



Supporting Students with Additional Health Needs (in school and when unable to attend) Policy

Contents:

1. Statement of intent	2
2. Legal Framework.....	2
3. Definitions.....	2
4. Procedures.....	3
5. Education and Health Care Plans.....	3
6. Managing medicines on school premises.....	4
7. Emergency Procedures.....	4
8. Trips and Visits.....	4
9. Roles & Responsibilities.....	5
10. Managing Absences.....	6
11. Support for Students.....	7
12. Reintegration.....	8
13. Information Sharing.....	8
14. Record Keeping.....	9
15. Training.....	9
16. Examinations & Assessments.....	9
17. Complaints.....	9
18. Monitoring & Review.....	9
Appendix 1(Model process for developing individual health care plans)	11
Appendix 2 (DfE Guidance)	11
Appendix 3 (Unacceptable practice)	12

19. Statement of intent

Furze Platt Senior School aims to support RBWM and ensure that all young people who attend Furze Platt Senior School and have medical needs continue to have access to as much education as their medical condition allows, to enable them to reach their full potential and ACHIEVE. Furze Platt Senior School also aims to support young people who are unable to attend school due to their medical needs, to access suitable educational provision in line with their needs.

The school is fully committed to ensuring equality of opportunity for all learners and recognises that some students will require additional support to realise their potential. Learners with medical needs are entitled to take a full and active part in all aspects of their education at Furze Platt. Learners with medical needs, and their parents, will be encouraged to play an active part in making decisions about the additional support they need alongside the advice and guidance of medical professionals.

Due to the nature of their health needs, some children may be admitted to hospital or placed in alternative forms of education provision. We recognise that, whenever possible, students should receive their education within their school and the aim of the provision will be to reintegrate students back into school as soon as they are well enough.

We understand that we have a continuing role in a student's education whilst they are not attending the school and will work with RBWM, healthcare partners and families to ensure that all children with medical needs receive the right level of support to enable them to maintain links with their education.

20. Legal Framework

20.1. This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Education Act 1996
- Equality Act 2010
- Data Protection Act 2018
- DfE (2013) Ensuring a good education for children who cannot attend school because of health needs'.
- DfE (2015) Supporting pupils at school with medical conditions'.
- DfE and DfH (2015) SEND Code of Practice

20.2. This policy operates in conjunction with the following school policies:

- Attendance and Truancy Policy
- Child Protection and Safeguarding Policy
- Children Missing Education Policy
- Data Protection Policy
- Special Educational Needs and Disabilities (SEND) Policy
-

21. Definitions

21.1. Children who are unable to attend school as a result of their medical needs may include those with:

- Physical health issues.
- Physical injuries.
- Mental health problems, including anxiety issues.
- Emotional difficulties or Emotionally Related School Refusal (ERSA).
- Progressive conditions.
- Terminal illnesses.
- Chronic illnesses.

- 21.2. Children who are unable to attend mainstream education for health reasons may attend any of the following:
- Hospital school: a special school within a hospital setting where education is provided to give continuity whilst the child is receiving treatment.
 - Home tuition: many LAs have home tuition services that act as a communication channel between schools and students on occasions where students are too ill to attend school and are receiving specialist medical treatment.
 - Medical PRUs: these are LA establishments that provide education for children unable to attend their registered school due to their medical needs. The Medical PRU in RBWM is the Bungalow and requests for referral can be made through contacting Clare Raffaelli.

22. Procedures

Notification of a student with a medical condition:

22.1. Through the transfer process (Year 6 – 7)

Many students with medical conditions have been diagnosed before reaching secondary schools. Staff at Furze Platt Senior School (SENCO, Medical Officer and transition Co-ordinator) will liaise closely with primary schools to ensure they have a full understanding of all students with medical conditions the term before the student is due to transfer. Information will be provided to all teachers and key support staff about those students, and any special adjustments that need to be made (e.g., allowing the student to eat/drink in class, leave to use toilet facilities or administer medication).

Training will be provided for key staff where appropriate before the child joins the school.

22.2. Mid-year transfer

Where a child transfers mid-year, the SENCO and Medical Officer will be involved in the admission process to ensure a full understanding of the child's needs. Teachers and key staff will be provided with information before the student starts. Any additional arrangements will be put in place within two weeks where practically possible.

22.3. A new diagnosis

When a student receives a diagnosis during their time at Furze Platt Senior School, it is important this information is shared by parents, with the SENCO and Medical Officer, they will liaise with the student, family and healthcare professionals to understand the students' needs and recommend support. It is not always necessary to wait for a formal diagnosis before planning and providing support. Where there are differences of opinion about the condition judgments will need to be made about support based on the available evidence.

23. Education and Health Care Plans

23.1. In most cases a student with a long-term, complex medical condition will be entitled to an individual health care plan. In some cases, where a medical need is impacting a student's ability to access education, an Education and Health Care Plan (EHCP) may be required. Such plans will help to ensure that the school effectively supports them. The plan will enable the school to assess and manage risks to the student's education, health and social wellbeing and to minimise. It may also require the school to make reasonable adjustments. The school (led by the SENCO), health care professional(s) and parents should agree, based on evidence, when a health care plan would be appropriate. If consensus cannot be agreed the DfE guidance proposes that the Headteacher is best placed to take the final view. A flow chart for identifying and agreeing support is provided at Annex A. Students should be encouraged to be actively involved in the formulation of their plans. The information which might need to be recorded in health care plans is recorded at Annex B.

Education and Health Care plans will be reviewed annually and earlier if the students' needs have changed.

24. Managing medicines on school premises

- 24.1. Medicines should only be administered at school when it would be detrimental to a student's health or school attendance not to do so.
- 24.2. No child under 18 will be given prescription or non-prescription medicines without their parent's written consent.
- 24.3. A child should never be given medicine containing aspirin, unless prescribed by a doctor. Medication (e.g., for pain relief) should never be administered without written consent and without checking maximum dosages and when the previous dose was taken. Parents should be contacted by phone for permission before administering emergency pain relief in school, and ensure written consent is received.
- 24.4. Schools should only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions on administration, dosage and storage. The exception is insulin which must still be in date but will generally be available to schools inside an insulin pen or pump, rather than its original container. Controlled drugs (such as ADHD medication) must be signed in to the school, by an appropriate adult, in line with the Furze Platt Controlled Drug Management Policy.
- 24.5. From October 1st, 2014, and the 1st October 2017 schools are allowed to keep an emergency Salbutamol inhaler, and emergency adrenaline auto injectors in school. Furze Platt Senior School will keep an emergency inhaler and emergency auto injector and ensure its safe use by following the 'Guidance on the use of emergency salbutamol inhalers in school' September 2014 and 'Guidance on the use of adrenaline auto-injectors in schools' September 2017.
- 24.6. All medicines should be stored safely. Students should know where their medicines are and be able to access them immediately. Controlled medications are stored, managed and administered in line with the Furze Platt Controlled Medications Policy (as part of the FPSS First Aid Policy)

25. Emergency procedures

- 25.1. Where a student has an individual health care plan, this should clearly define what constitutes an emergency and explain what to do. This should include ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the school should know what to do in general terms such as informing a teacher immediately if they think help is needed.
- 25.2. If a student needs to be taken to hospital, staff should stay with the student until the parent arrives or accompany a student taken to hospital by ambulance.

26. Trips and Visits

- 26.1. The school will actively support students with medical conditions to participate in school trips and visits or in sporting activities and will risk assess each visit individually. The school will make any reasonable adjustments required to enable students to participate unless evidence from a clinician such as a GP states that it is not possible, the risk assessment, resourcing or provider so not feel it is safe and reasonable to undertake an activity
- 26.2. Risk assessments should be carried out for trips and visits to enable students with

medical needs to participate safely and fully.

26.3. Staff will receive appropriate medical training for managing medication and medical conditions.

27. Roles & Responsibilities

27.1. The Governing Body is responsible for:

- Ensuring arrangements for students who cannot attend school as a result of their medical needs are in place and are effectively implemented.
- Ensuring the termly review of the arrangements made for students who cannot attend school due to their medical needs.
- Ensuring the roles and responsibilities of those involved in the arrangements to support the needs of students are clear and understood by all.
- Ensuring robust systems are in place for dealing with health emergencies and critical incidents, for both on- and off-site activities.
- Ensuring staff with responsibility for supporting students with health needs are appropriately trained.
- Approving and reviewing this policy on an annual basis.

27.2. The Deputy Headteacher (Safeguarding and Interventions) and Assistant Headteacher (Inclusion) are responsible for:

- Working with the Governing Body to ensure compliance with the relevant statutory duties when supporting students with health needs.
- Working collaboratively with parents and other professionals to develop arrangements to meet the best interests of children.
- Ensuring the arrangements put in place to meet students' health needs are fully understood by all those involved and acted upon.
- Liaising with key staff (SENCO/Medical Officer) regarding students with healthcare needs and liaising with parents, students, the LA, key workers and others involved in the student's care.
- Ensuring the support put in place focusses on and meets the needs of individual students.
- Arranging appropriate training for staff with responsibility for supporting students with health needs through the use of internal communications, staff briefings, INSET days and CPD time.
- Providing teachers who support students with health needs with suitable information relating to a student's health condition and the possible effect the condition and/or medication taken has on the pupil.
- Overseeing all Risk Assessments and PEEPs (Personal Emergency Evacuation Plans)
- Providing annual reports to the Governing Body on the effectiveness of the arrangements in place to meet the health needs of students.
- Notifying the LA when a pupil is likely to be away from the school for a significant period of time due to their health needs.
- Managing educational provision for students who are unable to attend school because of medical needs.
- Actively monitoring pupil progress and reintegration into school.
- Supplying students' education providers with information about the child's capabilities, progress and outcomes.
- Liaising with the Deputy Headteacher, education providers and parents to determine students' programmes of study whilst they are absent from school.
- Keeping students informed about school events and encouraging communication with their peers.
- Providing a link between students and their parents, and the LA.

9.3 The Medical Officer and SENCO are responsible for:

- Collating accurate information regarding the medical needs of young people who will be joining Furze Platt school through timely liaison with parents, carers and primary schools.
- Liaising with external professionals and RBWM with regards to supporting young people with medical needs who attend or will be attending Furze Platt Senior School.
- Updating the medical information held for young people with medical needs in line with school processes.
- Creating and maintaining Risk Assessments (Medical Officer) for students with Additional Health needs where their conditions may result in increased risk whilst accessing the school site.
- Creating and maintaining PEEPS (Medical Officer) for students with Additional Health needs where their condition may impact them in the event of an evacuation or lockdown.
- Arranging and overseeing the support in place for young people with medical conditions who attend Furze Platt Senior School.
- Regular review of any health provisions (Medical Officer) and educational provisions (SENCO) in place to support young people with medical needs at Furze Platt Senior School.
- Keeping up to date with developments in knowledge, support options and processes for medical conditions that affect young people who attend Furze Platt Senior School.

9.4 Teachers and support staff are responsible for:

- Understanding confidentiality in respect of students' health needs.
- Planning and facilitating lessons and other educational activities in a way that allows those with health needs to participate fully and ensuring students are not excluded from activities that they wish to take part in without a clear evidence-based reason.
- Understanding their role in supporting students with health needs and ensuring they attend the required training.
- Ensuring they are aware of the needs of their students through the appropriate and lawful sharing of the individual student's health needs.
- Ensuring they are aware of the signs, symptoms and triggers of common life-threatening medical conditions and know what to do in an emergency.
- Keeping parents informed of how their child's health needs are affecting them whilst in the school.

9.5 Parents are expected to:

- Ensure the regular and punctual attendance of their child at the school where possible.
- Work in partnership with the school to ensure the best possible outcomes for their child.
- Notify the school of the reason for any of their child's absences without delay.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Attend meetings to discuss how support for their child should be planned.

28. Managing Absences

28.1. Parents are advised to contact the school on the first day their child is unable to attend due to illness.

28.2. Absences due to illness will be authorised unless the school has genuine cause for concern about the authenticity of the illness.

28.3. The school will provide support to students who are absent from school because of illness once the child is able to begin reengaging with their education. This work will include access to online resources and curriculum maps as part of a reintegration into school.

- 10.4 For periods of absence that are expected to last for 15 or more school days, either in one absence or over the course of a school year, the attendance team would notify the LA Education Welfare Office. Where a student, who resides in RBWM, has been medically signed off school then they may be eligible for the support of the Local Authority Specialist Advisory Teacher (Medically Vulnerable / SEND).
- 10.5 For hospital admissions, the appointed named member of staff will liaise with the LA (RBWM) regarding the programme that should be followed while the pupil is in hospital.
- 10.6 The LA will set up a personal education plan (PEP) for the pupil which will allow the school, the LA and the provider of the student's education to work together.
- 10.7 The school will monitor pupil attendance and mark registers to ensure it is clear whether a pupil is, or should be, receiving education otherwise than at school.
- 10.8 A pupil unable to attend school because of their health needs will not be removed from the school register without parental consent, even if the LA has become responsible for the student's education.

11 Support for Students

- 11.4 Where a pupil has a complex or long-term health issue, the school will discuss the students' needs and how these may best be met with the LA (RBWM), relevant medical professionals, parents and, where appropriate, the pupil.
- 11.5 The LA expects the school to support students with health needs to attend full-time education wherever possible, or for the school to make reasonable adjustments to students' programmes of study where medical evidence supports the need for those adjustments.
- 11.6 The school will make reasonable adjustments under students' individual healthcare plans (IHCPs), in accordance with this policy.
- 11.7 Students admitted to hospital will receive education as determined appropriate by the medical professionals and hospital tuition team at the hospital concerned.
- 11.8 During a period of absence, the school will work with the provider of the student's education to establish and maintain regular communication and effective outcomes.
- 11.9 Whilst a pupil is away from school, the school will work with the RBWM to ensure the pupil can successfully remain in touch with their school using the following methods:
 - 11.9.1 School newsletters
 - 11.9.2 Emails
 - 11.9.3 Invitations to school events
 - 11.9.4 Cards or letters from peers and staff e.g., tutor/Head of Progress
- 11.10 Where appropriate, the school will provide the student's education provider with relevant information, curriculum materials and resources.
- 11.11 To help ensure a pupil with additional health needs is able to attend school following an extended period of absence, the following adaptations will be considered:
 - 11.11.1 A personalised or part-time timetable, drafted in consultation with the named staff member.
 - 11.11.2 Access to additional support in school
 - 11.11.3 Online access to the curriculum from home
 - 11.11.4 Movement of lessons to more accessible rooms
 - 11.11.5 Places to rest at school.

11.11.6 Special exam arrangements to manage anxiety or fatigue.

12 Reintegration

- 12.4 When a pupil is considered well enough to return to school, the school will develop a tailored reintegration plan in collaboration with RBWM.
- 12.5 The school will work with the LA (RBWM) when reintegration into school is anticipated to plan for consistent provision during and after the period of education outside school.
- 12.6 As far as possible, the child will be able to access the curriculum and materials that they would have used in school.
- 12.7 If appropriate, the school nurse will be involved in the development of the student's reintegration plan and informed of the timeline of the plan by the appointed named member of staff, to ensure they can prepare to offer any appropriate support to the pupil.
- 12.8 The school will consider whether any reasonable adjustments need to be made to provide suitable access to the school and the curriculum for the pupil.
- 12.9 For longer absences, the reintegration plan will be developed near to the student's likely date of return, to avoid putting unnecessary pressure on an ill pupil or their parents in the early stages of their absence.
- 12.10 The school is aware that some students will need gradual reintegration over a long period of time and will always consult with the pupil, their parents and key staff about concerns, medical issues, timing and the preferred pace of return.
- 12.11 If the reintegration plan requires the use of a reduced timetable, then the RBWM proforma will be used and submitted to the LA.
- 12.12 The school will ensure a welcoming environment is developed and encourage students and staff to be positive and proactive during the reintegration period.
- 12.13 Following reintegration, the school will support the LA (RBWM) in seeking feedback from the pupil regarding the effectiveness of the process.

13 Information Sharing

- 13.4 It is essential that all information about students with health needs is kept up-to-date.
- 13.5 To protect confidentiality, all information-sharing techniques, e.g., staff noticeboards, will be agreed with the pupil and their parent in advance of being used.
- 13.6 All teachers, TAs, supply and support staff will be provided with access to relevant information, including high-risk health needs, first aiders and emergency procedures, via staff communications and the Pupil Profile on ClassCharts.
- 13.7 Parents will be made aware of their own rights and responsibilities regarding confidentiality and information sharing. To help achieve this, the school will:
- 13.7.1 Ensure this policy and other relevant policies are easily available and accessible.
 - 13.7.2 Provide the pupil and their parents with a copy of the policy on information sharing.
- 13.7.3 Ask parents to sign a consent form which clearly details the organisations and individuals that their child's health information will be shared with, and which methods of sharing will be used.

13.7.4 Consider how friendship groups and peers may be able to assist students with health needs.

13.8 When a pupil is discharged from hospital or is returning from other education provision, the school will ensure the appropriate information is received to allow for a smooth return to the school. The named member of staff will liaise with the hospital or other tuition services as appropriate.

14 Record Keeping

14.4 Written records will be kept of all medicines administered to students using MedicalTracker software, and for controlled drugs, the Controlled Drug Register. Proper record keeping protects both staff and students and provides evidence that agreed procedures have been followed.

15 Training

15.4 Staff will be trained in a timely manner to assist with a student's return to school.

15.5 Once a student's return date has been confirmed, staff will be provided with relevant training one week before the student's anticipated return.

15.6 Healthcare professionals should be involved in identifying and agreeing with the school the type and level of training required.

15.7 Training will be sufficient to ensure staff are confident in their ability to support students with additional health needs.

15.8 Parents of students with additional health needs may provide specific advice but will not be the sole trainer of staff.

16 Examinations & Assessments

16.4 The Exams Officer will liaise with the alternative provision provider over planning and examination course requirements where appropriate.

16.5 Relevant assessment information will be provided to the alternative provision provider if required.

16.6 Awarding bodies may make special arrangements for students with permanent or long-term disabilities and learning difficulties, or temporary disabilities and illnesses. Applications for such arrangements will be submitted by the school, or LA if more appropriate, as early as possible.

17 Complaints

The school strives to provide the best support that is practically possible within the resources provided to it. Any concerns with the support provided should be discussed directly with the school in order to reach a resolution. If, for whatever reason, this does not resolve the issues parents can make a formal complaint via the school's Complaints procedure.

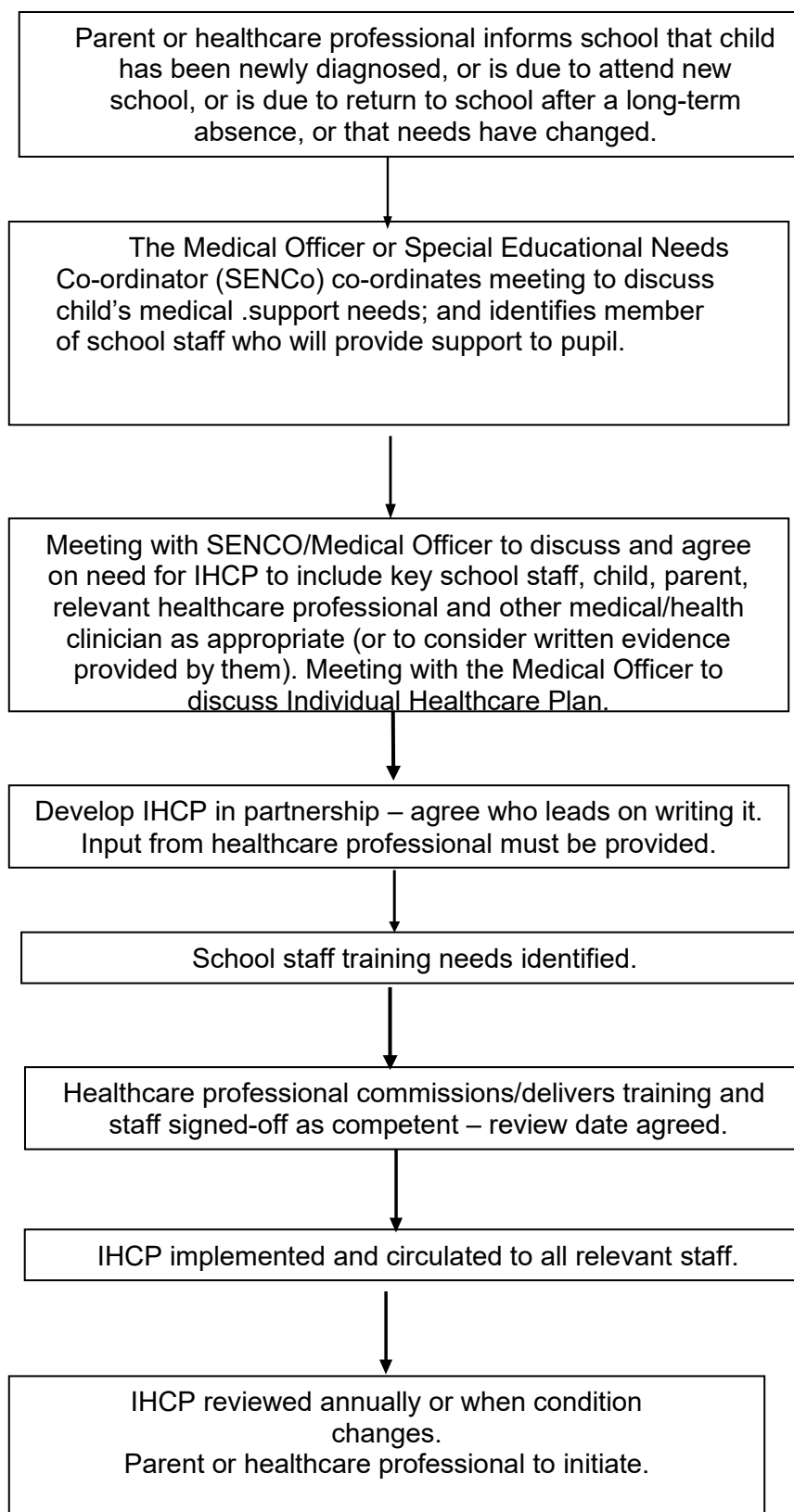
18 Monitoring & Review

18.4 This policy is reviewed annually by the Pupils & Parents Committee.

18.5 Any changes to the policy will be clearly communicated to all members of staff involved in supporting students with additional health needs, and to parents and students themselves.

18.6 The next scheduled review date for this policy is May 2026.

Appendix 1 (Model process for developing individual health care plans)



Appendix 2 (DfE Guidance):

When deciding what information should be recorded on individual healthcare plans, the following should be considered:

- 18.6.1 the medical condition, its triggers, signs, symptoms and treatments.
- 18.6.2 the pupils resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- 18.6.3 specific support for the pupils educational, social and emotional needs, e.g. how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- 18.6.4 the level of support needed, (some children will be able to take responsibility for their own health needs), including emergencies. If a child is self-managing their medication, this should be clearly stated in appropriate arrangements for monitoring.
- 18.6.5 who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- 18.6.6 who in the school needs to be aware of the child's condition and the support required.
- 18.6.7 arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff.
- 18.6.8 separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g., risk assessments;
- 18.6.9 where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition, and what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Appendix 3 (Unacceptable practice):

Governing Bodies should ensure that the school's policy is explicit about what practice is not acceptable. Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- 18.6.10 prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- 18.6.11 assume that every child with the same condition requires the same treatment.
- 18.6.12 ignore the views of the child or their parents or ignore medical evidence or opinion (although this may be a challenge).
- 18.6.13 send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- 18.6.14 if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- 18.6.15 penalise children for their attendance record if their absences are related to their medical condition, e.g., hospital appointments.
- 18.6.16 prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- 18.6.17 require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- 18.6.18 prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g., by requiring parents to accompany the child.