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Windrush Valley School

Policy Documents Annual Review Record

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Person responsible	Headteacher
Comments to	Headteacher
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Person reviewing/updating	Victoria Barron
Source/author	Amanda Douglas
Implementation	Immediate and on-going
Approved by	Toby Mullins 28.09.2026

Medical Conditions and First Aid Policy

Introduction

Windrush Valley School is an inclusive community that aims to support and welcome pupils with medical conditions and to provide all such children with the same opportunities as others at school. We will help to ensure they can:

- Be healthy.
- Stay safe.
- Enjoy and achieve.
- Make progress.

The school ensures that a suitably trained person is available at all times (Paediatric First Aid in respect of EYFS), in the event of a child, including those in EYFS, requiring first aid treatment; furthermore, it provides appropriate and easily accessible resources in terms of first aid box(es) and have a clearly defined plan in the event of a major injury/illness; for example, in the event of a child requiring emergency hospital treatment.

1 Medical Conditions

1.1 Information from parents

Parents are asked to state if their child has any health concerns or health related issues on the Offer Acceptance Form and the EYFS Entry Information Form (Early Years only) Parents are advised that they must inform the school of medical conditions emerging between these times.

1.2 In practice

Pupils with medical conditions are encouraged to take control of their condition (where age appropriate) and to feel confident in the support they receive from the school. Similarly, parents of pupils with medical conditions must feel secure in the care their children receive.

To ensure this confidence flows, the school ensures that all staff understand their duty of care to children, that staff are confident in knowing what to do in an emergency and have a thorough understanding of the common medical conditions that affect children at this school. All participants to this policy understand that the term 'school' implies all venues and locations, on or off-site, where the school undertakes formal responsibility for the care and education of children.

This policy is supported by a clear communication plan for staff, parents and pupils to ensure its full implementation. Parents are informed and regularly reminded about the medical conditions policy and associated policies (Health and Safety Policy; Accident and Investigation Procedure; Allergy Safety and Anaphylaxis Management Policy) by signposting access to it on the school's website and when their child is enrolled as a new pupil.

Staff are informed and regularly reminded about the medical conditions and related policies through inset training, regular staff meetings, the agreed emergency action plan and the list of children with medical conditions signposted at the beginning of each academic year, and can be found here:
G:\Shared drives\All Staff\2026-2027\Medical

There is clear guidance on the administration of medication drawn from the training staff receive in what to do in the event of an emergency and they understand their duty of care may include administering medication. A register of staff trained in the management of common medical conditions is maintained along with the level of certification attained. Action for staff to take in an emergency is displayed in prominent locations and included in personal staff management files. If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives.

1.3 Administration of medication

We will administer medication to pupils on receipt of the Permission to Administer Medication Form which can be found on the school's website; or as detailed on the Individual Healthcare Plan. Medication will only be administered as stated on the medication label. The administration of medication is done under the supervision of a member of staff. Parents understand that if their child's medication, dose or administration method changes or is discontinued, that they should notify the school immediately. All pupils at this school with medical conditions have easy access to their emergency medication. All pupils are encouraged to carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition. All pupils carry their emergency medication with them at all times, except if they are controlled drugs as defined in the *Misuse of Drugs Act 1971.* This is also the arrangement for all off-site or residential visits.

Pupils who do not carry and administer their own emergency medication know where their medication is stored, how to access it and understand the arrangements for a member of staff to assist them take their medication safely. An accurate record is made of each occasion an individual pupil is supervised taking medication, including details of the supervising adult, pupil, dose, date and time. Parents are informed of the time when medicines are administered, the same day or as soon as reasonably practicable.

1.4 Safe storage of medication

Parents are required to ensure that, prior to handing to the school office, all medication is clearly labelled with the child's name, the name and dose of the medication and the frequency of dose; supplied and stored in original containers. This includes all medication that pupils carry themselves. It is the parent's responsibility to ensure new and in-date medication comes into school when necessary.

The school has clear guidance on the storage of medication. All medication is readily available during the school day and is stored in accordance with instructions, paying particular note to temperature. Uncontrolled drugs such as Piriton or paracetamol are stored in a secure cupboard in the school office. If the emergency medication is a controlled drug and needs to be locked up, the medicine is stored in the First Aid box in the Foundation Unit cloak room – the keys to which are readily available and not held personally by members of staff. If the medicine needs to be temperature controlled, it will be stored in the staff room fridge.

Spare Auto adrenalin injectors (AAIs) and spare asthma inhalers are available and stored in accordance with the Allery Safety and Anaphylaxis Management Policy.

1.5 Individual Healthcare Plans (IHP)

Where necessary; for example, where a child has significant and long-term medical needs, the school will write a Healthcare Plan for individual children in order to record important details about individual needs at school; triggers, signs, symptoms, medication and other treatments. Parents will have a significant, crucial and leading role to play in the writing, maintenance and administration of such a plan. Such plans are used to create a centralised register of pupils with medical needs. All members of staff and others who work with such pupils have access to the information in these Healthcare Plans.

1.6 Offsite and Residential Visits

Staff ensure that children who may require emergency treatment; for example, EpiPen, asthma inhaler, have the desired medicines with them before departing to off-site locations.

Parents complete a Permission to Administer Medicine google form prior to their child leaving for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health to help staff and the pupil manage the condition while away. This includes information about medication not normally taken during school hours. These are accompanied by a copy of the pupil's Individual Healthcare Plan where necessary. Full health and safety risk assessments are carried out on all off-site activities before they are approved, including residential visits, taking into account the needs of pupils with medical conditions.

1.7 Physical and Social Environment

This school is committed to providing a physical environment that is accessible to pupils with medical conditions, including off-site visits. The needs of pupils with medical conditions are adequately considered to ensure their continued and effective involvement in both structured and unstructured social activities, including breaks and before and after school activities as the school includes all pupils with medical conditions in all school activities unless it is deemed unsafe to do so.

1.8 Exercise and Physical Activity

We understand the importance of all pupils taking part in sports, games and activities and accordingly all classroom teachers, PE teachers and sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimise these triggers. They also undertake not to unduly pressure pupils to take part in an activity if they feel unwell.

1.9 Impact on learning

A pupil with a medical condition may miss a lot of time at school, have limited concentration or be frequently tired and this can impact upon their capacity to learn at the same pace as their peers. The Headteacher would be informed in such an eventuality and appropriate action would be taken in consultation with parents, school staff and para-professionals.

2 First Aid

In the event of a minor or major incident, first aid will be administered by the school. Arrangements for first aid provision are adequate to cope with all foreseeable major incidents and form part of the arrangements for all school based and out-of-school, including off-site, activities.

2.1 First Aiders

The number of certificated first aiders, at any time, exceeds the recommended number. The school maintains a register of all suitably trained staff. It is the ambition of the school to ensure that all pupil facing staff are suitably trained so that the time delay before a trained first-aider arrives at the scene is minimised.

The following members of staff hold current relevant qualifications:

Lucy Maudsley
William Hone
Zenna Nowell
Emma Sandiford

Katrina Lovell-Meade
Katy Lockyer
Nicole Mitchell
Alison Riseley
Dany Larochelle-Brainin
Jack Welch
Ailsa Handy
Sarah Boyce
Victoria Frost
Samantha Christie
Victoria Barron
Lucy Howell

Staff receive paediatric first aid training every three years. Staff are also trained in the use of pupil-specific emergency treatments; for example, EpiPen for anaphylactic shock, how to medicate pupils experiencing an epileptic seizure and the use of inhalers for pupils with asthma. Staff will receive additional training from specialist medical personnel for those pupils with a more specific and individual need that requires an enhanced level of care and medication; this will be fully documented as appropriate.

2.2 First Aid Supplies

Supplies of first aid material in first aid boxes are available and easily accessible at all times and comply with relevant legislation. They are prominently marked and sited in the following locations:

- Old School KS2 Cloakroom
- Old School Cleaner's Store cupboard (spare stock)
- Garden Room 1
- New Block Cloakroom
- Rucksacks:
    - New Block Cloakroom x 2
- Minibus
- Staff Toilet [upstairs]
- Kitchen

First aid equipment and a mobile telephone are available to all groups on off-site and out-of-school activities and visits. Contents are checked regularly and any deficiencies made good without delay.

2.3 Child feeling ill in class

Young children routinely vomit or have diarrhoea. This may be symptomatic of a minor stomach upset. It could also be an early indication of something more serious.

If a child indicates during class that they are feeling ill, the teacher will determine what first aid action is required. If a child is feeling sick, they will be accompanied by an adult outside to the fresh air and supervised until either they feel better or the teacher feels that the child should be sent home. In the event that the child is to be sent home, they are accompanied to the school office where they will be supervised by the office manager until their parent/carer arrives to collect them. If collection is likely to be delayed for an extended period, or the child is unable to sit up comfortably, the child will be escorted to the first aid room where they can lie down on the first aid bed. The child must stay home for 48 hours after their symptoms have ceased. The Headteacher will make the decision to send a pupil home or, in their absence, the Assistant Head.

Staff must wear appropriate personal protective clothing (disposable apron and gloves) when cleaning up bodily fluid spillages. Protective clothing and equipment should be disposed of immediately as clinical waste. Paper towels should be used initially. The area should be cleaned thoroughly, using detergent, warm water and a disposable cloth. The school cleaners will be notified and asked for the area to be deep cleaned.

2.4 Administering First Aid

Emergency first aid takes many forms, requiring administration in a timely, calm and competent manner. It can range from the minor (a scraped knee), through collisions between pupils to serious injury such as a fracture during a game. All require a response, but not necessarily the same level or degree of response. Scraped knees, an every-day occurrence, is best dealt with by a combination of TLC and an antiseptic wipe; a graze might need a plaster whilst even a relatively mild bump on the head would need advice from a doctor.

Staff administering first-aid must therefore use their judgement in respect of treatment/action. However, the safety and well-being of the child is paramount therefore it is better to be over-cautious when making judgements.

2.5 Managing incidents of a serious nature

Incidents of a serious nature include those where paramedic support is required. When paramedic support is called, or where the injury/illness is other than minor, the rapid involvement of parents is paramount.
Accidents occurring in school are managed in the first instance by the member of staff in-charge of the activity/group. A senior member of staff must be called to the scene at the earliest opportunity. Once there they will take charge of the incident and direct all further activity.

Accidents occurring at off-site locations will be managed by the member of staff in-charge of the activity/group (Kingham Hill School, Sports field, church, visits etc.). A

mobile telephone and a first-aid kit must be taken to all off-site locations. If trips are outside of office hours, a pupil contact list will be necessary.

2.6 Head injuries

Staff must treat all injuries to the head, however minor, as serious. Injuries of this nature will be reported to the Parents, preferably in person at the end of the day. The school office will be informed of all bumps to the head and an email sent to parents, regardless of the seriousness of the injury, in case it is not possible to inform the parents at pick up.

Children who have sustained an injury to the head will be given a 'bumped head' sticker to wear for the remainder of the day so that any member of staff is immediately alert for any signs of concussion.

2.7 Allergic Reactions

Children suffering allergic reactions should be treated with utmost urgency in the prescribed manner and in accordance with the Allergy Safety and Anaphylaxis Management Policy. Staff will require advice and guidance from a medical practitioner.

If hospital treatment is indicated, then an ambulance must be called immediately. A member of staff will accompany the child in the ambulance if the parents have not been able to get to school or the off-site location in time, and will remain with the child until the parents arrive. See the Allergy Safety and Anaphylaxis Management Policy for further details.

2.8 Essential information when calling an ambulance

- The details of the patient (carried as part of the off-site policy).
- An accurate description of the accident/symptoms.
- A precise description of the location.

2.9 Critical Advice Response

The school is advised by email of on-going health related advice and concerns from NHS England; for example, norovirus outbreaks. The headteacher will determine whether the advice requires action involving/advising parents and what additional school related action needs to be implemented in response to this advice.

3.0 Reporting incidents

All incidents, however minor, are recorded on a medical slip stored in all medicine cupboards and rucksacks and sent to the school office. All incidents of a more serious nature are recorded in the school's Accident Report Book as per Health and Safety legislation. Parents are informed of incidents and the first aid given, the same day or as soon as reasonably practicable.

The medical slips and accident book are routinely reviewed to check for patterns to injuries that may need remedial action to the site or premises to prevent further occurrences.

Injuries of a more serious nature such as fractures, serious burns and injuries relating to loss of sight will be reported as required under RIDDOR regulations.

Review

The Department for Education (DfE) and Department of Health guidance has been actively sought prior to the initial writing and subsequent formal annual review of this policy.

Lucy Maudsley
Headteacher
September 2026