



Schools for Every Child

Shared Moral rooting- The driving force that gives ethical and moral validity to the organisation. A higher purpose that can be relied upon to drive the organisation. A rooting is long lasting and outlives the wishes of one individual or another.

- [UNICEF rights of child](#)

Shared Values- Actions and things we do day to day; we live our values to get to our vision:

- Altruistic- Doing good things whenever, however and to whoever you can
- Pioneering- striving to discover new things and exceed expectations
- Ethical- Making conscious decisions to be kind and fair

Shared Vision- an aspiration for the future. This holds the different parts of the organisation together. The shared vision is something each part works towards, in its own way. Specific enough that it stands you apart from others in the same field.



- Nurturing Brilliance, Guiding Exploration, Cultivating Respect- a committed journey to put every learner's individuality, curiosity, and dignity at the forefront of the world that awaits.

Supporting Children with Medical Conditions and First Aid

Rayleigh Primary School is a Rights Respecting School. Our policies are underpinned by the UNCRC.

UNICEF Article 28(right to an education)

- *Every child has a right to an education. Children's human dignity. Wealthy countries must help poorer countries achieve this. Article 29(goals of education)Education must develop every child's personality, talents and abilities to the full. It must encourage the child's respect for human rights, as well as respect for their parents, their own and other cultures, and the environment.*

Date Policy Created	April 2026
Reviewed:	September 2026 (Awaiting LSB ratification)

Equality and Inclusion

At Rayleigh Primary School, we are committed to ensuring equality of education and opportunity for all pupils, staff, parents and carers; irrespective of age, race, gender, disability, faith or religion, attainment or socio-economic background. We aim to develop a culture of inclusion and diversity in which all those connected to the school feel proud of their identity and able to participate fully in school life.

The achievement of all pupils is monitored and we use this data to support pupils, raise standards and ensure inclusive teaching. We will tackle discrimination by the positive promotion of equality, challenging bullying and stereotypes and creating an environment which promotes British values; championing respect for all.

We believe that diversity is a strength, which should be respected and celebrated by all those who learn, teach and visit here. As an educationally inclusive school the teaching and learning, achievements, attitudes and well-being of every young person matters.

Our Mission Statement for Equality:

As a school,

- We welcome our duties under the Equality Act 2010 to eliminate discrimination, advance equality of opportunity and foster good relations in relation to age, disability, ethnicity, gender(including issues of transgender, and of maternity and pregnancy), religion and belief, and sexual identity.
- We welcome our duty to promote community cohesion.
- We recognise these duties reflect international human rights as expressed in the UN Convention- The Rights of the Child.

1. Introduction and Purpose

Schools for Every Child Trust is committed to ensuring that all pupils with medical conditions-physical or mental health—are properly supported so they can:

- access a full and ambitious curriculum
- participate fully in school life, including trips and physical education
- remain healthy and safe
- achieve their academic potential

This policy is written in accordance with:

- Section 100, Children and Families Act 2014
- Supporting Pupils at School with Medical Conditions (DfE statutory guidance)
- SEND Code of Practice (0–25)
- Equality Act 2010
- Working Together to Safeguard Children (2023)
- UKHSA Infection Control Guidance (2023)
- NHS Integrated Care Board (ICB) responsibilities (2022)

This policy should be read alongside:

- Child Protection & Safeguarding Policy
- SEND Policy
- Accessibility Plan

- Attendance Policy
- First Aid Procedures
- Allergy Policy

2. Roles and Responsibilities

Trust Board

- Ensures Local Governance Boards fulfil statutory duties.
- Ensures clarity of roles and responsibilities across the Trust.
- Ensures robust systems for staff training.
- Approves and annually reviews this policy.

Local Governance Board

- Ensures arrangements are in place to support pupils with medical conditions.
- Ensures pupils have equal access to education and school activities.
- Ensures staff receive appropriate training.
- Ensures risk assessments, reintegration plans and monitoring systems are in place.
- Ensures parents feel confident in the school's support.

Local Authority / ICB

- Promotes cooperation between education, health and social care.
- Provides advice, guidance and training.
- Ensures suitable education for pupils absent 15+ days due to health needs.

Headteacher

- Ensures effective implementation of this policy.
- Ensures all staff understand their roles.
- Ensures sufficient trained staff are available.
- Ensures contingency and emergency arrangements are in place.
- Ensures pupils are not penalised for attendance related to medical needs.
- Oversees development and review of IHPs.
- Ensures staff are insured to carry out medical procedures.

SENCO

- Maintains the medical needs register.
- Ensures staff awareness of pupils' needs.
- Coordinates IHPs with parents and professionals.
- Monitors progress and ensures appropriate interventions.
- Arranges access arrangements and reasonable adjustments.

School Staff

- Follow this policy and all procedures.
- Know which pupils have medical conditions and IHPs.
- Support pupils to participate safely in all activities.
- Understand how medical conditions may affect learning.
- Follow first aid and emergency procedures.

First Aiders

- Provide immediate care.
- Seek emergency medical help when required.
- Ensure safe storage of medicines.
- Log accidents, treatments and medication administration.
- Inform parents when necessary.

School Nursing Team

- Notify schools when a child has a medical condition requiring support.
- Support development and implementation of IHPs.
- Provide liaison, advice and training.

Parents/Carers

- Provide up-to-date medical information.
- Supply medication and equipment in date.
- Complete required permission forms.
- Update emergency contact details.
- Work in partnership with school and health professionals.

Pupils

- Share information about how their condition affects them.
- Manage their condition where appropriate.
- Inform staff if they feel unwell.

3. Administration of Medicines and Record Keeping

Medication is administered only when:

- specified in an Individual Healthcare Plan (IHP), or
- a parent/carers has completed a Parental Agreement to Administer Medicine form for prescribed medications (e.g. antibiotics).
- failure to administer would harm the child's health

Procedures:

- Medication must be administered by a designated member of staff and **witnessed by a second adult.**
- Both adults must sign the medication log.
- Records must include: pupil name, date, time, medication, dose, and signatures.
- Any reaction must be recorded and parents informed immediately.
- The medical log is stored in the school office.
- Only prescribed medications will be given in school.
- Pain relief such as Calpol will only be administered by a parent or guardian
- No ibuprofen is given in school; therefore, no Nurofen will be administered under any circumstances.
- Aspirin must not be given to pupils under 16 unless prescribed.

4. Individual Healthcare Plans (IHPs)

IHPs must:

- outline the condition, triggers, symptoms and treatments
- detail medication, dosage, timing and storage
- identify staff training needs
- include emergency procedures
- support educational, social and emotional needs
- be reviewed annually or sooner if needs change

Copies are kept:

- in the classroom
- in the school office
- with emergency medication

5. Asthma

Asthma Plans

All pupils with Asthma must have an Asthma Plan and Individual Healthcare Plan.

Storage

- Inhalers are kept in a safe, accessible medical bag in the classroom (or where the class are being taught)
- A central asthma log is kept in the school office to record inhaler usage.

Administering/ Recording Use

- Staff give children their asthma pump when needed.
- Staff must **radio the school office** immediately after administering an inhaler to confirm no earlier dose was given and next steps. Parents will inform the office if any inhalers were administered at home overnight or that morning. Office staff record immediately in the central asthma log.
- A child's IHP and Asthma plan is read before administering an inhaler
- The office are informed and the log is updated- and signed by **two staff members of staff as soon as possible**
- Parents/carers informed as soon as possible

All staff receive annual asthma training.

6. Adrenaline Pens (EpiPens)

- IHP required.
- All children have two adrenaline pens stored in the class medical bag.
- Staff receive annual training.
- Spare adrenaline pens are stored in the school office.

7. Epilepsy – Buccal Midazolam

- IHP required.

- Medication is stored in the school office.
- Staff receive annual training.

8. Emergency Procedures

- IHPs define emergencies.
- IHPs are kept alongside a child's medication in their medical bag. All IHPs can be found on Arbor (under pupil's medical needs), they are also stored in the RPS Medical Drive on Google or in the school office.
- Staff accompany pupils to hospital if needed.
- Children's IHP and medication are brought on all school trips/visits to Spring Gardens and included in risk assessments.

9. Storage of Medicines

- Medicines are stored securely in the school office.
- Sharps are disposed of in the sharps box (in the school office)
- Unused medication is returned to parents.
- Medical bags are not carried by children

10. Infectious Disease or Illness

- School follows UKHSA guidance.
- 48-hour rule applies after sickness/vomiting.

11. Daily Management of Injuries / Illness

All injuries and first aid interventions must be recorded in the Accident Books (held in class medical bags) and the child is given the slip to take home. Any injuries at lunchtime are recorded in the lunchtime Accident Book and the child is given a slip to take home.

Additionally:

- Any head injury must also be recorded using Appendix 1 (Head Injury Form).
- Any abdominal injury must also be recorded using Appendix 2 (Abdominal Injury Form).
- Parents/carers must be informed as soon as possible for all head or abdominal injuries.

Cuts and grazes are cleaned with water or wipes.
Ice packs used for bumps.

If concerns arise, parents may be asked to collect the child.

12. Trips, Sporting Events and Residential Visits

- Pupils with medical conditions must be supported to participate.
- Risk assessments must include medical needs.
- Emergency medication must accompany the pupil.

13. Staff Training

All staff receive annual training covering:

- asthma
- adrenaline pens
- epilepsy
- emergency procedures
- first aid

Paediatric First Aid is provided to relevant staff.

Appendices

Appendix 1 – Head Injury Form

(To be completed for any head injury and attached to the Accident Book entry.)

Checklist - Head or Facial Injury

Pupil/Staff/Visitor: _____ Date: _____ Time of
Injury: _____

Name: _____ Time of
check: _____

Please carry out the following checks and call an ambulance if they are displaying worrying symptoms

CHECKS

- **Did they lose consciousness? (If so call an ambulance immediately) Y or N**
- **Did they have a seizure or fit (If so call an ambulance immediately) Y or N**
- **Is there any leaking of clear fluid from the ears or nose? (if so call an ambulance immediately) Y or N**

ORAL CHECKS

- Have they been sick? Y or N

- Do they feel dizzy or sick? Y or N

- Can you see clearly? Y or N

- Is their speech clear? Y or N

VISUAL CHECKS

- Are they alert and interacting well? Y or N

- Are their pupils of equal size? Y or N

- Are they using their limbs OK? Y or N

- Do they look pale? Y or N

- Are they particularly hot? Y or N

Place of injury _____

Physical appearance of injured area (a mark, bruise, bump, cut, blood)

How did the injury occur?

Actions

How was the injury treated?

Has the parent/carer been informed? Y or N

Has the incident been reported to Essex CC? Y or N

Has the incident been reported to RIDDOR? Y or N

Who reported the incident to the office?

Who treated the injury and carried out the above checks?

Name: _____ **Signature:**

Appendix 2 – Abdominal Injury Form and attached to the Accident Book entry.

Checklist - Abdomen Injury

Pupil/Staff/Visitor: _____
Injury: _____

Date: _____ Time of

Name: _____
check: _____

Time of

Please carry out the following checks and call an ambulance if they are displaying worrying symptoms

CHECKS

- **Have they brought up blood? (If so call an ambulance immediately)** Y or N
- **Are they struggling to breathe? (If so call an ambulance immediately)** Y or N

ORAL CHECKS

- Have they been sick? Y or N

- Do they feel dizzy or sick? Y or N

- Have they been to the toilet?
 - Was everything OK?? Y or N

- Do they have any pain?(dull, achy, stingy)Y or N

VISUAL CHECKS

- Are they alert and interacting well? Y or N

- Are they holding the area or bent over? Y or N

- Do they look pale? Y or N

- Are they particularly hot? T or N

Place of
injury _____

Physical appearance of injured area (a mark, bruise, bump, cut, blood)

How did the injury occur?

Actions

How was the injury treated?

Has the parent/carer been informed? Y or N

Has the incident been reported to Essex CC? Y or N

Has the incident been reported to RIDDOR? Y or N

Who reported the incident to the office?

Who treated the injury and carried out the above checks?

Name: _____ **Signature:**

(To be completed for any abdominal injury and attached to Accident Book entry.)