

Policy for the Education of Pupils with Medical Needs

Harlington Upper School

1. Introduction

This policy is written in response to the guidance contained in the document “Access to Education for Children & Young People with Medical Needs”, DfES 0732/2001.

The school will continue to be responsible for all pupils unable to attend school for medical reasons. Students should be able to access education without stigma or exclusion.

Pupils covered by this policy may

- be recovering from an illness or injury keeping the pupil away from school during recovery.
- have a long term or recurring illness.
- have an illness or clinically defined mental health disorder which causes them to be absent for a period in excess of 15 days where medical opinion states they are still unable to access mainstream school.

2. Aim

Our aim is to ensure that all pupils in our school continue to have access to as much education as their medical condition allows so that they are able to maintain the momentum of their education and to keep up with their studies. The nature of the provision will be responsive to the demands of medical conditions that can sometimes be changeable.

3. Responsibilities

Governors	The Governing Body will work with the school to ensure that a suitable policy is in place and that appropriate provision is made for pupils.
Headteacher	To ensure provision is made for pupils with medical needs.
Deputy Headteacher	To oversee work of House Leaders in ensuring provision for pupils with medical needs.
Head of Learning Support	To ensure an IEP is written for medical needs pupils and to maintain on SEN register at SA+.
House Leaders and Key Stage Directors	To work with staff to ensure paperwork is completed, work is provided and meetings are attended.
All school staff	To provide work and exam entries for pupils with medical needs. Tutors to notify House Leader when a tutee is absent for long-term medical reasons.

The school has designated contacts responsible for the education of pupils with medical needs whose role it is to facilitate communication with all parties and ensure that the school is meeting the needs of all pupils in the school with a medical condition.

Areas of general responsibility will include:

1. maintaining a list of pupils with medical conditions in the school.
2. ensuring that contact is maintained with pupils (and their families) who are away from school due to illness for a period of less than 15 working days, setting of work if the pupil is well enough, forwarding of newsletters etc, welcoming pupils back to school, ensuring that all staff are aware of the up to date medical situation of the pupil and ensuring that any adjustments to accommodation and curriculum are made, together with ongoing monitoring of the pupil's situation and needs whilst in school.
3. keeping the EWO informed of all attendance issues regarding pupils where there may be medical needs, either physical or mental.
4. ensuring that the school register is marked appropriately.
5. maintaining contact with the school nurse.
6. notifying the Medical Needs Team if a pupil is (or is likely to be) away from school due to medical reasons for more than 15 working days. This includes those pupils with a recurring illness.
7. ensuring that close contact is maintained with the pupil (and their family) and that arrangements are in place for the setting and marking of work. This is particularly important for pupils for whom a support programme is being arranged.

4. Referral to the Medical Needs Team

Children who will be absent from school for more than 15 working days trigger intervention.

Educational provision will be made in collaboration with the service providing alternative education. The school will hold, chair and document a planning meeting.

The designated school contacts for pupils with medical needs will be responsible for:

1. ensuring that Medical Needs referral forms (Request for Involvement and Request for Medical Information forms) are completed and passed to the relevant agencies as quickly as possible.
2. drawing up a Personal Education Plan (PEP) or Individual Education Plan (IEP) and ensuring that the pupil is on School Action Plus of the SEN Code of Practice.
3. arranging for a member of the school staff to attend an initial meeting with the Medical Needs Team to plan a way forward.
4. ensuring that regular half termly review meetings are in place.
5. ensuring the prompt provision (as agreed with the Medical Needs Team) of information about a pupil's capabilities, programmes of work, and resources. Work provided by school will be relevant, appropriate and of comparable level to work being done in school by pupils of similar ability.
6. passing on details of the pupil's special educational needs and a copy of the current IEP.
7. ensuring that pupils who are unable to attend school because of medical needs are kept informed about parents evening and are able to participate, for example, in homework clubs, study support and other activities.
8. encouraging and facilitating liaison with peers - for example, through visits, emails, letter, telephone calls.
9. ensuring that all pupils covered by this policy have access to public examinations and SATs, including guidance on the completion of appropriate coursework. The school will also be responsible for requesting special arrangements where necessary after liaison with medical needs staff.
10. co-ordinating intervention and support from other outside agencies.

5. *Parents/Carers and Pupil*

The school will work with parents/carers to support the pupil in the most suitable way. Parents will be invited to attend all review meetings and the meeting will, wherever possible, be held in a location convenient to the parent/carer. There will be a named contact in the school so that parents are able to discuss concerns and access information as appropriate. The child will also be involved in making decisions and choices wherever possible.

6. *Reintegration*

The school will have a key role to play in successful reintegration and will be proactive in working with all agencies to support a smooth transition and in ensuring that peers are involved in supporting the pupil's reintegration. The plan should always have multi-agency approval.

Date policy written: May 2005

Date approved by governors:

Reviewed: August 2007