

Winston Way Academy

First Aid and Medical Care Policy

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Date of next review	June 2027	Author	
Type of policy	Statutory	Approval	LGB
Lead First Aid			
Health and Safety Appointed Person			



Introduction

- 1.1 Winston Way Academy is committed to ensuring that every pupil, every member of staff and every visitor to the School will be provided with adequate first aid in the event of an accident or illness, no matter how minor or major.
- 1.2 As the employer United Learning retains overall responsibility for Health and Safety of all staff, students and visitors including parents and contractors.
- 1.3 Winston Way Academy is totally committed to developing and maintaining an environment in which our pupils' medical needs are catered for in such a manner that they feel valued, cared for and ready and able to learn.

2. Statutory framework and other guidance

- 2.1 This policy complies with the guidance contained within:
 - DfE Guidance on First Aid in Schools update 2022
 - Managing Medicines in Schools and Early Years Settings (Department for Education and Skills / Department for Health) 2004
 - Health and Safety at Work etc Act 1974 (HSWA)
 - The Health and Safety (First-Aid) Regulations 1981
 - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
 - DfE Guidance 'Supporting Pupils at Schools with Medical Conditions' 2015

3. Links to other policies and practice

- 3.1 The First Aid Policy should be read in conjunction with the following areas of School policy:
 - Health and Safety Policy
 - Equal Opportunities Policy
 - Positive Handling Policy
 - Educational Trips and Visits Policy
 - Intimate Care Policy

4. Principles

- 4.1 The following framework underpins the approach to First Aid and Medicines at Winston Way Academy:
 - Safety is paramount at all times;
 - All members of the school community are aware of the procedures to follow in the event of an accident, the support available and the role that they play;
 - Pupils and staff are familiar with the first aid procedures in operation and know who the current First Aiders are and how they can be located;
 - Effective management systems are in place to support individual children with medical needs;
 - Medicines are recorded, handled, stored and administered responsibly;
 - Any forms, which parents / guardians are required to complete throughout the course of their child's schooling as and when medical support may be needed are available on request from the school;
 - First aid provisions are available at all times while pupils or employees are on school premises, and also off the premises whilst on visits or trips;
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- All incidents involving medical assistance are properly recorded;
- Children should feel valued and cared for as individuals at all times at Winston Way Academy.

5. Roles and responsibilities for First Aid and Medical Care Policy

Pupils	<ul style="list-style-type: none"> - To report any accident or illness to a member of staff as soon as possible to ensure that appropriate provision can be made swiftly.
Parents	<ul style="list-style-type: none"> - Provide enough and up-to-date information about their child's medical needs, including detailed care requirements; - Update the School with any changes to medical care requirements.
All staff	<ul style="list-style-type: none"> - To use their best endeavors at all times, particularly in emergencies, to secure the welfare of students in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency; - To be familiar with the information provided on First Aid through emails, briefing and on noticeboards; - To take precautions to avoid infection and follow basic hygiene procedures; - If agreed to, administer medical procedures as part of an IHCP only when trained in the appropriate procedures; - Read and familiarise themselves with IHCPs for pupils; - Attend first aid training (provided by St John's Ambulance, or in-house briefing) as directed by line manager.
First Aiders	<ul style="list-style-type: none"> - First aiders must be trained on a course approved by the Health and Safety Executive (HSE); Paediatric First Aid or other relevant qualification; - First aiders must refresh or re-train at least every 3 years; - Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school; - When necessary, ensure that an ambulance or other professional medical help is called; - In the case of serious injury or illness, contact the parent/carer of the child requiring First Aid on the day that the incident occurred, before the child goes home; - Complete the First Aid Record after every incident; - Administers prescribed medicines as outlined in this policy. <p><i>Unless it is specified in a contract being a first aider is a voluntary activity and no employee can be required to undertake training.</i></p>
Lead First Aiders	<ul style="list-style-type: none"> - Model excellent practice in relation to First Aid, and support colleagues where appropriate; - Monitor first aid incidents and report as appropriate; - Actively seek improvements to all processes in relation to First Aid, and train staff as appropriate.
Lead First Aider	<ul style="list-style-type: none"> - Takes charge when someone is injured or becomes ill; - Looks after the first-aid equipment eg restocking the first-aid containers, ensuring the location of equipment is appropriate;

	<ul style="list-style-type: none"> - Ensures that an ambulance or other professional medical help is summoned when appropriate; - Organises training for First Aiders, and ensures that they are always sufficient in number ; - Informs staff of any pupils for whom medical conditions may impact on participation, in particular PE; - Maintains a database of health plans for pupils with known medical conditions; - Re-assess the First Aid requirements on an annual basis, and ensures there are appropriate procedures for monitoring and reviewing the School's requirements; - Responsible for ensuring that all staff involved in Medical Care are appropriately trained and competent; - Monitoring the effectiveness of training for First Aid and Medical Care; - Responsible for ensuring all aspects of this policy are implemented; - Reviewing the effectiveness of this policy annually and amending as appropriate.
Health and Safety Appointed Person	<ul style="list-style-type: none"> - Checks and writes risk assessments as appropriate; - Monitors and reports incidents in relation to Health and Safety at the termly Health and Safety Committee meeting.
Principal	<ul style="list-style-type: none"> - Responsible for ensuring this policy is adhered to, and that all staff are trained appropriately; - Responsible for communicating First Aid arrangements to parents and carer; - Responsible for communicating the contents of this Policy to all staff; - Overall responsibility for IHCP.
Local Governing Body	<ul style="list-style-type: none"> - Responsible for ensuring that Health and Safety policies are in place, up to date, and adhered to.
United Learning	<ul style="list-style-type: none"> - As the employer, makes sure that their insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment; - Retains overall responsibility to ensure that the statutory requirements for provision of first aiders are met, that appropriate training is provided and that correct procedures are followed for all Health and Safety matters.

6. Implementation: First Aid

Assessment of First Aid Requirements

- 6.1 The Health and Safety appointed person carries out risk assessments of the whole school and all related activities (see Health and Safety Policy). These take place at least annually and when circumstances alter either personally or by leaders. Recommendations on measures required to prevent or control identified risks must be forwarded to the Principal.
- 6.2 The Principal considers the findings of the annual risk assessment in determining appropriate first aid provision including the number of first aid personnel required

(there is no set number for size of school, but rather depends on the risk assessment). Particular consideration is given to issues arising from:

- the current size of the School, and it's future growth;
- the age range of the pupils, including those in EYFS;
- the current and future accommodation of all parts of the School;
- the needs of staff and students with special health needs or disabilities;
- offsite P.E.;
- residential activity and off site visits;
- the number and location of Science labs, DT and Art rooms;
- adequate cover in case of absence;
- adequate cover at breaks and lunchtimes;
- out of hours provision e.g. clubs and events.

- 6.3 Arrangements are made to ensure that the required level of cover of both First Aiders and Appointed Persons is available at all times when anyone is on the School premises.

Communication about First Aid Provision

- 6.4 All staff, pupils and visitors at Winston Way Academy must be clear about First Aid provision, including: the location of equipment, facilities and first-aid personnel, and the procedures for monitoring and reviewing the school's first-aid needs.
- 6.5 First Aid notices are on display in prominent places around the School.
- 6.6 First Aid information is included in the Staff Handbook which is given to all members of staff as part of their induction, and on the website.
- 6.7 First Aid training takes place annually for new members of staff. All staff take First Aid refreshers training every three years, or more frequently as the need arises

First Aid Provision

- 6.8 First Aid Containers are located throughout the School, with at least one on each floor of each phase of the permanent School site. A travelling container is available from school office and must be taken on all trips and visits, including off-site PE.
- 6.9 All first-aid containers are marked with a white cross on a green background. The minimum provision of first-aid items in each container is:
- a leaflet giving general advice on first aid
 - 20 individually wrapped sterile adhesive dressings (assorted sizes);
 - two sterile eye pads;
 - four individually wrapped triangular bandages (preferably sterile);
 - six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings;
 - two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings;
 - one pair of disposable gloves;
 - sterile wipes.
- 6.10 The travelling First Aid container contains a minimum of:
- a leaflet giving general advice on first aid.
 - six individually wrapped sterile adhesive dressings;
 - one large sterile unmedicated wound dressing approximately 18cm x 18cm;
 - two triangular bandages;
 - two safety pins;
 - individually wrapped moist cleansing wipes;
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- one pair of disposable gloves;
 - sterile wipes.
- 6.11 The Lead First Aider is responsible for checking and re-stocking the First Aid containers at least termly. Spare stock should be kept in the School at all times.
- 6.12 Other First Aid facilities include the Hygiene Room in Primary, and the eye-wash in the Science department in Secondary; these are maintained and checked by the premises team according to regular building management procedures.

Hygiene/infection control

- 6.13 All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff have access to single-use disposable gloves, anti-septic gel and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment.

Reporting

- 6.14 The School will send out notification to parents via letter/email/text message of any instance of infectious disease e.g. chicken pox, head lice.
- 6.15 Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the Health and Safety Executive (HSE).
- 6.16 The School First Aid Record is completed for any reportable injury, disease or dangerous occurrence on United Learning ARMS software. This includes: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease, and what happened immediately afterwards, and the name and printed name of the first aider. These reports are stored for at least 3 years. The record is normally completed by the First Aider dealing with the incident. It is the responsibility of each member of staff to ensure that the record is completed if they are involved in dealing with an incident.
- 6.17 The following accidents must be reported to HSE if they injure either the school's employees during an activity connected with work, or self-employed people while working on the premises:
- accidents resulting in death or major injury (including as a result of physical violence);
 - accidents which prevent the injured person from doing their normal work for more than three days (including acts of physical violence).
- 6.18 HSE must be notified of fatal and major injuries and dangerous occurrences without delay (eg by telephone). This must be followed up within ten days with a written report on Form 2508. Other reportable accidents do not need immediate notification, but they must be reported to HSE within ten days on Form 2508.
- 6.19 In the case of serious injury or illness, the First Aider contacts the parent/carer of the child on the day that the incident occurred, before the child goes home.

7. Implementation: Medicines

Notification and communication of a Medical Condition

- 7.1 A brief overview of a child's significant medical needs is included on the enrolment form for all pupils new to the School. When a new medical



concern arises the parent/carer must inform the School about the concern and treatment.

- 7.2 The procedures for putting an Individual Healthcare Plan in place are included in the Appendices.
- 7.3 Copies of all Individual Healthcare Plans are kept in the School Office and securely on the X drive.

Prescribed Medicines

- 7.4 Medicines should only be brought to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. The School only accepts medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.
- 7.5 Medicines will never be accepted that have been taken out of the container as originally dispensed nor changes made to dosages on parental instructions.
- 7.6 Medicines are kept in a secure container in the First Aid office.

Controlled Drugs

- 7.7 The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medicine for use by children, e.g. methylphenidate.
- 7.8 First Aiders may administer a controlled drug to the child for whom it has been prescribed, according to the prescription instructions. A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for the School to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed. The School keeps controlled drugs in a locked non-portable container stored in the first Aid room. Only First Aiders have access to it. A record is kept with the container about the contents and pupils involved.
- 7.9 A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).
- 7.10 Misuse of a controlled drug, such as passing it to another child for use, is an offence. See the Drugs Policy for further information

Non-Prescription Medicines

- 7.11 Staff should **never** give a non-prescribed medicine to a child under 16 years old unless there is specific prior written permission from the parents, and the member of staff has received appropriate training.
- 7.12 A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor. If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.

Long-Term Medical Needs

- 7.13 It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of School. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some



medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

- 7.14 Any particular needs for a child will be outlined by the parent/carer prior to the child starting on the Enrolment Form, or when a child first develops a medical need (see Appendix for the Process for developing IHCP). For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals.

Administering Medicines

- 7.15 If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or setting.

Self-Management

- 7.16 Children are encouraged, where possible, to take responsibility to manage their own medicines from a relatively early age. The age at which children are ready to take care of, and be responsible for, their own medicines, varies.
- 7.17 If a child is old enough to administer their own medicine, their parent/carer must complete a consent form in order to allow them to do this during the School day. On the consent form, parents specify whether the child needs to be supervised during the administering of medicine or otherwise.

Refusing Medicines

- 7.18 If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow the procedures on the child's health plan if there is one in place. Parents should be informed of the refusal as soon as possible, and in all cases on the same day before the child goes home.

Record Keeping

- 7.19 Parents should tell the school or setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber.
- 7.20 In EYFS written records of all medicines administered to children are kept.
- 7.21 The 'Administering Medicine Form' must be completed each time medicines are given to a child. This is a statutory requirement in EYFS, and is good practice in the rest of the School.

Sporting Activities

- 7.22 Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their

individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

- 7.23 Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Unacceptable practice

At Winston Way Academy we reject the following practice:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Appendix: Request for Administration of Medicines

Request to Administer Medication

Child's Name:	Date of Birth:
Class:	Parent/ Carer Contact Number:

Medication Details:

Medication
Name.....

Required
for.....

Dosage.....

Prescription medication – Yes/No
Date..... Expiry

Duration of medication given in School – Date
from.....to.....

Time of
Administration.....

Is medication on-going – Yes/No

Any known reaction to the above medication (please give details

.....

Please give details of the last time the medication was administered and the dose
given.

.....

I give consent for a First Aid trained member of Winston Way Primary School staff to
administer the above medication to my child.

Parent Name (Please
print).....

Signed.....

Date.....

Appendix: First Aid/First Aid Incident log and First Aid Incident Reporting to Parents/carers

At Winston Way, First Aid Incidents are recorded on the United Learning ARMSystem.

The information on ARMS can:

- help the school identify accident trends and possible areas for improvement in the control of health and safety risks;
- be used for reference in future first-aid needs assessments;
- be helpful for investigative purposes.

For Bumps and Scrapes: The ARMS system records the following information:-

Site Name: Winston Way Academy

Date and time of incident:

Class/form:

Member of Staff Involved:

Injury details:

Treatment provided:

Was this event a head bump?

Does parent/carers need to be notified:

The system enables the generation of a First Aid Report, which is then emailed to parents or carers.

For minor incidents (e.g., small grazes), parents/carers are notified via email.

For all head bumps, parents/carers receive both a telephone call and an email notification.



Appendix: example of First-aid notification email to parents

Dear Parent/Carer,

Your child received First Aid today. Please see the details below:

A new Bumps and Scrapes event has been logged which requires a parent/carers letter generating. Please see the details below.

Site Name: Winston Way Academy

Date and time of incident:

Class/form:

Member of Staff Involved:

Injury details:

Treatment provided:

Was this event a head bump?

Please note - if the first aid incident involved head bump/injury to head, your child has been monitored since the accident and we have not identified anything that caused concern.

If any of these symptoms are present, particularly loss of consciousness (even for a short period of time), you should call an emergency ambulance (999 / 112) or NHS Direct

- Lasting headache that gets worse or is still present over six hours after the injury;
- Extreme difficulty in staying awake, or still being sleepy several hours after the injury. It is fine to let children go to sleep after a slight bump to the head, but you should check on them regularly and make sure you are able to wake them
- Nausea and vomiting several hours after the injury;
- Unconsciousness or coma;
- Unequal pupil size;
- Confusion, feeling lost or dizzy, or difficulty making sense when talking;
- Pale yellow fluid or watery blood, coming from the ears or nose (this suggests a skull fracture);
- Bleeding from the scalp that cannot be quickly stopped;
- Not being able to use part of the body, such as weakness in an arm or leg;
- Difficulty seeing or double vision;
- Slurred speech; and
- Having a seizure or fit

School Office

Winston Way Academy – 020 8478 5626



Appendix: Medication administered at school log

Date and Time	Name of Child	Year Group	Class	Name of Medication	Dose given	Follow up Required	Staff member who gave medication

Appendix: Risk Assessment Pro-forma

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
What and where are the hazards?	Who might be harmed and how?	What are you already doing?	What further action is necessary?	How will you put the assessment into action? Action by whom and when?

Risk assessment completed by:	
Date:	
Date risk assessment will be reviewed:	

Appendix: Process for developing Individual Healthcare Plans (IHCP)

