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## ROSEWOOD FREE SCHOOL

**Title:** Managing Complex Health Needs Policy

**Lead Reviewer:** Deputy Headteacher

**Who this is aimed at:** Whole School Community

Version	Reason for Change
V3	3 yearly update

<b>Date Initially Implemented</b>	2016
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## **Policy Statement**

All of our learners have some level of physical disability and associated learning, sensory or other medical related difficulties resulting in complex needs. This means we need to have a range of procedures in place to ensure that pupils' individual needs are identified and met to guarantee maximum access to the curriculum and learning opportunities.

Rosewood Free School promotes inclusion and will take all reasonable steps to ensure that children/young people are not discriminated against or treated less favourably than other learners. The School will work in partnership with the family and other agencies in the best interests of the learner and to maximise educational opportunity.

## **Application**

This Policy applies to the whole school community.

## **Content**

This Policy is concerned with the children and young people from birth to 25 years of age attending Rosewood Free School who have complex health needs and therefore require additional support and/or care within the School or Early Years setting to:

- Maintain optimal health during the day
- Access as much of the curriculum as possible

Many children within this group will be 'technology dependent', that is, they will depend on a technological device to sustain life or optimise health, and need regular and complex care for substantial parts of the day and night.

Examples of care or health needs for which children might require additional support include:

- Restricted mobility: for example, a child with physical impairments who uses a wheelchair.
- Difficulty in breathing: for example, a child with a tracheostomy who requires regular airway suctioning during the day.

- Problems with eating and drinking: for example, a child who requires a gastrostomy feed at lunchtime.
- Continence problems: for example, a child who requires assistance with bladder emptying and needs catheterisation at each break time.
- Susceptibility to infection: for example, a child who is receiving steroid therapy.

## **Clinical Commissioning Group**

Clinical commissioning groups commission other healthcare professionals such as specialist nurses, ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. Rosewood is supported by commissioned services from the Hampshire & Isle of Wight Integrated Commissioning Board.

A reciprocal duty to co-operate under Section 10 of the Children Act 2004 is in place and we support joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities.

Clinical Commissioning Groups should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school. School staff do not administer medication, and NHS protocols are in place for medication that requires administration during the school day.

A separate protocol is in place for the storage of medication that is not administered during the school day.

The NHS clinical staff deliver training to school staff for the following:

- Enteral Feeding
- Oxygen
- Suction
- Hygiene
- Epilepsy
- Postural management
- Hand function

## **Management of Health Needs by School Staff**

In our day-to-day communication between home and School we ensure we communicate any indications of ill health, deterioration or changes in a child or young person's general health. We do so via the home-school book, email and/or telephone depending on the preferred method of communication with the family. We have a nursing team onsite at all times and can call upon them to assist for routine and acute support.

### **Guidance when a learner becomes unwell during the school day**

The following steps are taken when a learner is taken ill with a minor ailment during the day (for example sickness which is not part of their usual presentation, a high temperature, etc)

1. Contact nursing team and alert them to the situation.
2. Nursing team will attend and assess the child's health and wellbeing. They will then offer advice about the course of action needed.
3. If it is advised that a child should be sent home, school staff should alert a member of the senior leadership team to agree this action and decide who will call the family.

### **Guidance for Acute Medical Episodes that are outside of a learner's normal protocol for management by school staff**

The following steps are taken when requesting emergency support.

1. Contact nursing team on: Internal 106 for the office or internal 107 for the nurses' mobile (emergencies only).
2. Nursing team will attend and assess interventions required following the child's medical protocol or based on the clinical presentation of the child in the absence of a protocol.

3. The child or young person will be relocated to an appropriate space or, if not possible due to clinical needs, the rest of the class and staff will relocate to the most appropriate and available space.
4. Assistance may be sought from the therapy team or other medical professionals on site depending on need and availability.
5. If all appropriate and available interventions have been put into place the following action will be taken:

**Nursing team or class staff will alert the most senior member of staff to the situation (if they are not already aware) and family will be contacted to notify them that an ambulance has been called.**

**An ambulance will be called by one of the nursing team if they are free to do so. If they are not free then the most senior member of staff will do so, followed by calling the family. Refer to Appendix 1 – Contacting Emergency Services**

**The most senior member of staff will notify the office that an ambulance has been called and a member of the office staff will ensure that the ambulance is directed to the location of the child or young person.**

6. Where staffing allows, a member of the nursing team will accompany the child to hospital, if it is required that a child or young person is taken there, OR a member of the school staff.
7. A member of school staff will keep in contact with the family regarding the care and probable location of their child.

## **Related Documents**

This document should be read in conjunction with other School Policies, including those relating to Advanced Care Planning, Manual Handling, Multi-disciplinary Team Working, Reintegration after Extended Absence, Parents and Families, Touch.

## **Complaints**

Any employee is entitled to make a complaint in respect of any breach of this Policy through the Complaints Procedure.

## Appendix 1

### **FORM 1 - Contacting Emergency Services**

#### **Request for an Ambulance**

#### **Dial 999, ask for ambulance and be ready with the following information**

1. Your telephone number (023) 8057 1050
2. Give your location as follows: Rosewood free School, Aldermoor Road, Southampton, Hampshire,

Give explicit information about the site and that you are calling from the school not Roseroad. Alert them that a member of staff will stand in the car park to show the nearest and most appropriate entrance to use.

3. State that the postcode is SO16 5NA
4. Give exact location in the school/setting
5. Give your name
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the child
8. A member of staff to collate all medical protocols including ACP to be handed to paramedics.

**Speak clearly and slowly and be ready to repeat information if asked**

**For completion after an incident that has required an ambulance to be called to site:**

Name of person calling ambulance:

Time of calling ambulance:

Approx. time of arrival on site:

Approx. time of departure:

Name of person calling the family:

Approx. time of calling the family and number/s called:

Brief note of the content of call:

(witnessed by/ supported by):

**Brief summary of events leading up to and following calling the ambulance:**