



THE PIGGOTT SCHOOL

'Go and do Likewise' Luke 10:25-37, The Parable of the Good Samaritan
We live with love and compassion, seeking help in times of need.

POLICY WITH REGARD TO MEDICAL NEEDS (INCLUDING PUPILS UNABLE TO ATTEND SCHOOL DUE TO HEALTH CONDITIONS)

Date last reviewed: Spring term 2023

Responsibility: Deputy Head (Pastoral), SENDCO and Lead Governor for Safeguarding

Review Period: Triennially

THIS POLICY WILL HELP THE SCHOOL TO FULFIL ITS AIMS BY:

1. Identifying individuals who have medical needs
2. Enabling each child to reach their full potential, both curricular and cocurricular
3. Promoting a culture of acceptance and celebration of difference and diversity
4. Enabling each child to partake in, and contribute fully, to school life in all its fullness
5. Endeavouring to meet the individual needs of each child and encourage all children to seek help when needed
6. Developing a feeling of self-esteem within the individual by acting with love and compassion
7. Fostering an atmosphere in our school which will promote a happy, sensitive and secure environment to ensure the most effective learning for all children
8. Providing for children's individual needs by supporting them in various ways: whole class, small groups and individual
9. Monitoring closely to enable us to recognise, celebrate and record achievements
10. Providing access to and progression within the curriculum
11. Working with parents and other agencies to provide support and opportunities for those children with medical needs
12. Assisting all staff in the delivery of inclusive, quality first teaching and ensuring all staff are aware of a child's individual needs and talents
13. Ensuring access to a range of resources to support staff in their teaching of children with medical needs



14. Empowering children in the decision-making process about their educational provision

THE OBJECTIVES OF THIS POLICY WILL BE TO:

1. Promote appropriate provision for all students who have medical needs
2. Support a partnership with parents/carers, valuing their views and contributions and keeping them fully involved in their child's education.
3. Offer a whole school approach towards the provision of an effective education for students with medical needs, which is endorsed enthusiastically by all staff
4. Promote equal opportunities for all students to engage in a broad and balanced curriculum.
5. Involve the child in the decision making about his/her medical needs provision.
6. Ensure that the success of all Piggott students is celebrated.

TO FULFIL THIS POLICY THE SENIOR LEADERSHIP TEAM AND GOVERNORS OF THE SCHOOL WILL:

1. Ensure that the Admissions Policy of the school does not discriminate against students with medical needs.
2. Make every effort to meet students' individual medical needs.
3. Seek to ensure that students with medical needs are identified through primary liaison, external agencies, parents and school staff.
4. Ensure that procedures are followed, in order to review and adapt provision appropriately
5. Follow the process for developing Health Care Plans
6. Ensure that sufficient staff are trained to support pupils with specific medical needs, including cover for staff absence and turnover
7. Ensure that all relevant staff are made aware of the pupil's condition.
8. Ensure any supply teachers are briefed.
9. Ensure that risk assessments are undertaken for school visits, holidays and activities outside the normal school day.

ASSOCIATED POLICIES AND PROCEDURES: CURRICULUM, COMPLAINTS; EQUALITIES



PROCEDURES TO SUPPORT STUDENTS WITH MEDICAL NEEDS

Students with medical needs are regarded as valued and full members of our school community. They have **medical needs** if they have a *medical condition*, which calls for *reasonable adjustments* to be made for them. Such provision is *additional to or otherwise different from* the educational provision made generally for students of their age.

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

1. The school's SENDCO also acts as the school's medical needs co-ordinator.

2. Identification, assessment, provision and review.

- Students with medical needs will be identified through primary liaison, external agencies, parents, and school staff.
- For a medical condition which is anticipated to last for more than three weeks a Support Plan with strategies will be agreed with parents, student and relevant professionals.
- Any reasonable adjustments needed within school will be made to support the student.
- A review date for the Support Plan will be set at the meeting.
- In the case of hospitalisation the school will inform the Vulnerable Children's Education Service (VCES) on a monthly basis of student names, date of birth, dates in hospital, name of hospital and reason for admission.
- The school will maintain close links with the family, including use of the school's on line learning resources.
- Liaison with staff about students with medical needs will occur regularly and extra support will be timetabled where needed.
- In the case of long-term absence work and materials will be provided by the school.
- If a student is absent due to medical needs for more than fifteen days, the school will inform the School's Educational Welfare Officer who in turn will inform the Local Authority.
- For absences of less than fifteen days it will be the responsibility of the parents to obtain work from school, if appropriate.
- In the event of a medical emergency, qualified first aiders will administer first aid and refer to emergency services as required.

3. Specialist facilities.

The Piggott School is the Preferred Secondary School for students with a Physical Disability in the Local Authority. Thus:

- access is good with automatic doors in most areas
- the school has a physiotherapy room
- there are five disabled toilets at Wargrave and two at Charvil. There are two disabled showers at Wargrave and one at Charvil.
- adjustable tables are found in most subject areas.
- a small medical room is manned by First Aiders during the school day. A log of students seen and treated is kept and parents informed if necessary.



4. The responsibilities of Subject Leaders:

Students with medical needs are taught within mainstream classrooms wherever possible. Some small group withdrawal work may occur where this is appropriate. In liaison with the SENDCO, subject leaders will ensure that:

- There are appropriate resources in their subject area.
- All the students in the Department are taught in a suitable physical environment in terms of lighting, seating, board position, furniture height, noise level, room temperature and acoustics.

5. Possible adjustments and provision by the school for students with medical needs:

- Part-time timetable
- Later morning start
- Examination concessions
- Homework Club
- Liaison with peers, encouraged by tutor
- Assemblies informing other students about the condition, if appropriate
- A named Epipen will be stored in medical room
- Quiet resting place identified for breaks
- LSA support
- Adapted PE curriculum
- Physio exercises
- Mentoring
- Counselling
- Anxiety mentoring
- Late entry and early departure from lessons.

6. Specialist provision.

In addition, the school refers to the VCES for absences due to poor health of over fifteen days. This may result in Home Tuition or attendance at Foundry College. The range of illnesses and conditions dealt with by VCES includes:

- Terminal illnesses,
- Medical Conditions
- Mental health
- Other medical needs e.g. broken limbs, post-operative recovery
- Pregnant schoolgirls and teenage parents

Procedure for students attending the VCES:

- The student will remain on roll until consent is given by parent or LA officer
- The student will be able to attend school for ten hours a week and still have home tuition

7. As a school we will not normally:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment



- ignore the views of the child or their parents; or ignore medical evidence or opinion (although we may sometimes query it)
- 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 Health Care plans
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments, recovery time following illness or treatment
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child
- prevent children from participating, or create unnecessary barriers to children participating, in any aspect of school life, including school trips

8. Training and support

The training needs of staff will be addressed through the individual pupil's Health Care plan. General Certified First Aid courses do not confirm that a person can deliver support to pupils with medical conditions. In order to ensure the confidence of staff, pupils and families and provide safe and effective support, we will:

- identify staff who will support individual or groups of pupils
- in partnership with health colleagues:
 - ✓ provide support staff with information about the medical condition
 - ✓ ensure these staff are trained and confirmed as competent by health colleagues
 - ✓ review training needs at least annually and when there is a significant change
 - ✓ provide awareness training for all staff of our medical needs policy regularly

Emergency Procedures

All Health Care plans contain personalised information on what staff need to do in an emergency. In addition, as with any emergency involving pupils, staff will accompany the pupil to hospital and stay with them until a family member arrives.

9. Managing medicines

Prescribing

Medicines should always only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so. Where clinically possible, we ask medicines are prescribed in dose frequencies which enable them to be taken outside of school hours.

Handling and storage

We can only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by the pharmacist, and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available as an insulin pen or a pump, rather than in its original container.

All normal infection control measures will be followed at all times (e.g. appropriate gloving, hand washing, disposal) and any equipment required for this will be provided in school.

Medicines which need to be locked away are stored safely. Details of access to medicines within school, which need to be readily or quickly available, will be in each pupil's Health Care plan. Arrangements for access to medicines during offsite activities will also be contained in the plan.



Medicines which are no longer required will be returned to the parent/carer for safe disposal. Staff in school will always use sharps boxes for the disposal of needles and other sharps.

If controlled drugs are prescribed for a pupil, they will be securely stored in a non-portable container and only named staff will have access. Controlled drugs will, however, be easily accessible in an emergency. For all medicines, school keeps a record of doses given and the amount of the controlled drug held in school.

Parental consent

Administration and supervision of medication will be in accordance with the pupil's Health Care plan. Non-prescription medicines will only be administered without parental consent in exceptional circumstances. Staff will not administer any medication containing aspirin to a child under 16 **unless it has been prescribed by a doctor**. Staff will always inform parents/carers if non-prescription medication, e.g. for pain relief, was administered and the dosage given.

Staff will give medication without parental consent in the rare circumstances where it has been prescribed to the pupil without parental knowledge. In this case, staff would strongly encourage the pupil to discuss this with their parents/carers without breaching their confidentiality.

Self-Management

After discussion with parents, pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual Health Care plans. Wherever possible, pupils will be allowed to carry their own medicines and relevant devices or be able to access their medicines for self-medication quickly and easily. Pupils who can take their medicines themselves or manage procedures may require an appropriate level of supervision which will be provided. If it is not appropriate for a pupil to self-manage, then appropriate staff will help to administer medicines and manage procedures. Arrangements for each pupil will be recorded on their Health Care plan. A pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence; school will therefore monitor dosage to ensure the health and safety of **all** pupils in school.

Record Keeping

We keep a record of all medicines administered to individual children, stating what, how, the dosage that was administered, when and by whom. Any side effects of the medication administered at school will be noted and parents/carers informed.

10. Arrangements for parental concerns and complaints concerning the provision.

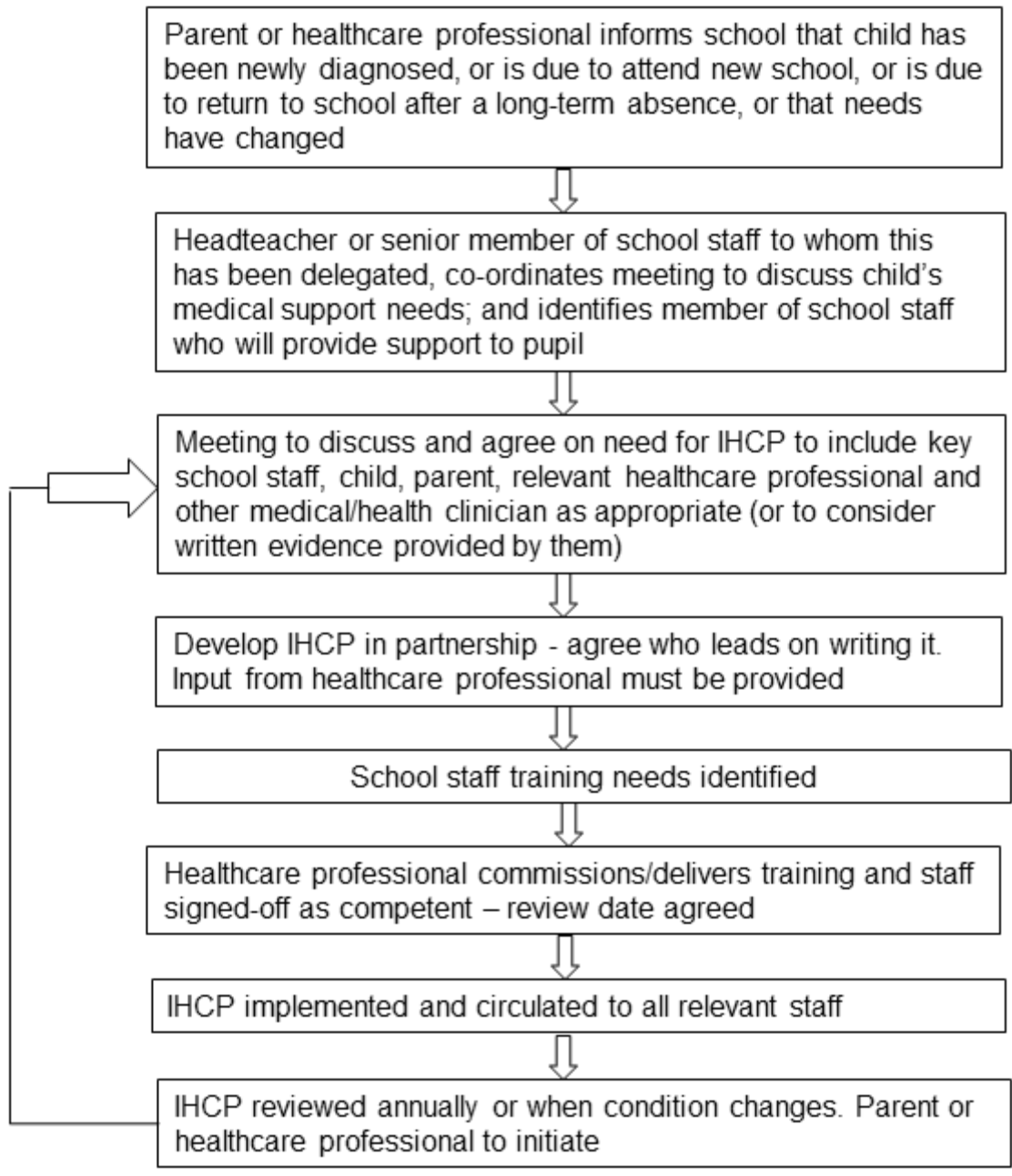
There is a general complaints procedure, available for viewing on the school's website. However, it is highly recommended, due to the sensitive and emotive nature of medical needs, that any complaints are addressed to the SENDCo or a senior member of staff, who will meet with the parents/carers to discuss the situation. If this does not resolve the issue, the complaint will pass to the Stage 1 of the general complaints procedure.

11. The role of the parents.

Parents will receive a copy of their child's Support Plan and the targets will be reviewed as agreed. Parents are encouraged to telephone or meet with the SENDCO to discuss concerns as they arise. The school welcomes such interaction, as parents are valued for their perspective and knowledge of their child.



It is the responsibility of parents to inform and update the school regarding changes to medication or exercise routines. Any medication given in the morning before the start of school needs to be recorded in the student planner and the first aider informed.





Procedures on Eating Disorders

The following procedures have been created to provide clarification in relation to the management of eating disorders, specifically: Anorexia, Bulimia, and Bulimic Anorexia. School staff are fully aware that some children are “naturally” slight; thus the procedures aim to help those for whom eating disorders are an illness, not for those with small appetites but who are physically well. Obesity is also taken seriously as it raises issues for an individual’s psychological and physical well being.

Staff at the school are fully aware that where there is a sufferer in a group of caring individuals, anxiety for all the young people may arise. If this is evident staff, students and parents will be advised to direct their concerns to the appropriate pastoral support.

Staff will endeavour to work together with parents to support the child. In the unlikely instance that action is not taken and staff at the school remain seriously concerned for a child’s health and welfare, the guidance of an external child protection officer may be sought.

Staff may contact an external specialist in eating disorders, e.g. CAMHS or BEDS to discuss their concerns, with parental support

Definitions:

Anorexia: the control of food intake, for the purpose of weight loss or management, where there are physical and psychological consequences.

Bulimia: the compensation for food consumed by way of vomiting, laxative abuse or excessive exercise.

Bulimic Anorexia: the combination of the above two disorders.

Procedures:

1. Where abnormal eating behaviours are reported by staff or other children this will be documented and shared, in the first instance, with the relevant parties. (e.g. HOY, Deputy Head).

Depending on how serious the behaviours are deemed to be, contact with the individual and/or parents may be made at this stage.

2. Where the behaviour is still relevant and/or physical changes are apparent after a further one or two weeks, a meeting with the individual will occur if not previously held. Parents may be contacted at this stage if not previously. It will be explained that concerns have been raised and help is offered. A first reminder will be given that, if stabilisation does not occur, another meeting will be organised.
3. If, after a further one or two weeks have elapsed and if behaviour is still obvious, a second meeting will occur, including the parents. Help will once again be offered and a final chance to stabilise given. A time line will be given for a final meeting.
4. Where no evidence of action, stabilisation or change is obvious a final meeting will be called with relevant senior management staff of the school and the individual’s parent(s). At this meeting it may be appropriate to discuss external help being sought.