



THE
Raleigh
SCHOOL

PUPILS WITH MEDICAL NEEDS POLICY

REVIEW DATE: **SUMMER 2025**

NEXT REVIEW: **SUMMER 2026**

INTRODUCTION

Children with certain health conditions can face additional safeguarding challenges and additional barriers can exist when recognising abuse and neglect in this group of children.

These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition without further exploration;
- these children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children;
- the potential for children with SEND or certain medical conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- communication barriers and difficulties in managing or reporting these challenges.

At The Raleigh School we believe that pupils with medical conditions should be supported, as best we can, to play an active role in school life, enjoy the same opportunities as any other pupil and have full access to all aspects of education. The governing board has arrangements in place to see that this is achieved and the school liaises fully with health professionals where appropriate. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils themselves feel safe. For these reasons, the school will liaise with health and social care professionals, pupils and their parents to achieve this.

AIMS

This policy aims to ensure that:

Pupils, staff and parents understand how our school will support pupils with medical conditions

Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The Headteacher is responsible for implementing this policy

3. LEGISLATION AND STATUTORY RESPONSIBILITIES

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's statutory guidance on [supporting pupils with medical conditions at school](#).

Early years settings should continue to apply the Statutory Framework for the [Early Years Foundation Stage Early years foundation stage statutory framework \(EYFS\) - GOV.UK](#)

This policy also complies with our funding agreement and articles of association.

1. ACTION PLAN

The school's governing board is ultimately responsible for the implementation of this policy. The headteacher is in charge on a day-to-day basis and named individuals are responsible for the provision of support to individual pupils with medical conditions. Where pupils have disabilities and/or special needs as well as a medical condition, these will be taken into consideration at all times.

The role of the headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation

- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Sufficient staff are suitably trained and available to implement the policy.
- All staff are aware of the policy and their role in implementing it. Relevant staff will be made aware of any child with a medical condition.
- Cover arrangements are in place in case of staff absence, staff turnover and in emergency and contingency situations, to ensure someone is always available.
- Any supply teachers are aware of the medical condition where appropriate.
- Staff are appropriately insured and are aware that they are insured to support pupils with medical conditions.
- Staff are able to examine insurance policies relating to providing support to pupils with medical conditions should they wish to.
- The school nurse is aware of any child who has a medical condition that may require support at school, and is also aware of any child with a medical condition who has not yet had a formal diagnosis.
- Risk assessments for school visits, holidays, and other school activities outside of the normal timetable include consideration for any child with a medical condition.
- Risk Assessments are completed for all children with medical needs

Individual healthcare plans (IHPs) are initiated, monitored and reviewed at least annually.

The focus of support is on the needs of each individual child and how their medical condition impacts on their school life.

Consideration is given as to how children will be reintegrated back into school after periods of absence due to their medical condition.

The role of school staff

Any member of staff may be asked to provide support to pupils with medical conditions. Administering medicines is not part of teachers' professional duties but they are expected to take into account the needs of pupils with medical conditions that they teach. All school staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do, and respond accordingly, when they become aware that a pupil with a medical condition needs help.

The role of the school nurse

The Raleigh School has access to the school nursing service which is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, this will be done before the child starts at the school. The school nursing service will liaise between medical practitioners and school staff on implementing a child's IHP and provide advice and training.

The role of other healthcare professionals, including GPs and paediatricians

The GP or other healthcare professional will notify the school nurse when a child has been identified as having a medical condition that will require support at school. They will be involved in drawing up IHPs. Specialist local health teams are also available to provide support for children with particular conditions (eg asthma, diabetes).

The role of the individual pupil

Pupils with medical conditions will be fully involved in discussions about their medical support needs and expected to comply with their IHP. After discussion with parents, children who are competent are encouraged to take responsibility for managing their own medicines and procedures and this will be reflected within their IHP. Wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the IHP. Parents will be informed so that alternative options can be considered.

The role of the parents

Parents are expected to provide the school with sufficient and up-to-date information about their child's medical needs. Parents are key partners and will be involved in the drafting, development and review of their child's IHP. They are expected to carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment, and must ensure they or another nominated adult are contactable at all times.

The role of the local authority

Local authorities (LAs) provide school nurses for maintained schools and academies. The LA provides support, advice and guidance, including suitable training for school staff, to ensure that the support specified within IHPs can be delivered effectively. The LA works with [School Name] to support pupils with medical conditions to attend full time but has a duty to make other arrangements when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

2. EQUAL OPPORTUNITIES

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

3. PROCEDURE TO BE FOLLOWED WHEN NOTIFICATION IS RECEIVED THAT A PUPIL HAS A MEDICAL CONDITION

Where possible the school will not wait for a formal diagnosis before providing support to a pupil with medical needs. Support will be provided based on the available medical evidence and after consultation with parents.

For children starting at The Raleigh School, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or changed circumstances, every effort will be made to ensure that arrangements are put in place within two weeks. For children moving on to another school, relevant information will be passed to the new school as soon as possible.

4. INDIVIDUAL HEALTHCARE PLANS (IHPS)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
 - When
 - By whom
-
- IHPs may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Those involved will agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.
 - IHPs will be developed with the child's best interests in mind.
 - IHPs will ensure that the school assesses and manages risks to the child's education, health and social well-being and minimise disruption.
 - IHPs will be drawn up in partnership between the school, parents, and a named relevant healthcare professional who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.
 - When a child is returning to school following a period of hospital education or alternative provision (including home tuition) the school will work with the LA and education provider to ensure that the IHP identifies the support the child will need to reintegrate effectively.
 - The IHP will state the steps which the school will take to help the child manage their condition and overcome any potential barriers to getting the most from their education. The format of IHPs will vary to enable the school to choose what is most effective for the specific needs of each pupil, and the level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. However, all will contain the following information:
 - The medical condition, its triggers, signs, symptoms and treatments.
 - The pupil's 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 (eg crowded corridors), travel time between lessons.
 - Specific support for the pupil's educational, social and emotional needs – eg 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.
 - Level of support needed including in emergencies. If a child is self-managing their medication this will be clearly stated with appropriate arrangements for monitoring.

- 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.
- Cover arrangements for when the usual support person is unavailable.
- Who in the school needs to be aware of the child's condition and the support required.
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours. Parents will have a copy of the procedures to be followed when administering medicines.
- 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, eg risk assessments.
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
- 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 IHP).
- IHPs will be easily accessible to all who need to refer to them while preserving confidentiality.
- Where a child has SEND but does not have a statement or education, health and care (EHC) plan, their SEND needs will be mentioned in their IHP.
- Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

A flow chart for identifying and agreeing the support a child needs and developing an IHP is provided in Appendix 1. Templates for medication requests and pupil's healthcare plans are provided from appendix 1 to appendix 10.

5. STAFF TRAINING

Periodical training is undertaken so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy and to keep them up-to-date with procedures to be followed. New staff will receive training through their induction process. The named relevant healthcare professional advises the school on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

During the development or review of IHPs suitable training requirements for staff who will be involved with the individual pupil will be discussed. The relevant healthcare professional will normally lead on identifying, and agreeing with the school, the type and level of training required, and how this can be obtained. Once trained, the healthcare professional will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The family of a child will be able to provide relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. However, they will not be the sole trainer.

6. MANAGING MEDICINES IN THE SCHOOL

Details of how the school manages medicines in school can be found in the school's policy on administration of medicines. Medicines are carefully labelled and stored. Access is readily available when the need arises.

The school ensures that written records are kept of all medicines administered to children, and parents are informed if their child has been unwell at school.

School trips and sports activities

At The Raleigh School, pupils with medical conditions are encouraged to participate in school trips and visits, or in sporting activities, and will not be prevented from doing so wherever possible. Teachers will be aware of how a child's medical condition will impact on their participation. A risk assessment will be undertaken so that planning arrangements, with any reasonable adjustments, take account of any steps needed to allow all children to participate according to their own abilities. Parents and pupils will be consulted and advice taken from the relevant healthcare professional to ensure that pupils can participate safely, if at all.

Emergency situations

Pupils in the school will know to inform a teacher immediately if they think help is needed. Staff will follow the school's procedures to contact emergency services if necessary.

Where a child has an IHP, it will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or, if an ambulance needs to be called, will accompany the child to hospital and stay until a parent arrives there.

The Raleigh School holds salbutamol inhalers for use only in emergencies. The inhalers may only be used by children whose parents have agreed the use of the emergency inhaler and who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler will be used if the pupil's prescribed inhaler is not available (eg because it is broken, or empty).

The Raleigh School possesses an automatic external defibrillator (AED) for emergency use and appropriate staff are trained to operate this equipment.

7. EMERGENCY PROCEDURES

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

8. UNACCEPTABLE PRACTICE

It is considered as unacceptable to:

- Prevent children from easily accessing their inhalers and medication and from 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 this may be challenged).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP.
- Send a child with a medical condition to the school office or medical room without being accompanied, or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments.
- 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, 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).
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Staff may face disciplinary action if any such instances are brought to the attention of the headteacher.

9. RECORD KEEPING

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

10. COMPLAINTS

If parents or pupils are dissatisfied with the support provided they should discuss their concerns informally with the appropriate member of staff. If, however, this does not resolve the situation then they should make a formal complaint using the school's complaints procedure.

11. LINKS TO OTHER POLICIES:

This policy links to the following policies:

Accessibility plan
 Complaints
 Equality information and objectives
 First aid
 Health and safety
 Safeguarding
 Special educational needs information report and policy

12. FURTHER GUIDANCE:

- [Supporting pupils with medical conditions at school \(GOV.UK\)](#) Department for Education statutory guidance, templates and links to other departmental guidance and advice.
- [Supporting pupils with medical conditions: links to other useful resources - GOV.UK \(www.gov.uk\)](#)
- [Health Conditions in Schools Alliance \(medicalconditionsatschool.org.uk\)](#) includes an example school medical conditions policy, a guide and template for an individual healthcare plan, other forms for record keeping, and information on specific health conditions.
- [Health protection in schools and other childcare facilities \(GOV.UK\)](#) UK Health Security
- [First aid in schools – \(GOV.UK\)](#)
- [Early years foundation stage statutory framework \(EYFS\) \(GOV.UK\)](#) Department for Education
- [Education for children with health needs who cannot attend school - GOV.UK \(www.gov.uk\)](#)

13. USEFUL NUMBERS & WEBSITES

[UK Health Security Agency - GOV.UK \(www.gov.uk\)](#) for information and advice on [Health Protection in schools and other childcare facilities](#) which covers communicable or infectious diseases.

Information is also available on wider health protection issues, regional centres and health protection teams [Find your local health protection team in England - GOV.UK \(www.gov.uk\)](#)

Asthma / Allergies

[Allergy UK](#)

Helpline: 01322 619898

Allergy UK School Allergy Action Group (SAAG)

Website: [School Allergy Action Group | Allergy UK | National Charity](#)

[The Anaphylaxis Campaign](#)

<https://www.anaphylaxis.org.uk>

[Asthma UK](#)

Helpline 0300 222 5800 (Mon-Fri 9am to 5pm)

Diabetes

[Diabetes UK](#)

Helpline: 0345 123 2399 (Mon-Fri 9am to 6pm)

Epilepsy

[Epilepsy Action](#)

Helpline: 0808 800 5050

[Epilepsy Society](#)

Helpline: 01494 601 400

Meningitis

[Meningitis Research Foundation](#)

Freefone helpline 0808 800 3344

[Meningitis Trust](#)

Helpline: 0808 800 3344

Skin Conditions

[National Eczema Society](#)

Helpline: 0800 448 0818 (Mon-Fri 10am to 4pm)

[Psoriasis Association](#)

Tel: 01604 251 620

Other conditions

[Shine for Spina Bifida and Hydrocephalus](#)

[Cystic Fibrosis Trust](#)

14. MONITORING AND EVALUATION

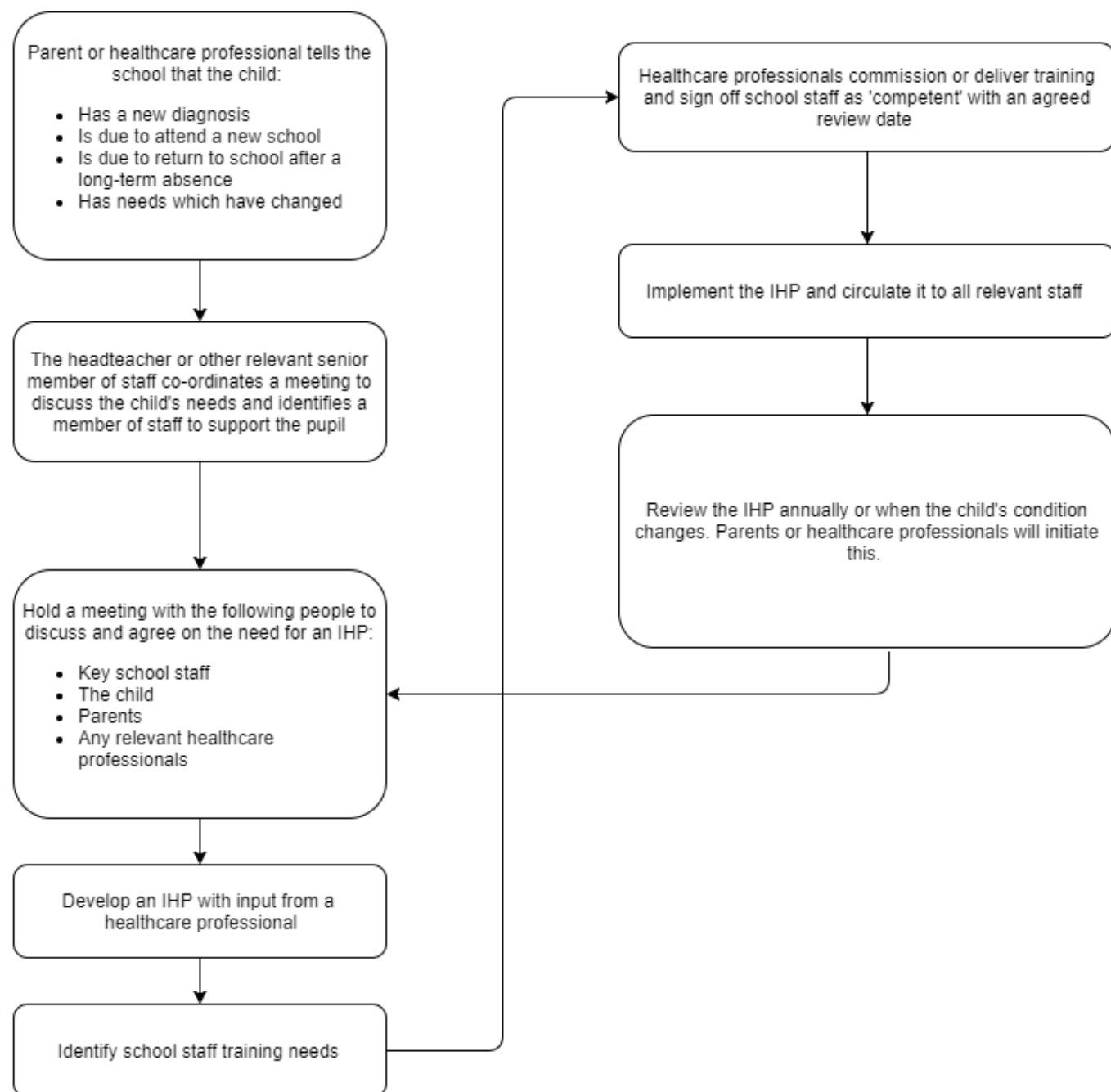
The policy will be monitored by the headteacher and governors for its effectiveness in implementation, and evaluated and reviewed annually, or sooner in the light of any incidents that may occur or any changes to legislation. This policy has been prepared using guidance provided by the DfE, Surrey County Council and CEfM

APPENDIX

- **APPENDIX 1:** Process for developing an Individual healthcare plan
- **APPENDIX 2:** Individual healthcare plan
- **APPENDIX 3:** Parental agreement for setting to administer medicine
- **APPENDIX 4:** Record of medicine administered to an individual child
- **APPENDIX 5:** Record of medicine administered to all children
- **APPENDIX 6:** Staff training record – administration of medicines
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APPENDIX 1

PROCESS FOR DEVELOPING INDIVIDUAL HEALTHCARE PLANS





The Raleigh School

Individual Healthcare Plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Parental agreement for setting to administer medication

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)_____

Date _____

Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Record of medicine administered to all children

Name of school/setting

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

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

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely