Farnborough Road Infant School

Policy for Supporting Pupils at School with Medical Conditions

"Learning, Caring and Achieving Together"

Person responsible for the policy	Headteacher / SENCo
Date updated	September 2026
Review date	September 2027
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1. Purpose and statutory framework

Farnborough Road Infant School (FRIS) is committed to ensuring that pupils with medical conditions are properly supported so that they can access education, play, enrichment, school visits and physical activity as fully as possible. We will work with children, parents/carers, health professionals and other agencies to provide safe, inclusive and proportionate support.

This policy reflects the duty in section 100 of the Children and Families Act 2014 and the Department for Education statutory guidance Supporting pupils at school with medical conditions. It also takes account of Arranging education for children who cannot attend school because of health needs (updated December 2023), Working together to improve school attendance (updated July 2026), the Equality Act 2010, the SEND Code of Practice and the statutory Early Years Foundation Stage framework.

FRIS has a separate Allergy and Anaphylaxis Policy. That policy should be read alongside this document for the identification and management of allergies, adrenaline auto-injectors, emergency response, allergy training, incident review and related arrangements.

2. Scope - including Nursery and the Early Years

This policy applies across Farnborough Road Infant School, including our 2-year-old provision, Nursery, Reception, Year 1 and Year 2. Children in the Early Years may be less able to recognise, communicate or independently manage symptoms and medication. Staff will therefore give particular attention to close supervision, communication with parents/carers, developmentally appropriate support, safe storage and rapid access to emergency medication.

For children within the EYFS, the school will also meet the safeguarding and welfare requirements of the statutory EYFS framework. Medical arrangements will be considered as part of settling-in, care routines, intimate care where relevant, risk assessment and transition.

3. Principles

- Children with medical conditions should be supported to enjoy the same opportunities at school as other children wherever this can be achieved safely.
- Support will be based on the individual child rather than assumptions about a diagnosis.
- Children and parents/carers will be listened to and involved in decisions about support.
- Medical needs will not be treated as a behaviour issue or as a reason to create unnecessary barriers to attendance or participation.
- Staff undertaking medical support will be appropriately trained and authorised for the tasks they carry out.
- Emergency medicines and devices will be readily accessible wherever the child is learning or taking part in school activities.
- Confidential medical information will be shared only with those who need it to keep the child safe and supported.

4. Roles and responsibilities

4.1 Governing Body

The Governing Body must ensure that arrangements are in place to support pupils with medical conditions and that this policy is effectively implemented. Governors will assure themselves that sufficient trained staff and cover arrangements are available; individual healthcare plans (IHPs) are used appropriately; emergency arrangements are effective; medicines are managed safely; equality and SEND duties are met; and pupils with health needs are not unnecessarily excluded from education or wider school life.

Governors will receive appropriate monitoring information at least annually, including themes arising from medical incidents and near misses, staff training and competency, IHP review, access to trips and activities, medical-related attendance, transitions and any complaints. Information will be anonymised where appropriate. Governors will challenge leaders where arrangements are not sufficiently robust and will monitor completion of agreed actions.

4.2 Headteacher

The Headteacher has overall responsibility for ensuring that this policy is developed and implemented. This includes ensuring that staff understand their responsibilities; sufficient appropriately trained and authorised staff are available, including contingency cover; relevant information is available to supply and temporary staff; IHPs are developed and reviewed; emergency procedures are understood; and appropriate insurance is in place.

4.3 SENCo / designated lead

The SENCo/designated lead will coordinate IHPs where appropriate, support liaison with families and professionals, help ensure links with SEND provision and reasonable adjustments, and support transition planning. The Headteacher retains overall responsibility.

4.4 Parents and carers

Parents/carers should provide accurate and up-to-date information about their child's medical needs, medication and treatment; participate in IHP development and review; provide in-date medication and equipment as agreed; and notify school promptly of changes. They should be contactable, but FRIS will not require a parent to attend school routinely to administer medication or provide medical support where the school has a duty to make appropriate arrangements.

4.5 Pupils

Children will be involved in discussions about their medical needs in a way that is appropriate to their age, development and communication. Their views, experiences and understanding of symptoms, triggers and helpful support will be taken seriously.

4.6 School staff

Any member of staff may be asked to support a pupil with a medical condition. Medicines and healthcare procedures will be undertaken by appropriately trained and authorised staff in accordance with the child's IHP, parental consent, prescriber instructions and school procedures. Sufficient trained cover will be maintained so that provision does not depend on the availability of particular senior leaders.

Staff must know how to obtain help in an emergency. No member of staff will undertake a healthcare procedure for which they have not received the training and competency assurance required for that child's needs.

4.7 Health professionals

School nurses and other relevant healthcare professionals may notify or advise the school about a child who requires support, contribute to IHPs, advise on treatment and emergency arrangements, and provide or identify appropriate training. The school will liaise with the relevant service rather than naming an individual practitioner in this policy, as personnel may change.

5. Staff training, competency and cover

Training needs will be identified from the medical needs of children currently attending or due to join FRIS. Training may include condition awareness, medication, emergency response and child-specific procedures. Where a healthcare professional is required to confirm competency, staff will not undertake the procedure independently until this has occurred.

Whole-school awareness will ensure that all staff know the school's procedures and how to summon assistance. More specialist training will be provided to staff with designated responsibilities. Training records will be maintained and refresher training arranged at appropriate intervals or sooner if a child's needs, medication, equipment or procedure changes.

6. Individual Healthcare Plans (IHPs)

Not every child with a medical condition will require an IHP. The need for a plan will be considered in partnership with parents/carers and relevant healthcare professionals, taking account of the complexity, variability and level of support required. The Headteacher makes the final decision if agreement cannot be reached.

IHPs will be developed in the child's best interests and reviewed at least annually, and sooner where needs, medication, treatment, risk or circumstances change. They will normally include:

- the condition, triggers, signs, symptoms and treatment;
- medication, dose, timing, storage, side effects and equipment;
- the child's educational, social, emotional, dietary, toileting, rest and environmental needs;
- support required in emergencies and clear emergency contacts;
- staff responsible, training/competency requirements and cover arrangements;
- arrangements for consent and administration or, where developmentally appropriate, self-management;
- reasonable adjustments and links with SEND provision or an EHC plan;
- arrangements for trips, PE, enrichment, extended activities and movement around the school site;
- confidentiality and information-sharing arrangements; and
- what to do following a medication error, adverse reaction, incident or near miss.

7. Medical needs, SEND, disability and reasonable adjustments

A medical condition does not automatically mean that a child has SEND or is disabled, but the needs may overlap. Where a child has SEND, medical support will be coordinated with the SEN Support plan or EHC plan where applicable. Where a medical condition meets the Equality Act definition of disability, FRIS will consider and make reasonable adjustments so that the child is not placed at a substantial disadvantage.

Reasonable adjustments may relate to the curriculum, timetable, attendance support, physical environment, communication, toileting, eating and drinking, rest, PE, trips, medication, sensory needs or other aspects of school life. Decisions will be individual, proportionate and reviewed for effectiveness.

8. Managing medicines on school premises

Medicines will be administered at school where it would be detrimental to a child's health or attendance not to do so. Written parental consent will normally be required. Prescribed medicines should be in date, in the original labelled container as dispensed, with clear instructions for administration, dosage and storage, except where the form of treatment appropriately differs, such as an insulin pen or pump.

- Children under 16 will not be given aspirin unless prescribed by a doctor.
- Before administering pain relief or other agreed non-prescription medicine, staff will follow school procedures, check dosage and timing and record administration.
- Medicines will be stored safely but in a way that allows rapid access when needed.
- Emergency medicines and devices such as inhalers, adrenaline auto-injectors and blood glucose equipment must not be inaccessible because they are locked away.
- Controlled drugs will be securely stored in accordance with legal requirements, with access limited to authorised staff while remaining accessible in an emergency.
- All administration, refusal, omission and relevant errors will be recorded.
- Unused or expired medication will be returned to parents/carers for safe disposal; sharps will be disposed of in an approved sharps container.

9. Emergency medication and accessibility across the site

FRIS will ensure that emergency medication is readily accessible to trained staff wherever a child may be on the school site, including classrooms, Nursery and 2-year-old provision, halls, outdoor areas, playgrounds, PE spaces, the Family Wellbeing Centre where relevant to a school activity, and during movement between areas. Arrangements must take account of the age of FRIS pupils, who will usually rely on adults to access and administer emergency medication.

Staff taking responsibility for a child away from their usual classroom will know where the child's emergency medication is and how it will accompany them. Emergency medication must never be left behind because a child changes location.

10. School trips, visits and off-site activities

Children with medical conditions will be enabled to participate in school trips, educational visits, PE, enrichment and other off-site activities wherever this can be achieved safely. Planning and risk assessment will identify reasonable

adjustments, trained staffing, emergency arrangements, medication storage and transport, access to food/drink/toileting/rest, emergency contact information and the location of the nearest appropriate medical assistance where relevant.

Required medicines and emergency devices will travel with the child and remain readily accessible. A child will not be prevented from taking part simply because they have a medical condition, nor will a parent normally be required to accompany them solely because of that condition.

11. Emergency procedures

Where a child has an IHP, it will identify what constitutes an emergency and the action to take. Relevant staff must know the signs and procedures. If emergency medical assistance is required, staff will call 999 without delay, follow the child's emergency plan and provide first aid/medication within their training and authorisation.

If a child is taken to hospital, an appropriate member of staff will remain with or accompany the child until a parent/carer arrives, where this is necessary and practicable. The school will ensure emergency services can be directed promptly to the correct entrance and location on the shared site.

For allergy and anaphylaxis emergencies, staff must follow the separate FRIS Allergy and Anaphylaxis Policy and the child's individual emergency arrangements.

12. Medication errors, incidents and near misses

Any medication error, omitted dose, incorrect dose, wrong medication, equipment failure, unexpected adverse reaction or medical near miss will be treated seriously. The immediate priority is the child's safety.

- Staff will assess the child, follow the IHP/emergency procedure and obtain urgent medical advice or call 999 where required.
- The Headteacher or designated senior leader will be informed promptly.
- Parents/carers will be informed as soon as practicable, unless emergency circumstances require immediate treatment first.
- The event, actions taken, advice received and outcome will be recorded accurately.
- Where appropriate, relevant healthcare professionals, the local authority, safeguarding lead, insurer or other agency will be informed in accordance with reporting requirements.
- The incident or near miss will be reviewed to identify contributing factors and learning, including whether the IHP, risk assessment, storage, staffing, training or procedures require amendment.
- Learning will be shared with relevant staff without unnecessary disclosure of confidential information.

Allergy/anaphylaxis incidents and near misses will additionally be managed and reviewed under the separate FRIS Allergy and Anaphylaxis Policy.

13. Attendance and pupils who cannot attend because of health needs

FRIS recognises that some children with physical or mental health needs may experience intermittent, recurrent or extended absence. The school will follow Working together to improve school attendance and will work with the child and family to understand and address barriers to attendance. Support will be individual and may include reasonable adjustments, an IHP, SEND support, pastoral support, a phased or supported return where appropriate, and liaison with healthcare professionals.

The school will not routinely require medical evidence for every illness-related absence. Where support is needed to understand a complex health barrier or determine appropriate provision, school may seek relevant evidence or advice in partnership with the family and professionals.

Where it becomes clear that a child of compulsory school age is likely to be unable to attend school for 15 school days or more during a school year, whether consecutive or cumulative, and suitable education cannot otherwise be provided by the school, FRIS will work promptly with Sefton Local Authority so that it can consider its duty under section 19 of the Education Act 1996. The school will not wait unnecessarily for the 15-day point before seeking advice where the likely duration or complexity of absence is already apparent.

Any education arranged because of health needs should be suitable to the child's age, ability, aptitude and SEND, and should provide as much education as the child's health allows. FRIS will remain involved, share appropriate curriculum and pastoral information, maintain the child's connection with school and work collaboratively with the local authority, provider, family and health professionals.

14. Reintegration following health-related absence

Planning for reintegration will begin as early as appropriate and will be based on the child's health, views and individual circumstances rather than an arbitrary timetable. The school will agree a clear plan with parents/carers and, where appropriate, the child, healthcare professionals, Sefton Local Authority and any education provider.

A reintegration plan may include a phased return, curriculum priorities, rest or reduced-demand periods, reasonable adjustments, pastoral support, review of the IHP, arrangements for medication and emergency response, and planned review points. The aim will be to increase attendance and participation safely while avoiding unnecessary delay or loss of belonging.

15. Transition and transfer

Medical needs will be considered early when children enter the 2-year-old provision, move through Nursery and Reception, transfer between classes and year groups, or move to another school. Parents/carers will be invited to share information before admission or transition so that training, medication, equipment, IHPs and reasonable adjustments can be in place from the start wherever possible.

For transition from Nursery into Reception and between phases within FRIS, relevant staff will share information securely and review the child's IHP and risk assessment. Where a child is transferring to Farnborough Road Junior School or another setting, FRIS will, with appropriate consent and in accordance with data protection requirements, liaise with the receiving school in good time. This may include transition meetings, sharing current plans and professional advice, arranging staff training and ensuring continuity of medication and emergency procedures.

For children with complex needs, transition planning may begin well in advance and involve health professionals, SEND services and other agencies.

16. Record keeping and confidentiality

FRIS will maintain accurate records of parental consent, medicines received, administration, refusals, errors, incidents, staff training and IHP reviews. Records will be stored and shared in accordance with data protection requirements. Staff who need information to keep a child safe will receive it, while respecting the child's and family's privacy.

17. Unacceptable practice

Although each case must be considered individually, it is not acceptable to:

- prevent a child from accessing prescribed or emergency medication when needed;
- assume children with the same diagnosis require the same support;
- ignore the views of the child or parents/carers, or relevant medical evidence, without proper consideration;
- send a child home repeatedly or exclude them from normal activities simply because of their medical condition unless this is supported by their individual arrangements;
- penalise a child for attendance affected by their medical condition;
- prevent necessary eating, drinking, toileting, rest or medical breaks;
- require parents routinely to attend school to provide medical support that the school should reasonably arrange;
- create unnecessary barriers to trips, PE, enrichment or wider school life;
- use stigmatising or discriminatory language about a medical condition or symptoms; or
- allow support to depend on one named member of staff without adequate trained cover.

18. Liability and indemnity

The Governing Body will ensure that appropriate insurance arrangements are in place and that staff are informed of the cover applying when they support pupils with medical conditions in accordance with their training, authorisation and school procedures.

19. Complaints

Concerns about support for a pupil with a medical condition should initially be raised with the class teacher, SENCo/designated lead or Headteacher as appropriate. Formal complaints will be considered under the school's Complaints Policy. Urgent safeguarding or medical concerns will be acted upon immediately and will not await the outcome of a complaint.

20. Monitoring and review

The Headteacher and Governing Body will review this policy regularly and at least annually in light of changes in legislation, statutory guidance, the needs of pupils and learning from incidents. Monitoring will include the effectiveness of IHPs, staff training and cover, emergency medication accessibility, medical-related attendance,

participation in trips and activities, transition arrangements, incidents and near misses, complaints and equality/SEND considerations.

21. Related policies and guidance

- FRIS Allergy and Anaphylaxis Policy
- FRIS Attendance Policy
- FRIS SEND Policy and SEN Information Report
- FRIS Public Sector Equality Statement
- FRIS Relationships and Behaviour Policy
- FRIS Educational Visits procedures
- FRIS First Aid / medicines procedures
- Department for Education: Supporting pupils at school with medical conditions
- Department for Education: Arranging education for children who cannot attend school because of health needs (December 2023)
- Department for Education: Working together to improve school attendance (updated July 2026)
- Statutory Framework for the Early Years Foundation Stage

Headteacher	Jennifer Sephton
Headteacher signature / date	
Chair of Governors signature / date	