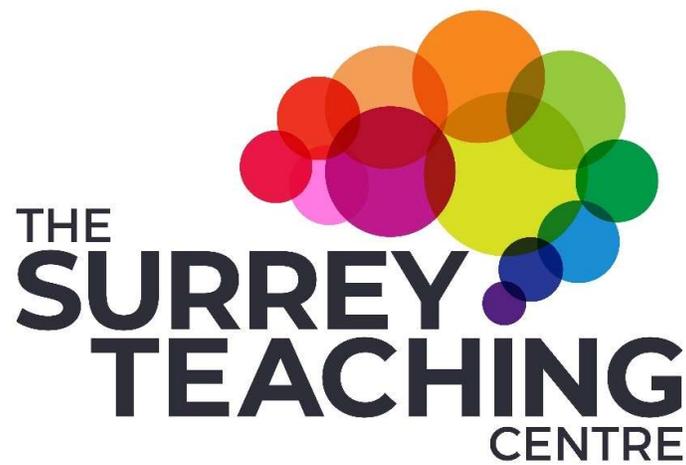


Supporting Pupils with Medical Needs Policy
The Surrey Teaching Centre



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Supporting Pupils with Medical Needs

School Context

Staff at the Surrey Teaching Centre (STC) are committed to providing pupils with a high quality education whatever their health need, disability or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEN are not discriminated against or treated less favourably than other pupils.

STC is a Medical Pupil Referral Unit on the grounds of a healthcare facility (The Children's Trust) which provides specialist medical care and rehabilitation to children and young people with an acquired brain injury. As such, specialist medical teams hold overall responsibility for the medical planning, care, and interventions at all times on site. As a partner organisation, STC will ensure that we comply with the specialist medical advice for each pupil on roll.

This policy should be read in conjunction with related policies including:

- STC Attendance Policy
- STC Safeguarding Policy
- STC Accessibility Plan
- STC Equalities Policy
- SEND policy and information report

This policy should also be read with consideration to the DfE's guidance - [Arranging education for children who cannot attend school because of health needs](#) and [Supporting pupils at school with medical conditions](#) .

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.

Principles

This policy and any ensuing procedures and practice are based on the following principles:

- All children and young people are entitled to a high quality education.
- Disruption to the education of children with health needs should be minimised.
- If children can be in school they should be in school. Our school will make reasonable adjustments where necessary to enable all children to attend school.
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child.
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires.
- Children and young people with health needs are treated as individuals, and are offered the level and type of support that is most appropriate for their circumstances; staff strive to be responsive to the needs of individuals.
- This policy will ensure that pupils, staff and parents/carers understand how our school will support pupils with medical conditions

As a school we will not:

- send children with medical conditions back to the Houses frequently or prevent them from staying for normal school activities unless this is specified in their individual healthcare plans;
- if a child becomes ill, send them back to their House unaccompanied or with someone unsuitable;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life

Definition of health needs

For the purpose of this policy, pupils with health needs may be:

- pupils with **chronic or short term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- **unwell children**, including those who are physically ill or injured or are recovering from medical interventions.

This policy does not cover self-limiting infectious diseases of childhood, e.g. measles.

Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, Management Committees **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan or equivalent which brings together health and social care needs, as well as their special educational provision.

Roles and Responsibilities

All staff have a responsibility to ensure that all pupils at this school have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability.

The Management Committee

The management committee is responsible for ensuring arrangements to support pupils with medical conditions in school are in place, including ensuring that this policy is developed and implemented. They will ensure that all pupils with medical conditions at this school are supported to enable the fullest participation possible in all aspects of school life.

The Headteacher

The headteacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation.

School staff

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. Staff must familiarise themselves with the medical needs of the pupils they work with. Information will be provided by The Children's Trust in connection with specific medical needs, e.g. seizure protocols, so that staff know what precautions to take and how to react in an emergency. When taking pupils away from the classroom or house, staff should ensure that they have a mobile phone with them.

Staff training and support

In carrying out their role to support pupils with medical conditions, school staff will receive appropriate support. All medical interventions are undertaken by The Children's Trust staff.

School staff will not give prescription medicines or undertake health care procedures; all medical procedures are undertaken by The Children's Trust staff. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting pupils with medical conditions, and to make all staff aware of their role in implementing this policy. Information on how this school supports children with health needs is included in our induction procedure for all new staff

Procedures

Notification

Information about medical needs or SEN is provided by The Children's Trust on admission to the school. Parents and carers are asked to keep The Children's Trust informed of any changes to their child's condition or treatment. Whenever possible, meetings with the parents/carers and other professionals are held before the pupil attends school to ensure a smooth transition into the class.

Information supplied by parents/carers and The Children's Trust is transferred to the 'Medical Needs Form' for each pupil and recorded on the school's MIS system. A summary of the school's Medical Needs Register is included within the school's MIS system.

Any medical concerns the school has about a pupil will be raised with The Children's Trust.

Individual Healthcare Plans

Individual healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom. These plans are developed and managed by The Children's Trust as the specialist healthcare provider.

Individual healthcare plans should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Where a child has SEN but does not have an EHC plan or equivalent, their special educational needs will be mentioned in their individual healthcare plan. Where the child has a special educational need identified in an EHC plan or equivalent, the individual healthcare plan will be linked to or become part of that EHC plan or equivalent.

Medicines in school

Self-management by pupils

Wherever possible, children carry their own medicines and relevant devices which enables trained Children's Trust staff to administer as appropriate. STC staff do not administer routine medications.

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 Children's Trust individual healthcare plan. Parents will then be informed so that alternative options can be considered.

Emergency Situations

Where a child has an individual healthcare plan, this 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.

Each classroom is fitted with emergency call buttons which alert therapy/medical staff in the building to a possible medical emergency. STC staff are trained in the use of the emergency call buttons during induction.

Day trips and Sporting Activities

Trips off site are organised by The Children's Trust who undertake the relevant risk assessments; these take into account how a child's medical condition might impact on their participation. Pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities.

Children who are sick or infectious

The Children's Trust has procedures in place to reduce the spread of infections. This can include imposing isolation protocols due to the complex medical conditions of the children and young people on site. STC will comply with any protocols put in place by The Children's Trust as the healthcare provider.

Children with confirmed specific infectious diseases set out in the UK Health Security Agency's exclusion table (see Appendix one) will not be allowed to return to school until the appropriate exclusion period has passed.

Complaints

If parents or pupils are dissatisfied with the support provided by The Children's Trust they should discuss their concerns directly with The Children's Trust in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via The Children's Trust complaints procedure.

If parents or pupils are dissatisfied with the support provided by Surrey Teaching Centre, they should discuss their concerns with the Headteacher in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via The Surrey Teaching Centre's complaints procedure.

Appendix One – UK Health Security Agency’s exclusion table

Infection or complaint	Recommended period to be kept away from school or nursery
Athlete’s foot	None.
Campylobacter	Until 48 hours after symptoms have stopped.
Chicken pox (shingles)	<p>Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school.</p> <p>A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.</p>
Cold sores	None.
Respiratory infections including coronavirus (COVID-19)	<p>Children and young people should not attend if they have a high temperature and are unwell.</p> <p>Current Covid 19 guidance should be followed: https://www.gov.uk/coronavirus</p>
Rubella (German measles)	5 days from appearance of the rash.
Hand, foot and mouth	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
Measles	Cases are infectious from 4 days before onset of rash to 4 days after, so it is important to ensure cases are excluded from school during this period.
Ringworm	Exclusion not needed once treatment has started.
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.
Scarlet fever	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered, the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and a factsheet to send to parents or carers and staff.

Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
Diarrhoea and/or vomiting (Gastroenteritis)	<p>Children and adults with diarrhoea or vomiting due to gastroenteritis should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed.</p> <p>For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health adviser or environmental health officer will advise.</p> <p>If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.</p>
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).
Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.
Tuberculosis (TB)	Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.
Whooping cough (pertussis)	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so, or 21 days from onset of illness if no antibiotic treatment.

Conjunctivitis	None.
Giardia	Until 48 hours after symptoms have stopped.
Glandular fever	None (can return once they feel well).
Head lice	None.
Hepatitis A	Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.
Hepatitis B	Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.
Hepatitis C	None.
Meningococcal meningitis/ septicaemia	If the child has been treated and has recovered, they can return to school.
Meningitis	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
Meningitis viral	None.
MRSA (meticillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.