice, for example asthma inhalers (see Asthma Policy). In most cases arrangements for easy access are established, the inhalers being kept in the child's classroom
- 7.4 All staff will be made aware that schools have been provided with emergency salbutamol inhaler and will have been given information and training as to how and when to access them and how to and when to administer them as per the Asthma Policy. (See Asthma Policy and form M5).

THE EMERGENCY INHALER WILL REMAIN ON THE SCHOOL SITE AT ALL TIMES

All staff will be made aware where a pupil is off-site for activities e.g. football or swimming etc. the pupil's own emergency inhaler and spacer needs to always be taken with them.

8 PRESCRIBED AND NON-PRESCRIBED MEDICATION

- 8.1 Medications issued on the instructions of e.g. GP/Consultant are known as prescribed drugs.
- 8.2 Drugs covered by the Misuse of Drugs Act (1971), otherwise known as controlled drugs (such as methylphenidate) may occasionally be prescribed for pupils.
- 8.3 These drugs will be treated in the same careful manner as all other prescribed medication, in line with the procedures agreed by Wolverhampton Local Authority and described within this guidance.

9 EMERGENCY MEDICATION

- 9.1 This type of medication, such as an adrenaline auto injector e.g. EPIPEN, must be readily available.

A copy of the health care plan (Emergency action plan) will be kept with the medication.

If emergency services/medical intervention is necessary, the plan will accompany the pupil with details of what has already been done and when.

- 9.2 For this type of medication, the school's procedures should identify:
- where the medication is stored
 - who should collect the medication in an emergency
 - who should stay with the pupil concerned
 - supervision of other pupils in the vicinity
 - support other pupils witnessing the incident
 - arrangements/requirements for an ambulance/other medical support
 - (see form M1)
 - recording systems
 - arrangement for regular staff training. (see form M6)
 - the policy of the use of the emergency asthma inhaler and the RCPCH allergy action plan see appendix

10 DEFIBRILLATORS IN SCHOOL

Sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use inexpensive and safe.

- 10.1 All staff members are trained in the use of CPR.

10.2 The local NHS ambulance service is informed of its location, through The Circuit.

10.3 Staff will receive annual training in the use of the defibrillator

11 NON-PRESCRIPTION MEDICATIONS/ OVER THE COUNTER MEDICATIONS (OTC)

11.1 In March 2018 NHS England issued guidance for reducing the prescribing of some medications and the promotion of self-care and the use of over the counter medication. This would apply to health problems:

- That is considered to be self-limiting and so does not need treatment as it will heal of its own accord;
- Which lends itself to self-care, i.e. that the person suffering does not normally need to seek medical care but may decide to seek help with symptom relief from a local pharmacy and use an over the counter medicine.

11.2 Educational establishments may find that they may be more likely to see non-prescribed medication in their schools and nurseries. More health care providers will be encouraging parents to purchase medication from the pharmacy or supermarket. Some of the more common items that may be seen include items such as painkillers, antihistamines for mild to moderate hay fever and some creams. For further information on the NHS guidance, please use this link:

<https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf>

11.3 For the use of non-prescribed medication (over the counter medication) in educational environments where possible ensure the medication comes in its correct container that has instructions for use. Parents should then complete and sign form M4 providing full instructions on its use.

11.4 The Walk in Service and the Urgent Care Centre may also complete form M4A when they have advised Over The Counter Medication.

12 HOMEOPATHIC MEDICINES

12.1 Many homeopathic medicines need to be given frequently during the day. This is difficult to manage in school and schools are therefore advised only to agree to parental requests where the pupil is capable of self-administering this type of medication. Parents/carers will be required to complete and sign form M4.

13 HERBAL MEDICINES

13.1 Many over-the-counter herbal medicines may be contra-indicated if a child is taking prescribed medication.

13.2 If parents request that herbal medicines are administered on school premises, this should only be agreed to upon receipt of written consent from their G.P.

14 REFUSAL TO TAKE MEDICATION

14.1 If pupils refuse to take medication, school staff will not force them to do so unless deemed life threatening. The school will inform the child's parent/carer as soon as possible and seek medical advice as a matter of urgency.

14.2 If the child's parent/carer is not contactable, advice may be sought from a Community Paediatrician or another suitably qualified practitioner at the Gem Centre (School Nurse Administration Team – (01902) 441057). Parents must always be notified, even when professional advice has been sought.

15 DISPOSAL PROCEDURES

15.1 Safe Disposal of Medicines

Medicines should be returned to the child's parent/carer and a receipt obtained and kept on file when:

- the course of treatment is complete
- labels become detached or unreadable
- instructions are changed
- the expiry date has been reached
- the term or half-term ends

15.2 At the end of every half-term a check will be made of the lockable medicine cabinets by the named contact. Any medicine that is not returned to parents/carers and which is no longer needed, is out of date or no longer clearly labelled will be returned to a local pharmacy for safe disposal.

15.3 All medication returned to parents/carers or a pharmacy, even empty bottles, must be recorded and a receipt filed.

15.4 No medicine should be disposed of into the sewerage system or into refuse. Current waste disposal regulations make this practice illegal.

16 SAFE DISPOSAL OF MEDICAL WASTE

16.1 Safe Disposal of Medicines

Medicines should be returned to the child's parent/carer and a receipt obtained and kept on file when:

- the course of treatment is complete
- labels become detached or unreadable
- instructions are changed
- the expiry date has been reached
- the term or half-term ends

At the end of every half-term a check will be made of the lockable medicine cabinet by the named contact. Any medicine that is not returned to parents/carers and which is no longer needed, is out of date or no longer clearly labelled will be returned to a local pharmacy for safe disposal.

All medication returned to parents/carers or a pharmacy, even empty bottles, must be recorded and a receipt filed.

No medicine should be disposed of into the sewerage system or into refuse. Current waste disposal regulations make this practice illegal.

16.2 Safe Disposal of Medical Waste

If a child requires enhanced provision of medical needs e.g. requiring injections, it is the parents'/carers' responsibility to provide the required equipment for this procedure. Parents/carers must also provide the school with an empty sharps container, which must be used to dispose of any used needles.

Sharps must be disposed of in a sharps box where the injection has taken place. The sharps box is then temporarily closed (click once) depending on the box design prior to safe storage and not left open as items can fall out or be accessed. Sharps containers must be used for the safe disposal of any sharp implements that could have been contaminated with bodily fluid. Sharp containers must only be kept in the designated medical area of school. The school nurse, on an annual basis when reviewing the working together agreements, reviews policy and practice.

Any other clinical waste must be disposed of using the RWT NHS Trust "orange bag" system or other procedure agreed by the Local Authority.

17 OFF-SITE ACTIVITIES

- 17.1 Schools should follow procedures set out in the LA Guidance on the Management of Off-Site Visits. Where appropriate, information about parental concerns and serious medical conditions should be requested (using the health care plan Form M3).
- 17.2 Special arrangements may need to be made whenever pupils with medical needs are engaged in off-site activities. This includes such activities as a visit to the local swimming pool, a visit to another school, an educational day visit, a residential experience or work experience/college placement. (See parental consent form, for off-site and residential visits form M8).
- 17.3 A risk assessment on the specific needs of the pupil in the particular activity will be carried out. All reasonable adjustments should be considered to ensure that the pupil can access all parts of the activity alongside their peers, in the safest possible way. Where it is not possible to eliminate all risk for the particular pupil a meeting will be requested with the parents/carers in order to agree the best way forward. A written agreement will be reached before the activity takes place.

18 ALTERNATIVE EDUCATION PROVISION

- 18.1 Local authorities have a duty set out in the Education Act 1996 to 'make arrangements for the provision of suitable full time or part-time education otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them'.
- 18.2 The statutory guidance Access to Education for Children and Young People with Medical Needs (DfES, 2002) sets out national minimum standards of education for children and young people who cannot attend school because of illness or injury.
- 18.3 Research identifies five key factors that enable LA and RWT to create best practice and effective provision. These are reflected in Wolverhampton's policy on access to education for children and young people out of school with medical needs. The five factors are:
- Mainstream ownership - the extent to which the pupils' home school maintains a high profile during the time the pupil is unable to attend through illness or injury.
 - Partnership and Collaboration - the ways in which specialist provision seeks to establish relationships with other agencies to ensure that an individual's needs are met whilst home school education is interrupted.
 - Flexibility – the ways in which provision is organised to enable individual circumstances to be addressed and modified as needs change.
 - Responsiveness – the ability of specialist provision to respond to the need of all stakeholders, which include pupils, parents/carers, home schools, health and other professionals.
 - Clarity – this is defined as LA and RWT services and schools having written policies and guidance that outline clearly all the roles and responsibilities of those involved.
- 18.4 Wolverhampton City Council aims to maximise the life chances of all pupils, including those at risk of social or educational exclusion. Pupils, who are physically ill, injured or who have mental health problems are at risk of underachievement or of being less employable when they reach the end of compulsory education. Therefore, Wolverhampton City Council has a continuum of educational provision in place to support these pupils.
- 18.5 Provision is the responsibility of all schools and services, but specialist provision is available:
- in the education room on the children's ward at New Cross Hospital
 - at home
 - at the Orchard Centre

- 18.6 Additionally, specialist services for hearing and visual impairment liaise closely with all schools and services to ensure that learning at home meets pupils' needs.
- 18.7 This specialist provision is coordinated by the head teacher of the Orchard Centre and line managed by the executive Head Teacher.
- 18.8 Standards of education and performance measures
Whenever pupils are referred to the specialist provision for children with medical needs, a formal contact is made with the home school and / or LA and RWT educational placement, to ascertain pupils' attainment levels in the National Curriculum.
- 18.9 Shared responsibility between the LA, RWT, Schools and Specialist Provision
The LA and RWT are responsible for ensuring that:
- there is a named senior officer with responsibility for the provision of education for children and young people who are unable to attend school because of medical needs.
 - clear procedures are in place for ensuring early and accurate identification of pupils who may need to be referred to specialist provision or to other services.
 - pupils receive an education of similar quality to that available in schools, including a broad and balanced curriculum.
 - pupils receive a minimum entitlement of 10 hours teaching per week (where possible).
 - parents/carers are informed about whom to contact in order to request specialist provision.
 - where reintegration is a gradual process, educational support continues to be available to the pupils.
- 18.10 Specialist services for pupils with medical needs are responsible for ensuring that:
- pupils with medical needs are not home or in hospital without access to education for more than 15 working days.
 - pupils with a long term or recurring illness whether at home or in hospital have access to education, as far as possible, from day one.
 - a Personal Action Plan is in place for all pupils in order to encourage and support a smooth return to school.
 - pupils are taught in accordance with plans agreed with the home schools.
 - the appropriateness of provision is monitored on behalf of the children and young people referred to it.
 - close liaison is maintained with all stakeholders.
- 18.11 Arrangements for collaboration with other agencies
Effective and flexible collaboration between Local Authorities, the child's school, medical personnel, allied health professionals, parents/carers and other agencies, e.g. Orchard Centre, is crucial to the continuity of high quality educational provision for children and young people with medical needs and a successful re-entry into school or post-16 placements.
- Effective liaison with respect for each agency's prioritising of the pupil's needs will ensure that on re-entry to school there will be expectations that are realistic and goals which are attainable within the pupil's limitations, resulting in a confident young person moving back into school. Forward planning and collaboration are essential to achieve this and the production of an Inclusion plan will facilitate a smooth re-integration as all parties will be aware of their role and responsibility.
- 18.12 Partnership with parents, carers and pupils
Parents and carers hold key information and knowledge and have a crucial part to play. They are included as full collaborative partners and are informed about their child's educational programme and performance.

Children and young people also have a right to be involved in making decisions and exercising choices.

Wherever possible, parents, carers and pupils are informed about the education available before a child is admitted to hospital. Booklets are available to provide information about educational and medical services and about the organisation of the hospital day.

All parents and carers are consulted before teaching begins at home and offered advice and support during their child's illness. Parents and carers views of their child's education are taken fully into account when planning programmes. Parents and carers are encouraged to provide additional liaison with the pupil's home school both at the beginning and end of stay in hospital and with the home teacher. The positive involvement of the parents/carers with the school once the child has returned provides reassurance for the child, teachers and parents/carers themselves.

19 PUPILS RECEIVING EDUCATION OTHERWISE THAN AT SCHOOL BECAUSE OF MEDICAL NEEDS

19.1 Nightingale Centre (through the Orchard Centre)

Education is provided to pupils (from early years to year 11) unable to attend their home school because of illness or injury.

A written referral is required from the home school and will be forwarded to Head of Centre at The Nightingale Centre. The referral will contain any relevant background information and must be endorsed by a medical note from either the pupil's General Practitioner or Consultant. This will be completed within the EBSNA pathway.

The Nightingale Centre will then arrange the appropriate educational provision whether this is via home tuition or on site within the Centre.

Regular six-weekly reviews with all relevant professionals involved will be held in order to reassess the placement.

Strong links exist between hospital, home education and mainstream schools and regular liaison takes place. Every effort is made to provide continuity for students so that when they return to their usual school, they are up to date with work completed by their peers.

19.2 In-Hospital

Co-operation between education, medical and administrative staff within the hospital is key to establishing an atmosphere conducive to effective learning.

In cases of recurrent admission, it is particularly important that information is effectively shared between hospital schoolroom staff and, where appropriate home teacher and mainstream school, the young person and their parents.

The LA links with other local authorities in the recoupment of the cost of providing education for young people under the age of 16 whilst in hospital.

19.3 Hospital Education

Pupils who are in-patient at New Cross Hospital receive education for up to 25 hours a week (as appropriate to their needs) either in the schoolroom or on the ward at bedside.

Staff who are timetabled to the hospital, are informed of new admissions by accessing ward admission information on a daily basis or by the medical staff.

Teaching starts from day one but priority is given to pupils who are long stay (three days plus) or those who have recurrent admissions.

Pupils are registered daily. The hospital teachers keep a rolling record of these short stay pupils.

19.4 **The Orchard Centre**

Referrals to the Centre should be completed by the mainstream school or through the Local authority.

Wherever possible this should also be supported by a report from an appropriate Educational Psychologist and/or a psychological assessment or opinion of a CAMHS professional.

All students have an initial trial period of four weeks. During this time a more detailed assessment of needs is undertaken and their placement may be modified during or at the end of this time at a formal review. It may also be decided to extend the trial period further if deemed necessary.

The Orchard Centre uses its own assessments to supplement information received on referral. Once baselines have been established, students are given access to the National Curriculum. Arrangements are made for Key Stage 4 students to undertake national tests and public examinations, with programmes linked to alternative accreditation where appropriate, and access to the Connexions Service.

Specialist teachers provide a range of curricular expertise as well as specialist knowledge about the needs of students whose education has suffered interruption.

At the Orchard Centre

Students attending The Orchard Centre are expected to remain dual registered with the home school. Costs are recouped in retrospect from each school on a termly basis. Good communication is essential to the smooth transition of the student back to the home school. Where relevant, regular multi-agency reviews are held. Termly reviews with the referring school are calendared and individual progress reports are forwarded to all stakeholders. Further details are available from The Orchard Centre (01902) 551058.

20 SPECIAL EDUCATIONAL NEEDS AND PUPILS WITH MEDICAL NEEDS

- 20.1 On occasion, pupils with medical needs may need provision that is different from or additional to that made for other pupils in the school, in order to make adequate progress in their learning.
- 20.2 In this case an individual educational plan (IEP) will be written that specifies the targets for the pupil and the special teaching strategies required to ensure their progress.
- 20.3 The SENCO, **Mrs. Sarah Lester**, has responsibility for overseeing provision for pupils with SEN (see latest SEN Policy)
- 20.4 Where responsibility for the education of a pupil with medical needs transfers to another school, home tuition service or pupil referral unit, the named contact will ensure that relevant school records, including up-to-date assessment information is made available to the receiving establishment within five days of a request being received.
- 20.5 When a pupil receives education other than at school because of medical needs they remain on roll of (name of your school). In these cases, the named contact will attend review meetings and provide materials for agreed work programmes on a termly basis.
- 20.6 When a student is unable to attend school because of medical needs the school will endeavor to provide access to public examinations, possibly as external or transfer candidates.

SECTION I: MONITORING, REVIEW AND EVALUATION

The implementation of this policy will be monitored by the Head Teacher and issues will be reported to Governors on termly basis through the Head Teacher's report.

The success of this policy will be evaluated once a year by the Head Teacher, staff and governors and reported to parents, with any proposals for improvements.

Approval by the Governing Body

This policy was adopted and approved by the Governing Body of Holy Trinity Catholic Primary School in October 2021

Signed _____

(Chair of Governors)

Signed _____

(Head Teacher)