

Bournmoor Primary School

Supporting Children with

Medical Conditions Guidance for Early Years Settings

Autumn 2026

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Date for review	Autumn 2027

Bournmoor Primary School wishes to ensure that children with medical conditions receive appropriate care and support. All children have an entitlement to a full EYFS curriculum, or as much as their medical condition allows whilst in the care of the setting. This guidance has been developed in line with the following documents:

- **Early Years Foundation Stage Statutory Framework –** Setting the standards for learning, development and care for children from birth to five For Group and School-Based provider (DfE Sept 2025)

- **Early Years Foundation Stage Statutory Framework** – Setting the standards for learning, development and care for children from birth to five For Childminders (DfE Sept 2025)

- **DfE Supporting Children at school with medical conditions** (DfE September 2014, updated August 2017).

- ***DfE Special Educational Needs and Disability Code of Practice:0 – 25 years*** - Statutory guidance for organisations who work with and support children and young people with special educational needs and disabilities *(DfE 2015)*

"All early years providers should take steps to ensure that children with medical conditions get the support required to meet those needs. This is set in the EYFS framework."
[SEND Code of Practice 2015, ***5:11***]

1. Key roles and responsibilities

i. The Local Authority (LA):

1.i.1. Has a duty to promote co-operation between relevant partners regarding supporting children with medical conditions.

1.i.2. Should provide support, advice /guidance and training to settings and their staff to ensure Individual Health Care Plans (IHP) are effectively delivered.

ii. The registered setting:

"*Providers MUST take all necessary steps to keep children safe and well*." (EYFS 2025, **3.3**)

i) Should ensure arrangements are in place to support children with medical conditions. This will include overnight care, where appropriate.

ii) Should ensure the policies and procedures clearly identify roles and responsibilities and are implemented effectively in supporting children with medical conditions.

iii) Should liaise effectively, in conjunction with parents and other providers, when a child attends more than one setting.

iv) Should ensure that the policies and procedures do not discriminate on any grounds including, but not limited to protected characteristics: race, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.

v) Should ensure the procedures cover arrangements for children who are competent to manage their own health needs.

vi) Should ensure that all children with medical conditions are able to play a full and active role in all aspects of provision, including visits/trips/physical activities, and remain healthy and achieve their full potential.

vii) *Staff must have training if the administration of medicine requires medical or technical knowledge*." (EYFS 2025, **3.60**)

viii) *Providers must keep a written record each time a medicine is administered to a child and inform the child's parents and/or carers on the same day the medicine has been taken, or as soon as reasonably practicable*." (EYFS 2025, **3.60**)

ix) Should ensure appropriate information regarding the administration of medication is given to shared providers, with parental consent.

x) Must ensure the policy sets out procedures in place for emergency situations, including evacuation of the building. A Personal Emergency Evacuation Plan (PEEP) and Emergency protocol should be in place and reviewed regularly where a child's medical needs require this.

xi) Should ensure the level of insurance in place reflects the level of risk (for example storage of oxygen cannisters).

xii) Should ensure that the handling of complaints regarding supporting medical conditions is outlined in the setting's Complaints Policy and in line with EYFS requirements.

xiii) Should ensure the safe storage of medication at all times.

iii. The Manager:

i) Should develop and implement effective procedures and then make staff aware of them.

ii) Should liaise with parents and carers and healthcare professionals regarding the training required for staff.

iii) Should identify staff who need to be aware of a child's medical condition.

iv) Should develop Individual Health Care Plans (IHPs) in partnership with parents/carers and relevant professionals.

v) Should ensure a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.

vi) Should, if necessary, facilitate the recruitment of staff. Ensuring more than one staff member is identified, to cover holidays/absences and emergencies.

vii) Should ensure continuous liaison with parents/carers and a range of relevant agencies in the case of any child who has or develops an identified medical condition.

viii) Must ensure confidentiality and data protection.

ix) Should ensure dignity is respected for the child.

x) Should assign appropriate accommodation for medical treatment/ care

iv. Staff members:

i) Should take appropriate steps to support children with medical conditions and familiarise themselves with procedures which detail how to respond when they become aware that a child with a medical condition needs help. A first-aid certificate is not sufficient.

ii) Should know where controlled drugs are stored and where the key is held.

iii) Should take account of the needs of children with medical conditions at all times.

iv) Should undertake training to support children with medical conditions, with particular specialist training if appropriate.

v. Healthcare professionals:

i) May collaborate on developing an IHP in anticipation of a child with a medical condition starting at a setting.

ii) May support staff to implement an IHP and then participate in regular reviews of the IHP where appropriate, giving advice and liaising on training needs.

iii) May liaise locally with other healthcare professionals on appropriate support.

iv) May use the mandated healthy child programme contacts to agree relevant information-sharing.

vi. Parents and carers:

i) Must complete a parental consent form before staff can administer medicine or conduct treatments or procedures.

ii) Should keep the setting informed about any new medical condition or changes to their child/children's health.

iii) Ensure that emergency contact details are kept up to date at all times.

iv) Should participate in the development and regular reviews of their child's IHP.

v) Should provide the setting with the medication and resources their child requires and keeping it up to date including collecting leftover medicine.

vi) Should carry out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

vii. Children:

i) Should be encouraged to provide information on how their medical condition affects them.

ii) Should be encouraged to contribute to their IHP and discuss their medical condition where appropriate.

iii) Should be encouraged to self-manage their medication or health needs, if judged competent to do so by a healthcare professional and agreed by parents.

2. Training of staff

ii. *Staff must have training if the administration of medicine requires medical or technical knowledge.* (EYFS Statutory Framework, 3.60)

iii. Newly appointed staff, supply or agency staff will receive training on the policy and procedures for administering medicines within the setting as part of their induction as appropriate.

iv. The setting will keep a record of medical conditions supported, timely training undertaken, and a list of staff qualified to undertake responsibilities under this policy. This record should be reviewed and updated on a regular basis.

v. Training to ensure staff remain competent and confident to carry out procedures will be accessed when appropriate.

vi. Staff will access training linked to handling and administering medication where appropriate.

3. Medical conditions register:

i. Settings admissions forms should request information on pre-existing medical conditions. Parents must have an easy communication pathway to be able to inform settings at any point if a condition develops or is diagnosed. Consideration could be given to seeking consent from relevant agencies to have input into the IHP.

ii. Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to as outlined in the Early Years Foundation Stage Statutory Framework and in accordance with GDPR.

iii. For children with medical conditions, transition meetings should take place in advance of transferring. This is to enable parents, settings and health professionals to prepare an IHP and train staff if appropriate to meet the child's needs.

4. Individual Healthcare Plans (IHPs)

i. Where necessary, an Individual Healthcare Plan (IHP) will be developed in collaboration with the child, parents/carers and relevant health care professionals. Other professionals may be invited to contribute if appropriate e.g. a social worker.

ii. IHPs should be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHPs as visitors may enter. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage is usually more appropriate. However, in the case of conditions with potential life-threatening implications the information should be readily available.

iii. Staff and parents will discuss the appropriate course of action on the occasion where a very young child may not comply with their health procedure or become very distressed. The resulting procedures will be clearly written into the IHP, which will include informing parents.

iv. Where parents request the covert administration of medication (e.g. antibiotics hidden within a yoghurt), settings should ensure that the child has a high level of supervision on a one-to-one basis until the medication is consumed.

v. IHPs should be reviewed at least termly or when a child's medical circumstances change, whichever is sooner.

vi. Where a child has a SEND Support Plan or Education, Health and Care plan the IHP will be linked to it or become part of it.

5. Medicines:

i. Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer". (EYFS 2025, 3.60)

ii. Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse, or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor)." (EYFS 2025, 3.60)

iii. Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.

iv. Medications will be stored appropriately according to advice.

v. Any medications left over at the end of the course will be returned to the child's parents/carers/nominated person e.g. childminder. Settings need to consider actions to be taken should the medication not be collected after an agreed length of time. Unreturned medicines should be taken to a pharmacy for safe disposal and a receipt requested by the setting. Parent/carers should be notified where possible that this has been the necessary action

vii. "Providers must keep a written record each time a medicine is administered to a child and inform the child's parents and/or carers on the same day the medicine has been taken, or as soon as reasonably practicable." (EYFS 2025, 3.61)

viii. Individual records will be kept of any medication administered to children.

ix. The setting cannot be held responsible for side effects that occur when medication is administered correctly. The setting should advise parents that the first dose of a new medication should be administered in the care of family to ensure close monitoring of possible side effects for at least one hour.

x. When medication needs to be transferred between settings a designated adult needs to hand over the medication in a suitable container.

xi. Settings should carefully consider whether a written receipt is required during the transportation and hand-over of medication between shared providers.

6. Allergies

i. Before a child is admitted to the setting the provider must obtain information about any special dietary requirements, preferences, food allergies and intolerances that the child has, and any special health requirements. This information must be shared by the provider with all staff involved in the preparing and handling of food. At each mealtime and snack time providers must be clear about who is responsible for checking that the food being provided meets all the requirements for each child. (EYFS 2025, **3.64**)

ii. Providers must have ongoing discussions with parents and/or carers and, where appropriate, health professionals to develop allergy action plans for managing any known allergies and intolerances. This information must be kept up to date by the provider and shared with all staff. Providers should refer to the British Society for Allergy and Clinical Immunology (BSACI) allergy action plan. (EYFS 2025, **3.65**)

iii. Providers must ensure that all staff are aware of the symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time, especially during the introduction of solid foods which is sometimes called complementary feeding or weaning. Providers should refer to the NHS advice on food allergies: Food allergy - NHS (www.nhs.uk) and treatment of anaphylaxis: Anaphylaxis - NHS (www.nhs.uk). (EYFS 2025, **3.65**)

7. Short-term Illness

i. Schools and settings have a duty and are therefore required to support pupils with a medical condition as diagnosed by a healthcare professional. However, many other illnesses, such as common childhood diseases or periods of being 'unwell', are not covered under this duty.

8. Medical Emergencies:

xii. Medical emergencies will be dealt with under the setting's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms.

xiii. The setting is responsible for ensuring that any emergency procedures are mindful of changes in daily routine and staffing levels.

xiv. Children will be informed in general terms of what to do in an emergency such as telling a member of staff.

xv. If a child needs to be taken to hospital, a member of staff will remain with the child until their parents/carer arrive.

9. Day trips and physical activities:

xvi. Clear arrangements should be made and be flexible enough to ensure children with medical conditions can participate in trips and physical activities and not prevent them from doing so unless a clinician states it is not possible.

xvii. To comply with best practice, risk assessments should be undertaken in order to plan for including children with medical conditions in line with welfare requirements. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IMP requirements for the day.

xviii. "Providers must ensure that they take all reasonable steps to ensure staff and children in their care are not exposed to risks and must be able to demonstrate how they are managing risks (EYFS 2025, **3.91**)

xix. "Providers must determine where it is helpful to make some written risk assessments in relation to specific issues, to inform staff practice, and to demonstrate how they are managing risk if asked by parents, and/or carers or inspectors" (EYFS 2025, **3.91**)

10. Best practice

As best practice *the following behaviours would be* ***avoided:***

xx. Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.

xxi. Assuming that children with the same condition require the same treatment.

xxii. Ignoring the views of the child and/or their parents or ignoring medical evidence or opinion.

xxiii. Sending children home frequently or preventing them from taking part in activities in the setting without discussing agreed protocols with parents and professionals.

xxiv. Making parents feel obliged or forcing parents to attend the setting to administer medication or provide medical support, including toilet issues.

xxv. Creating barriers to children participating in activities organised by the setting, including trips.

xxvi. Refusing to allow children to eat, drink or use the toilet when they need to in order to manage their condition.

xxvii. Use a 'blanket policy' which could be perceived as discriminatory to the child and their specific medical needs.

11. Confidentiality

xxviii. All school staff will treat medical information confidentially.

xxix. The school will agree with the parents/carers and the child (where appropriate) about who else should have access to the IHP and other medical paperwork or be notified about a child's medical condition.

12. Medication Incidents

i. School will immediately contact NHS 111 or a healthcare professional (e.g. pharmacist or GP) to receive further medical advice in the case of a medication error.

ii. School procedure is that the parent/carer and Headteacher must be informed of any medication incident as soon as is convenient.

iii. School will have a procedure for subsequent investigation of any medication incident.

2) Ofsted guidance –Serious injuries, accidents and illnesses

i. You must inform Ofsted of a child's serious injuries, accident or illness while being looked after, including food poisoning affecting at least 2 children

ii. A serious injury, accident or illness might include

2.ii.1. anything that requires resuscitation

2.ii.2. admittance to hospital for more than 24 hours

2.ii.3. a broken bone or fracture

2.ii.4. dislocation of any major joint, such as the shoulder, knee, hip or elbow

2.ii.5. any loss of consciousness

2.ii.6. severe breathing difficulties, including asphyxia

2.ii.7. anything leading to hypothermia or heat-induced illness

13. Insurance:

iii. Where there is a child with a complex medical condition, settings should consider contacting their insurance company to ensure that they are adequately covered including medical procedures particular to a child.

14. Complaints:

i. All complaints should be raised with the setting in the first instance.

ii. The details of how to make a formal complaint can be found in the settings Complaints Policy.

iii. *Providers must make available to parents and/or carers the details about how to contact Ofsted, or the CMA with which a provider of CoDP is registered, if they believe the provider is not meeting the EYFS requirements*." (EYFS 2025, 3.99)

15. Definitions:

iv. 'Parent(s)' is a wide reference not only to a child's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a child.

v. 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. Being 'unwell' and common childhood diseases are not covered. In those cases, you would follow EYFS Statutory Guidance linked to welfare requirements.

vi. 'Medication' is defined as any prescribed or over the counter treatment.

vii. 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.

viii. A 'staff member' is defined as any member of staff employed by the setting. This could include Learning Support officers and agency staff where agreed.

ix. The 'registered setting' refers to all providers registered with Ofsted.

x. 'Health professionals' is inclusive of GP's, consultant paediatricians, schools nurse teams, health visiting and includes specialist nurses, e.g. diabetes and epilepsy.

Supporting Children with Medical Conditions

1. Parent or healthcare professional informs setting that child has medical condition or is due to return from long-term absence, or that needs have changed.

2. Manager, or senior member of staff co-ordinates a meeting with the child's parents/carers to discuss child's medical needs and identify which health care professionals may need to be involved.

3. Multi-agency meeting held to discuss and agree on the need for IHP to include key staff, child (if appropraite), parent and relevant healthcare professionals (or to consider evidence provided by them).

4. Develop IHP in partnership.
   - Agree who leads on writing it.
   - Input from healthcare professionals must be provided.

5. Staff training needs identified.

6. Appropriate training sourced from a Healthcare professional or approved training provider.
   - Staff access training - training review date agreed.

7. IHP implemented and circulated to all relevant staff.

8. IHP reviewed termly or when condition changes.
   - Parent/carer or healthcare professional to inform setting of any changes.