Medical Conditions, Health Needs & First Aid Policy

Date:	July 2026	**Next Review:**	July 2027	**Owner:**	LRI
DFE:	Statutory	**Category:**	Safety	**Status:**	ACTIVE

Version Control		
Version	**Comment**	**Date**
1.0	Policy written	July 2026
	Approved by Governors	Sept 2026

Contents

Purpose & Aims

This policy brings together Waterloo Primary School's arrangements for supporting pupils with medical conditions, administering medicines, supporting children whose health needs prevent attendance, and providing first aid. It applies across the school day, wraparound provision run by the school, clubs, educational visits, residentials and other school-organised activities.

The school aims to:

- support pupils' physical and mental health needs with dignity, compassion and high expectations;
- enable pupils with medical conditions to participate fully in education and school life, including physical education and visits, with reasonable adjustments where required;
- provide prompt, competent first aid and clear emergency arrangements;
- meet the specific safeguarding and welfare requirements applying to children in the Early Years Foundation Stage (EYFS), including two-year-olds, Nursery and Reception;
- minimise disruption to education when a pupil cannot attend because of health needs and work promptly with Sefton Council and health partners; and
- maintain accurate, confidential records and use incident information to improve practice.

Scope & Other Policies

This policy applies to all pupils, staff, volunteers, contractors and visitors. Where a child has SEND, an education, health and care plan (EHC plan), an allergy, a disability or safeguarding needs, the arrangements in this policy operate alongside—not instead of—the relevant statutory plan and school policy.

This policy should be read with Waterloo's Allergy Policy; Safeguarding and Child Protection Policy; Health and Safety Policy; Attendance and Punctuality Policy; SEND Policy and Information Report; Educational Visits Policy; Intimate Care Policy; Food and Nutrition/Safer Eating Policy; and Data Protection Policy. An allergy action plan may form part of, or sit alongside, an individual healthcare plan (IHP).

Legal & Statutory Framework

The policy has regard to the following legislation and guidance, as amended:

- Children and Families Act 2014, section 100;
- Department for Education statutory guidance, Supporting pupils at school with medical conditions;
- Education Act 1996, section 19, and DfE statutory guidance, Arranging education for children who cannot attend school because of health needs (December 2023);
- Early Years Foundation Stage statutory framework for group and school-based providers, effective 1 September 2026;
- Health and Safety at Work etc. Act 1974 and the Health and Safety (First-Aid) Regulations 1981;
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR);
- Equality Act 2010, including the duty to make reasonable adjustments;
- School Premises (England) Regulations 2012;
- Human Medicines Regulations 2012, including provisions for emergency salbutamol inhalers and adrenaline devices;
- DfE guidance First aid in schools, early years and further education;
- DfE Allergy safety in schools statutory guidance (June 2026); and
- UK GDPR and Data Protection Act 2018.

Principles

- The child's best interests, voice, dignity and right to inclusion will guide decisions.

- A medical condition may be physical or mental, short-term, long-term, recurring, fluctuating or undiagnosed. Support will be based on need and evidence, not solely on a formal diagnosis.
- The school will listen to parents and carers and seek appropriate advice from healthcare professionals; clinical decisions remain the responsibility of appropriately qualified clinicians.
- Children will be encouraged to develop age- and ability-appropriate independence in managing their condition, without being left unsupported.
- No child will be denied admission, sent home frequently, prevented from eating or drinking when medically required, prevented from using a toilet, or excluded from curriculum or visits solely because of a medical condition unless a properly considered risk assessment shows that participation cannot safely be achieved even with reasonable adjustments.
- Parents will not be required to attend school or otherwise give up work to provide medical support that the school has agreed and is able to arrange.
- Staff will not undertake clinical procedures or administer medicines unless appropriately trained, competent and willing, except that all staff must act reasonably in an emergency and summon help.

Roles & Responsibilities

The Trust and Local Governing Body

- ensure arrangements are in place to support pupils with medical conditions and that this policy is implemented, readily accessible and reviewed regularly;
- ensure sufficient staffing, first-aid provision, training, insurance and resources;
- ensure that school leaders have regard to statutory guidance and equality duties; and
- receive assurance through appropriate reports on training compliance, incidents, patterns and policy implementation, without unnecessary personal data.

Headteacher

- has overall responsibility for implementation and for ensuring all staff understand this policy;
- ensures sufficient trained staff are available at all relevant times, including cover for absence, breaks, visits and EYFS meals/snacks;
- ensures the first-aid needs assessment and arrangements are reviewed at least annually and after significant change or incident;
- decides, with advice where needed, whether an IHP is required and ensures plans are developed and reviewed;
- ensures staff are appropriately insured and that risk assessments support inclusion; and
- ensures reportable incidents are notified to the Trust, HSE, Ofsted/local safeguarding partners or other agencies as required.

Designated Medical Conditions Lead

The Deputy Headteacher is Waterloo's Designated Medical Conditions Lead and coordinates day-to-day implementation. The role includes maintaining the central register of medical needs and IHPs; coordinating plans and reviews; ensuring relevant staff receive essential information; checking training and medicine records; liaising with families, school nursing, health professionals and Sefton services; and monitoring patterns in incidents and absence. Appropriate tasks may be delegated, but accountability remains with the Headteacher.

SENCO/Inclusion Lead

The SENCO ensures that medical needs are considered alongside SEND provision, reasonable adjustments and EHC plans, and that specialist provision pupils receive equitable access. An IHP does not replace an EHC plan, and neither replaces the other where both are needed.

Staff

- follow this policy, IHPs, allergy action plans and emergency procedures;
- know how to summon first-aid and emergency help and report concerns promptly;
- complete required training and work within their competence;
- maintain confidentiality while sharing necessary safety information; and
- record medicine administration and first-aid treatment accurately and without delay.

Parents and carers

- provide accurate, current information and at least two emergency contacts wherever possible;
- supply in-date medicines and equipment in original, correctly labelled containers and collect expired or surplus items;
- participate in IHP development and reviews and notify school promptly of changes; and
- ensure the child is well enough to attend, while working with school to avoid unnecessary absence.

Pupils

Pupils will be involved in decisions in a way appropriate to their age, maturity and communication needs. They should tell an adult if they feel unwell, use medicines and equipment as agreed, and respect the medical needs and confidentiality of others.

Identifying and notifying medical needs

Parents and carers should notify the school office or Designated Medical Conditions Lead when a child has a medical condition, receives a new diagnosis, is prescribed medicine, returns after hospital treatment, or experiences a material change. Information may also be received from a previous setting, school nurse, GP, specialist service or other professional, subject to lawful information sharing.

For a new pupil, arrangements should be in place by admission wherever practicable. For a new diagnosis or changed need, the process should normally begin immediately and be completed as soon as reasonably practicable. Interim safety measures will be agreed where full clinical information is awaited.

Individual Healthcare Plans (IHPs)

When an IHP is required

The Headteacher, advised by the Designated Medical Conditions Lead, relevant healthcare professional, parent/carer and pupil, will determine whether an IHP is needed. An IHP will normally be used where a condition requires individualised arrangements, prescribed or emergency medicine, reasonable adjustments, support during an emergency, a clinical procedure, monitoring, or coordinated planning. It is particularly important where needs fluctuate or emergency intervention may be required.

Development and review

1. Notification of the condition or need is received.
2. The Designated Medical Conditions Lead gathers information from the pupil, family, previous setting and relevant professionals and considers immediate risk controls.
3. A meeting is arranged where needed. The appropriate healthcare professional should identify the type and level of clinical support required and may provide a clinical care or action plan.
4. The school agrees the IHP, named responsibilities, training, emergency response, access to medicines, educational adjustments and communication arrangements.
5. Relevant staff are briefed and trained before undertaking the agreed support. The plan is made accessible to those who need it while remaining confidential.

6. The plan is reviewed at least annually and sooner following a change in need, treatment, medicine, staffing, provision or significant incident.

Minimum content

- the condition, triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medicine, dose, equipment, diet, hydration, toilet access, mobility, environmental controls, rest, emotional support and educational adjustments;
- what the pupil can do independently and the support required;
- named staff roles, training and cover arrangements;
- arrangements for PE, breaktimes, transport, clubs, educational visits and residentials;
- what constitutes an emergency and the precise response, including who contacts emergency services and family;
- consent, information-sharing and confidentiality arrangements;
- how absence and reintegration will be managed where relevant; and
- contingency arrangements, including supply failure or staff absence.

Clinical plans
A BSACI allergy action plan, asthma plan, diabetes plan, epilepsy protocol or other clinician-issued plan may be incorporated into or appended to the school IHP. School staff must not alter clinical instructions.

Staff Training, Competence & Cover

- Training needs will be identified through the first-aid needs assessment, IHPs, risk assessments and workforce planning.
- Training must be delivered by an appropriate competent provider or healthcare professional and refreshed within the required period. The school will maintain a training matrix and act before expiry.
- A first-aid certificate alone does not qualify a member of staff to administer medication or undertake a clinical procedure. Role-specific training and confirmation of competence are required where appropriate.
- No staff member will provide support beyond their competence. If trained cover is unavailable, the Headteacher will put safe contingency arrangements in place and seek professional advice; the pupil will not be routinely excluded as a substitute for proper planning.
- All staff receive induction information on medical emergencies, calling 999, first-aid locations, emergency medicines and pupils whose needs they must know. Supply and temporary staff receive proportionate safety information before taking responsibility for pupils.

Emergency Procedures

The child's IHP or action plan takes precedence where it gives a specific emergency response. In all other cases, staff will:

7. make the area safe, stay with the casualty and summon a trained first aider;
8. call 999 immediately for a life-threatening or potentially life-threatening emergency—staff must not delay while seeking parental permission or senior approval;
9. give the school's full address, postcode, access point and concise details, and send an adult to meet the ambulance;
10. administer emergency treatment or medicine only within training and the law, while following call-handler instructions;
11. contact parents/carers as soon as possible after emergency help has been summoned;
12. ensure a suitable adult accompanies a child to hospital if a parent/carer is not present, taking essential information and medicine where safe; and
13. record, report, review and preserve relevant evidence after the incident.

A seriously ill or injured child will not be transported to hospital in a staff member's private vehicle instead of an ambulance. If emergency services advise a different safe course, that advice will be followed and documented.

Administration and Management of Medicines

General rules

- Medicines should normally be administered at home where clinically appropriate. Where administration during school is essential, the school will facilitate this safely.
- The school will only accept prescribed medicines that are in date, supplied in the original container as dispensed by a pharmacist, clearly labelled with the pupil's name, medicine, dose, method, timing and instructions. Insulin may be supplied in a pen, pump or other prescribed delivery system.
- Written parental consent is required for each medicine. EYFS records must show the medicine, written permission, each dose administered and the information given to parents/carers.
- Non-prescription medicine will only be administered in exceptional circumstances under an agreed school protocol, with written parental consent and Headteacher approval. Aspirin will never be given to a person under 16 unless prescribed by a doctor.
- The school will not make changes to prescribed dose or instructions on parental direction alone; revised pharmacy labelling or written clinical instruction is required.
- Medicines are not part of a first-aid kit.

Receipt, storage and access

- A designated member of staff records receipt and checks the label, consent, quantity, expiry and storage requirements. Discrepancies are resolved before administration.
- Medicines are stored securely, at the required temperature and out of children's reach, but emergency medicines remain immediately accessible. Refrigerated medicines are stored in a clearly labelled, secure container within an appropriate refrigerator.
- Controlled drugs are kept in a non-portable locked container with access restricted to named staff. Administration and balance are recorded. A child may legally possess a controlled drug if competent to do so, subject to the IHP and risk assessment.
- Pupils who are competent may carry and self-administer inhalers, adrenaline devices or other medicines where this is agreed in the IHP. Younger pupils' emergency medicines will be stored so that adults can obtain them without delay—not locked away in a manner that prevents emergency access.
- Expired, damaged or surplus medicines are returned to parents/carers for safe disposal. Sharps are placed immediately into an approved sharps container.

Administration procedure

1. Confirm the correct pupil using two identifiers where practicable.
2. Check written consent, the medicine label, dose, route, time, expiry and any previous dose.
3. Wash hands and use appropriate infection-control measures.
4. Administer or supervise self-administration exactly as trained and instructed. Where possible, a second trained adult checks higher-risk or controlled medicines.
5. Record the dose immediately, including date, time, amount and signature/name. Record refusal, omission, error, spillage or vomiting and the action taken.
6. Inform parents/carers as agreed and always where an EYFS child has received medicine.

If a pupil refuses medicine, staff will not force it. They will follow the IHP, inform parents/carers and seek urgent medical advice if the missed dose may create risk. Medication errors or near misses are escalated immediately to the Headteacher/Designated Medical Conditions Lead, with clinical advice and emergency action as required.

Emergency inhalers and adrenaline devices

Where the school chooses to hold emergency salbutamol inhalers and/or spare adrenaline devices, these will be obtained, stored, checked and used in accordance with the Human Medicines Regulations and current government guidance. Use is limited to pupils for whom written medical authorisation and parental consent are held, unless emergency law and professional direction permit otherwise. Any use is recorded and parents/carers are informed. Detailed allergy arrangements are set out in Waterloo's Allergy Policy.

Children With Health Needs Who Cannot Attend School

Principles and early action

Waterloo remains ambitious for children who cannot attend because of physical or mental health needs. Absence will be authorised and coded in accordance with attendance guidance, but education, belonging and safeguarding contact will continue. The pupil will remain on roll unless lawful grounds for removal apply; illness must not become an informal exclusion or pressure to home educate.

For short or intermittent absence, school will provide proportionate work, contact and access to teaching as health permits. As soon as it is clear that a child is likely to be absent for 15 school days or more—consecutively or cumulatively in a school year—or where need is significant earlier, Waterloo will contact Sefton Council's relevant medical/Complementary Education service and cooperate with the local authority's section 19 arrangements. The school will not wait for 15 days to pass where earlier intervention is appropriate.

School responsibilities

- maintain regular, sensitive contact with the pupil and family, led by a named member of staff;
- seek appropriate medical evidence without creating unnecessary barriers and share relevant information lawfully with Sefton and providers;
- provide curriculum information, resources, assessment information and suitable work, taking account of the pupil's health, SEND and EHC plan;
- work with alternative provision, hospital education and health professionals so that provision is suitable, normally full-time unless the child's health makes this inappropriate;
- retain oversight of safeguarding, attendance, progress and wellbeing and invite the pupil to appropriate school events where safe;
- avoid duplicative or excessive demands and ensure work is marked and feedback given; and
- plan reintegration from the outset rather than waiting until the pupil is ready to return full-time.

Reintegration

A written reintegration plan will be agreed with the pupil, parents/carers, Sefton/provider and relevant health professionals. It may include a phased timetable, reasonable adjustments, reduced transitions, rest arrangements, curriculum priorities, catch-up support, peer connection, risk controls and review dates. Any part-time timetable will be exceptional, time-limited, regularly reviewed, agreed with the family and used only in the pupil's best interests—not to manage behaviour or school capacity. The aim is a supported return to suitable full-time education as soon as health allows.

First-Aid Arrangements

Needs assessment and staffing

The Headteacher will ensure a documented first-aid needs assessment covers employees, pupils and visitors and determines adequate and appropriate personnel, qualifications, equipment and facilities. It will consider school size and layout; EYFS and specialist provision; known medical needs; curriculum and site hazards; break/lunchtime and

wraparound patterns; lone working; staff and pupil mobility; previous incidents; educational visits; proximity to emergency services; and foreseeable staff absence.

There is no single statutory ratio of school first aiders outside the EYFS. Waterloo will maintain enough appropriately trained first aiders to provide immediate help across the site and during all school-organised activities, with planned cover for absence. An appointed person may coordinate arrangements and summon help but is not a first aider unless separately qualified.

First-aid equipment and accommodation

- First-aid containers will be located where they can be reached promptly, clearly marked, stocked according to the needs assessment, and checked on a recorded schedule. Contents will reflect the ages and needs of pupils; they will not contain medicines.
- Portable kits will be available for playground duty, PE, EYFS outdoor areas, visits and vehicles used for school activities as indicated by risk assessment.
- Suitable accommodation will be available for medical examination and treatment and for the short-term care of sick or injured pupils. It will contain a washbasin and be reasonably near a toilet, while preserving dignity, supervision and safeguarding.
- The location of first aiders, kits, emergency equipment and the automated external defibrillator (AED), where provided, will be displayed and included in staff induction.
- Blood and bodily-fluid spill kits and appropriate personal protective equipment will be available. Staff will follow infection-prevention procedures and arrange safe cleaning and disposal.

Responding to illness or injury

The nearest adult will assess immediate danger, call for a first aider and provide reassurance and supervision. The casualty will not be moved where spinal, head or serious injury is suspected unless necessary to remove immediate danger. First aid will be given within the responder's training, with emergency services called where indicated.

A child who is unwell or injured will be supervised until returning to class or being collected. Release will only be to an authorised adult unless a competent older pupil's alternative arrangement has been specifically agreed; primary-aged pupils will not normally be sent home alone. If parents cannot be reached and the child's condition worsens, the school will seek medical advice or call emergency services.

Head injuries

All head injuries will be assessed and recorded. Parents/carers will be informed on the same day and given advice on signs requiring urgent medical attention. Emergency services will be called for red-flag symptoms or serious mechanism of injury. A pupil with concerning symptoms will not be left alone or allowed to return to sport. The school's head-injury protocol and current clinical first-aid guidance will be followed.

EYFS & Paediatric First Aid

These requirements apply to Waterloo's two-year-old provision, Nursery, Reception and any other provision caring for children within the EYFS age range.

- At least one person holding a current full paediatric first-aid (PFA) certificate, consistent with Annex A of the EYFS framework, must be on the premises and available at all times when EYFS children are present and must accompany EYFS children on outings.
- PFA cover will be planned in light of the number of children, staff and layout so that a qualified person can respond quickly; one certificate somewhere on a large site may not be operationally sufficient.
- The full PFA course must be at least 12 hours, include the required face-to-face emergency elements, cover babies and young children, and be renewed every three years. Annual refresher training will be considered.

- All staff who obtained a relevant level 2 and/or level 3 qualification since 30 June 2016 must obtain PFA within three months of starting work to be included in ratios at that level, subject to the limited disability exception in the EYFS. Staff completing the experience-based route must obtain PFA before counting at level 3.
- Students, long-term volunteers and apprentices counted in EYFS ratios must meet the current EYFS PFA requirement.
- The school will display or make available to parents/carers a list of staff with current PFA certificates.
- A first-aid box with items appropriate for children must always be accessible. Accidents, injuries and first-aid treatment must be recorded in writing, and parents/carers informed the same day or as soon as reasonably practicable.

EYFS Safer Eating

Mandatory staffing control
Whenever EYFS children are eating, a member of staff holding a current full PFA certificate consistent with EYFS Annex A must be in the room. Rotas, breaks and absence cover must preserve this requirement at every meal and snack time.

- Children must be appropriately supervised while eating. Individual developmental, medical, swallowing, sensory, positioning and communication needs will inform seating and supervision.
- Staff will know which children have allergy action plans, choking risks, modified textures or prescribed emergency medicine and will ensure these are immediately accessible.
- Food will be checked against each child's dietary and allergy requirements. Staff will follow Waterloo's Allergy Policy and Food and Nutrition/Safer Eating Policy.
- A child showing signs of choking, anaphylaxis or other medical emergency will receive immediate action in line with PFA training, their action plan and emergency procedures.

Educational Visits, Residentials, PE and off-site activities

Medical conditions must be considered at the planning stage. The visit leader will review IHPs and action plans, consult families and the Educational Visits Coordinator, and complete a proportionate risk assessment. Appropriate medicines, equipment, consent, trained staff, emergency contacts and access arrangements must accompany the pupil. For EYFS outings, a current full PFA holder must accompany the children.

A pupil will not be excluded automatically because of a medical condition. Reasonable adjustments and specialist advice will be considered. If a residual risk cannot be safely managed, the Headteacher will record the evidence, consultation and alternative arrangements.

Recording, Communication & Confidentiality

First-aid and medical records

Records will include, as applicable: date, time and location; pupil/casualty; nature and circumstances; assessment; treatment or medicine; dose; responder; outcome; parent contact; follow-up; and escalation. Records will be completed promptly, factually and legibly. Corrections must preserve the original entry and audit trail.

Information will be shared on a need-to-know basis to protect life, health, safety and education. Medical information will not be displayed publicly in a way that compromises dignity, although discreet accessible alerts may be used where necessary. Records will be stored securely and retained in accordance with the school/Trust retention schedule and legal requirements.

Informing parents and carers

- For EYFS children, parents/carers are informed of every accident or injury and any first-aid treatment on the same day or as soon as reasonably practicable.
- Across the school, parents/carers will be informed promptly of significant illness or injury, any head injury, emergency medicine use, medicine error, hospital referral or where continued observation is advised.
- Minor incidents will be communicated through the school's agreed recording/notification system. Communication does not replace an emergency call.

Statutory & External Reporting

RIDDOR

The Headteacher or Trust-nominated responsible person will determine and submit RIDDOR reports. Most school incidents are not reportable. For a pupil or other non-worker, an injury is reportable when it arises out of or in connection with a work activity and results in the person being taken directly from the scene to hospital for treatment; diagnostic tests or examination alone do not constitute treatment. Work-related deaths and other specified events are reported in accordance with RIDDOR. Employee reporting requirements differ and include specified injuries and qualifying over-seven-day incapacity.

EYFS notifications

Where Waterloo is a registered provider for the relevant provision, Ofsted must be notified of any serious accident, illness or injury to, or death of, a child while in its care, and the action taken, as soon as reasonably practicable and within 14 days. All providers must notify the relevant local child protection agencies of any serious accident or injury to, or death of, a child in their care and act on advice received. School leaders will verify the correct regulator and notification route for the provision concerned.

Safeguarding and other reporting

Any injury, presentation or explanation that raises a safeguarding concern will be referred immediately to the Designated Safeguarding Lead under the Safeguarding and Child Protection Policy. The school will also follow Trust, insurer, local authority, public health and contractual notification requirements where applicable.

Monitoring, Complaints & Review

The Headteacher and Designated Medical Conditions Lead will monitor IHP review dates, medicine and certificate expiry, training, incidents, near misses, attendance impact, equality of access and recurring patterns. Serious incidents and trends will lead to review of risk assessments, premises, supervision, equipment, staffing, training or curriculum practice.

Concerns should normally be raised with the Headteacher under the school Complaints Policy. This does not prevent a parent/carer from contacting the Trust, Sefton Council, Ofsted, HSE or another body where that body has jurisdiction. The policy will be reviewed annually and sooner if law, guidance, provision or circumstances change.