



## First Aid Policy

(Incorporating Supporting Children with Medical Conditions)

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As a partnership of schools, BWI, St Mary's and Holy Trinity (hereafter referred to as 'the school' and considered as a policy within the school it sits) we believe in an ethos that values the whole child. We strive to enable all children to achieve their full potential academically, socially and emotionally.

## **Aims**

The aim of this policy is to ensure that there are processes in place to safeguard the health, safety and care of our pupils and to ensure that procedures are in place to cater for all identified children with medical conditions.

## **Introduction**

Most children at some time have a medical condition, which could affect their participation in school activities. This may be a short-term situation or a long-term medical condition which, if not properly managed, could limit their access to education. The Governors and staff of Bishop Winnington-Ingram C of E Primary School wish to ensure that children with medical needs receive care and support in our school. We firmly believe children should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school or other activities

## **Section 1: Responsibilities**

### **Head Teacher and Governing Body Responsibilities**

The ultimate responsibility for the management of this policy lies with the Head Teacher and Governing Body. The governing body will regularly review the School's first aid needs as part of its annual review of Health & Safety at the school to ensure the provision is adequate. They are responsible for ensuring a risk assessment of the first aid requirements of the school is undertaken annually.

### **Employees' Responsibilities**

The Head teacher is responsible for implementing the governing body's policy via the Welfare Officer and all other members of staff and for ensuring the development of detailed procedures.

Anyone caring for children, including teachers and other school staff, have a common law duty of care to act like any reasonably prudent parent. This duty extends to staff leading activities taking place off site, such as visits, outings or field trips and may extend to taking action in an emergency. All staff who have children with medical needs in their care should understand the nature of the condition, and when and where the child may need extra attention. All staff (teaching and non-teaching) should be aware of the likelihood of an emergency arising and be aware of the protocols and procedures for specific children in school through attending training provided, reading individual health plans devised for individual children and completing risk assessments when necessary.

All employees are to familiarise themselves with, among others, the Health & Safety and First Aid policies. This instruction is outlined in the staff handbook. This includes:

- The arrangements for first aid
- The employees with qualifications in first aid
- The location of first aid equipment
- The arrangements for recording and reporting accidents

### **Parents Responsibilities**

Parents/carers have prime responsibility for their child's health and should provide school with up to date information about their child's medical conditions, treatment and/or any special care needed. If their child has a more complex medical condition, they should work with the school/other health professionals to develop an individual healthcare plan which will include an agreement on the role of the school in managing any medical needs and potential emergencies. It is the parent/carers responsibility to make sure that their child is well enough to attend school

Upon entry to school, parent/carers will be asked to complete admission forms requesting medical information. We also send out data sheets annually for parents/carers to check and amend to ensure all our records are up to date. The onus is on the parent to ensure that is circumstances change that they make the school aware of these as soon as is practical.

## Section 2: Administration of Medication

The school will only administer medication that is prescribed by a UK health care professional. If a child is required to take prescribed medicine during the school day, parents are requested to complete a consent form from the School Office or the Welfare Officer detailing administering instructions. Medication must be brought into school in its original container with the prescription label and given to the Welfare Officer or the School Office not via the classroom. Pupils must not keep their own medication in school in their bags, on pegs or trays in class. Non-prescribed medicines are not administered to children at school unless there is an emergency situation such as an allergic reaction or if a child was developing a rapidly high temperature. In an emergency situation verbal permission would be obtained from a parent and a member of Senior Leadership would be informed by the Welfare Team the reason for the medication which would be administered by a staff member.

When a child has been off sick, parents/carers should ensure that the child has received sufficient doses of a course of medicine to alleviate the condition before the child returns to school. Staff will then administer appropriate remaining doses of the course if required to do so.

With regards to Asthma sufferers, a parent/carer **must** provide 1 blue inhaler and 1 spacer to the school. This will be stored in the class medical bag. The school have purchased 3 emergency kits (comprising 1 spacer and 1 blue inhaler in each kit) these are stored in the Medical room, the studio hall and the orchid room. Where possible and feasible a child will use their own inhaler and spacer in the event of an asthma attack.

Whilst the Welfare Officer will notify parents when an item is about to expire via an electronic notification it is also the parent's responsibility to note the dates that medications will expire and to proactively provide a replacement item to the school as and when the time comes. Replacement medication should be handed in via the school office and expired medication should be collected from the school office. If the medication is not collected after one month the item will be safely disposed of and any labels identifying the child it belongs to will be removed prior to disposal.

### **Section 3: Storage of Medication**

All medication that is required to be in school will be stored in the Class room. Where items are required to be stored in a fridge they will be placed inside a plastic container, clearly marked, in the fridge in the Medical Room.

The Welfare Officer will receive the medication via the office in order that permission forms can be signed and a full understanding of the requirements can be discussed. The Welfare Officer is responsible for monitoring the expiry date of any medications and for advising parents that replacement medication is required.

If a child has been given a medical care plan, the medication must match the details on this care plan. Annual audits are carried out by the School Nurse Team and annual staff training provided by the paediatric nursing team.

**Ultimate responsibility is with the parent. The school cannot be held responsible for out of date medication and will not administer it.**

## **Section 4: First Aid**

### **Provision of First Aid**

First aid at the school is delivered primarily through the employment of a Welfare Officer, Welfare and a team of trained first aiders.

Accidents resulting in injury or ill health effects will be notified immediately to the appointed person or the nearest first aider to facilitate first aid treatment. Where injuries are serious enough to warrant hospital treatment staff must telephone 999 for an ambulance to transport the patient to hospital, inform the next of kin and the Head of School. Where a child is sent to hospital a member of staff will accompany the child in the event that a parent cannot be contacted or time will not allow us to wait.

The school will provide materials, equipment and facilities as set out in DofE 'Guidance on First Aid for Schools'.

The location of first aid equipment in school are:

- Nursery
- Reception
- Year 1
- Year 2
- Year 3
- Year 4
- Year 5
- Year 6
- Medical room

A portable defibrillator is kept in the medical room. The device can be used for both adults and children.

The equipment must be checked and replenished on a regular basis by the Welfare Officer

### **First Aiders**

It is the policy of the school that there will be sufficient numbers of trained first aiders on the site at all times. First aiders must have completed a training course (First Aid at Work or Paediatric First Aid ) approved by the Health & Safety Executive (HSE). Employees with current certificated training are listed in the Medical Room and in every classroom.

The main duties of the first aiders are:

- to give immediate help to persons with common injuries or illnesses
- to administer medicines in accordance with this policy
- to ensure that professional medical assistance is called when required

Contractors are expected to maintain their own first aid equipment and provide their own trained first aiders. They will be allowed to use the school first aid equipment either in an emergency or after negotiation with the school. If the school's first aid equipment is used the Welfare Officer must be notified so that replenishment can be organised.

## **Procedure for dealing with minor ailments and injuries during the school day**

A child may not elect to take themselves to the Welfare Room, they must be sent there by a member of staff. In the classroom setting it will be the teacher or teaching assistant who takes that decision, during lunch and playtimes it will be the SMSA or the kitchen staff or any member of the teaching staff who come into contact with the child who will take the decision to direct a child to the Welfare Room.

First aid will be administered to the child by the Welfare Officer or other first aider. The treatment given will be recorded in our medical book with one slip being sent home and one staying in our medical book. Telephone contact will be made with a parent/carer where the injury or ailment is considered to be more than an average occurrence, has caused a bad cut or injury or will leave the child with a significant mark or raised bump to the head or if it is considered that a child should be sent home. Where a child has sustained a significant but non-threatening injury a call is placed to a parent/carer so that, if necessary, the child can be collected from school, a member of the Senior Leadership Team will be notified to view the injury before the child is collected.

## **Recording Accidents and Incidents**

A record of treatment given must be maintained by the qualified first aider, or appointed person. These records shall be used in conjunction with the accident reporting and investigation procedures as a means of accident prevention. Accurate recording is invaluable if further medical attention is required or if legal action is considered by those involved in an accident.

All accidents are recorded in our medical books in the Medical Room or in the class medical book by the Welfare Officer or the trained first aider. In the instance of bumped heads, a red notification band is put on the child's wrist to identify that child must be watched for signs of concussion by the class teachers and parents. Where appropriate a telephone call is placed to the parent/carer to notify them of the injury or ailment.

## **Procedure for dealing with spillage of body fluids**

On becoming aware of an incident including spillage of body fluids, staff must make the area clear and safe and call for assistance from the Site Manager / Welfare Officer. The Site Manager / Welfare Officer will deal with the spillage using specialist materials which are held for this purpose. A yellow warning sign will be placed at the area until it is safe.

## **Offsite activities**

When students are on approved school trips, first aid arrangements are detailed in the risk assessment.

### **Trip of less than 24 hours**

A designated member of staff must have a suitably equipped first aid kit along with individual pupil's medication such as inhalers, epi pens, insulin etc.

### **Trip exceeding 24 hours**

Parents are asked to complete the appropriate consent form for offsite activities including a medical section so that all staff are aware of any specific medical conditions and can act appropriately.



During a residential trip parents can give their consent for non-prescribed medication such as paracetamol (e.g. Calpol) anti histamine (a non-drowsy brand) and a SPF50 children's sun cream may be administered for the duration of the trip. First aid staff will follow the guidance on the medication packaging and administer the medication with two staff members present and record the details as per policy. This may be for minor ailments such as headaches, fever, mild hay fever or allergic reactions and only when signed consent is given by parents on the residential consent

## **Dealing with minor ailments**

### **Childhood illnesses**

Parents/carers should follow the Public Health England guidelines for childhood illnesses and infection control in schools and childcare settings and abide by these when considering whether their child should attend school. The list illnesses is many and varied so families can also visit [www.nhs.uk](http://www.nhs.uk) or discuss their specific circumstance with the school Welfare Team.

We have elected to cover some of the more common ailments below as they do cause confusion amongst our parent community.

### **Headlice**

Any case of head lice should be reported to the school. Where a case of head lice is identified during the course of the school day parent/carers will be advised on an appropriate course of action as advised by the local health authority.

A message will be sent to the parents/carers via Class Dojo communication to the class where the head lice have been identified and information on NHS guidelines for the treatment of head lice will be included. A child may return if treatment has taken place and welfare staff have been informed. Long hair must be tied up to reduce the spread of head lice. The school will hold a small supply of new hairbands in the welfare room should they be required.

### **Conjunctivitis**

A child with conjunctivitis may remain in school provided treatment has begun. The child will be advised to follow good handwashing techniques during the course of the ailment.

### **Diarrhoea/Vomiting**

No child can remain in school if they have either diarrhoea or vomiting in order to limit the spread of these conditions. The child must not return to the setting until they are 48 hours clear i.e. have not had these symptoms for at least 48 hours.

## **Section 5: Supporting Children with Medical Conditions in Schools**

The school recognises that there are many common conditions affecting many children and young people, and welcomes all children with these conditions and others. The school believes that every child has a right to participate fully in the curriculum and life of the school, including all outdoor activities and residential trips. The school ensures that all staff in the school have a good understanding of any conditions that a child may have, through relevant training and does not discriminate against any child who is affected by their condition.

The school work with a child's family to gather the relevant information about a child's condition and to share that efficiently and effectively within the school as appropriate.

### **Communicating Needs**

Medical records including care plans with an outline of any medical condition and actions to be taken, are kept up-to-date and parents are reminded regularly to keep the school updated. The Welfare Officer informs relevant staff members of medical conditions and any training/actions required. In addition, there are photos of children with specific health concerns displayed in the classroom. Individual Health Care Plans for children are kept in the classroom/welfare room.

### **Physical Activity**

We recognise that most children with medical needs can participate in physical activities and extra-curricular sport. Any restrictions in a child's ability to participate in PE or specific physical activities should be recorded in their Health Care Plans. All staff should be aware of issues of privacy and dignity for children with particular needs.

### **School Visits**

When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits. Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned in accordance with our policy on administering medication and as part of the risk assessment and visit planning process. A copy of IHCP should be taken on trips and visits in the event of information being needed in an emergency.

### **Residential Visits**

Parent/carers of children participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. Administration of medicine forms need to be completed prior to the day of departure and all medication which needs to be administered during the course of the visit should be handed directly to the trained first aider accompanying the group before leaving the school at the start of the visit.

## 5a: EPIPENS AND ANAPHYLAXIS

Anaphylaxis can be triggered by foods (for example nuts, shellfish, and dairy products) or non-foods (wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system and genitourinary system. Any child requiring an Epi-Pen to be on standby must have an up to date NHS treatment plan which should be replaced after the child's review at hospital with the updated copy. The plan will be kept with the medication in the class medical bags.

If an Epi-pen is required in school then **we must have two**, kept in the classroom. A copy of the care plan and additional medication as detailed in the care plan are kept in the child's medical bag.

Regular audits are undertaken by the School Nurse attached to Bishop Winnington Ingram C of E Primary and support given where required.

*How will staff know which children might need an EpiPen/Jext/auto-adrenaline injector/Jext/prescribed auto-adrenaline pen?*

Photographs of all children needing an EpiPen/Jext/auto-adrenaline injector/Jext/prescribed auto-adrenaline pen can be found in Each classroom.

*How will staff know when and how to administer an EpiPen/Jext/auto-adrenaline injector/Jext/prescribed auto-adrenaline pen?*

There will be annual training sessions for all staff.

In the event of an anaphylaxis reaction it is important to administer an EpiPen/Jext/auto-adrenaline injector/Jext/prescribed auto-adrenaline pen as soon as possible, not move the child and then call 999 for an ambulance, stating **CHILD HAVING ANAPHYLAXES ATTACK** and then contact the parent/carer. It is important that the child is monitored at all times and if there is a delay in the ambulance arriving and there is no improvement, then the 2nd Epi-pen should be administered. **ON NO ACCOUNT MUST THE CHILD BE TAKEN TO HOSPITAL USING PRIVATE TRANSPORT.**

In the event that a child does not have an epi-pen in school or their epi-pen is out of date the school reserves the right to refuse entry to that child until the medication is in school.

## 5b: ASTHMA

### Administering Inhalers

1. Preventative Inhalers, are generally BROWN in colour but may be orange, white or purple and containing steroids. Are normally administered night and morning and therefore are not to be sent into school. Any sent into school will be returned. The exception is for residential trips where the relevant consent forms have been signed by parents/carers.
2. Relief Inhalers - These are generally BLUE in colour and kept in each classroom. With effect from 1<sup>st</sup> February 2015 a parent/carer must provide 1 blue inhaler and 1 spacer to the school. This will be stored in the class medical bag. If there are 2 in school the additional inhaler will be kept in the welfare room.
3. Relief inhalers are available for the children to use in emergency with the teacher's assistance, if breathless, coughing or wheezing.

The Welfare Officer must be notified of any change in the pattern of a child's use of his or her relief inhaler or if it is used more than once in a 4-hour period.

### STRICT RULES

1. No children other than those with medication are allowed to touch these containers.
2. Should a child have an attack at playtime or lunch time one of the staff on duty should not move the child the child's medication should be taken to the child.
3. All of the children must use their inhalers via a spacer.

### ***The Asthma Attack: What To Do* posters are placed around school**

If a pupil with Asthma becomes breathless and wheezy or coughs continually:

- Keep calm. It is treatable. Do not move the child
- Let the pupil sit down in a position they find most comfortable. Do not make them lie down.
- Assist the pupil to take their blue inhaler.
- If the child's inhaler is not in school or has run out of capsules:
- Call the parents/carers or the emergency contact adult
- Check the attack is not severe
- Wait 5 - 10 minutes.
- If the symptoms disappear, the pupil can go back to what they were doing.
- If the symptoms have improved, but not completely disappeared, call the parents or emergency contact adult. If the parents cannot be contacted, give another dose of the relief inhaler while still trying to contact them.
- If normal medication continues to have no effect: Call ambulance and alert senior / responsible member of staff.
- In emergency, if no adult can be reached, the Welfare Officer will accompany the pupil to the A&E department of a hospital straight away.
- If parents have not been contacted someone will continue to try to reach them.
- Keep trying with the usual reliever inhaler every 5 - 10 minutes until you hand them over to the Ambulance/Medical staff.

## **Sharing Information**

Parents should be encouraged to discuss their children's asthma with the Welfare Officer, giving full details of treatment together with clear guidance on correct usage.

It is important that when visiting the doctor/asthma clinic that you get an up to date asthma plan from them and then hand this to the Welfare Officer to make any necessary changes.

Teachers should share with their colleagues and the Welfare Officer information and concerns about individual children's asthma and the policy in general.

The school has a responsibility to advise ALL staff on asthma management. An important role can be played by the Welfare Officer, the School/Asthma Clinic Nurse, who can give valuable information through staff meetings, workshops, parents evening etc. as well as being available to discuss problems when they arise.

Once a year the Paediatric Respiratory Nurse will give a training session on asthma in schools and will remind the staff on how to administer the inhalers.

## **5c: DIABETES**

We recognise that diabetes is a very serious condition, and could result in a hypoglycaemia attack (hypo) where blood sugar level become too low, or a hyperglycaemia attack (hyper) where blood sugar levels become too high. Prompt medical attention will then be required to rectify the chemical and sugar imbalance in the blood. Children who are diabetic need supervision and careful monitoring so that staff are aware of any changes in the child and are able to take immediate action if they should need to. All children with diabetes in school will have their own IHCP. Each child with diabetes will have an emergency box labelled with their name and photograph and containing any relevant equipment required to control a hypo or hyper attack.

## **5d: ECZEMA**

We are aware that active (acute) eczema causes constant itching and can mean sleepless nights and daytime drowsiness. We recognise that children who suffer with eczema may need the support of school staff to help them deal with this condition and that they may need help to apply prescribed emollients and creams.

## 5e: EPILEPSY

In the event of a child having an epileptic seizure:

- Stay calm
- If the child is convulsing then put something soft under their head
- Protect the child from injury (remove harmful objects from nearby)
- NEVER try and put anything in their mouth or between their teeth
- Try and time how long the seizure lasts – if it lasts longer than usual for that child or continues for more than five minutes then call medical assistance
- When the child finishes their seizure stay with them and reassure them
- Do not give them food or drink until they have fully recovered from the seizure

Children who have an IHCP for seizure management will have a stop watch or timer in their class medical bag and any controlled drugs will be locked in the welfare cabinet. School Nurses deliver training on how to administer controlled medication.



## **Section 6: Supplementary Information**

### **6a: Staff training**

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school. Arrangements are made with appropriate agencies e.g. School Health to update staff training on a regular basis. Teaching and support staff are directed to attend Epipen/Jext/auto-adrenaline injector/Jext/prescribed auto-adrenaline pen and asthma training annually.

### **6b: Confidentiality**

Staff must always treat medical information confidentially. Agreement should be reached between parent/carers and the school about whom else should have access to records and other information about a child and this will be detailed in their Individual Healthcare Plan. If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

### **6c: Working with other agencies**

The school nurse, paediatrician or other specialist bodies may be able to provide additional background information for school staff. Any requests or referral to these services will only be made with parental consent.

### **6d: Monitoring and Evaluation**

Staff and governors, will review this policy every three years unless circumstances demand an earlier

**March 2025**