FIRST AID POLICY

SEPTEMBER 2026

Date of adoption of this policy	1st September 2026
Date of last review of this policy	12th August 2026
Date for next review of this policy	12th August 2027
Policy owner (SLT)	Headteacher
Authorised by	Headteacher and Proprietor

INTRODUCTION

This policy outlines the School's responsibility to provide adequate and appropriate First Aid to pupils, staff, parents and visitors, and the procedures in place to meet that responsibility. The policy is reviewed annually.

The school's Policy on Managing Children who are sick, infectious or with allergies (EYFS) and the Medication Policy (EYFS) are appended to this Policy at Annex 1 and Annex 2 respectively.

POLICY STATEMENT

This policy is compliant with paragraph 13 of Part 3 (Welfare, health and safety of pupils) of the Education (Independent School Standards) Regulations 2014 that the School 'ensures that first aid is administered in a timely and competent manner by the drawing up and effective implementation of a written first aid policy'.

It has regard to the DfE document Guidance on First Aid for Schools.

The number of certified first-aiders will not be less than the number required by law and all permanent staff will undergo basic first-aid training. All first-aid training will be regularly updated. In accordance with EYFS requirements all EYFS staff are fully trained Paediatric First Aiders. There will always be a trained paediatric first aider on site and available at all times when pupils are present. There will always be a trained paediatric first aider on all school trips. Training is updated every three years. The list of Paediatric First Aiders are:

- Natasha Henderson-Stewart
- Cecile Lemenager
- Julie Bonaz
- Sarah Williams
- Anita Farkas
- Isabelle Labru
- Geraldine Christin
- Anne Moreau
- Angie Williams
- Mathilde Carlier
- Emma Macintosh
- Cecile Friel
- Mariah Steele
- Kim MacKinnon

Supplies of first-aid material will be held in the Staff room. Adequate and appropriate first aid provision will form part of the arrangements for all out-of-school activities.

A record will be made of each occasion any member of staff, pupil or other person receives first aid treatment either on the school premises or as part of a school-related activity.

PROCEDURES

1. The First Aid Kit

Our first aid kit complies with the Health and Safety (First Aid) Regulations 1981 and contains the following items only:

- ➢ Triangular bandages (ideally at least one should be sterile) - x 4.
- ➢ Sterile dressings:
  - ✓ Small (formerly Medium No 8) - x 3.
  - ✓ Medium (formerly Large No 9) – HSE 1 - x 3.
  - ✓ Large (formerly Extra Large No 3) – HSE 2 - x 3.
- ➢ Composite pack containing 20 assorted (individually-wrapped) plasters 1.
- ➢ Sterile eye pads (with bandage or attachment) e.g. No 16 dressing 2.
- ➢ Container or 6 safety pins 1.
- ➢ Guidance card as recommended by HSE 1.

In addition to the first aid equipment, each box should be supplied with:

- 2 pairs of disposable plastic (PVC or vinyl) gloves.
- 1 plastic disposable apron.
- a children's forehead 'strip' thermometer.
- Ice packs are stored in the fridge.

The first aid box is easily accessible to adults and is kept out of the reach of children. It is checked regularly and replenished when necessary.

At the time of admission to the setting, parents' written permission for emergency medical advice or treatment is sought. Parents sign and date their written approval.
Parents sign a consent form at registration allowing staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that parents have been informed and are on their way to the hospital.
The school has portable first aid kits which are used on outings and visits. Our
Designated Key First Aider are:

CECILE LEMENAGER AND NATASHA HENDERSON-STEWART

In the event of an accident or injury requiring first aid:

- The child is treated by a first aider.
- The injury is recorded in the school accident book giving details of
  - ✓ The child's name and class
  - ✓ A description of what happened
  - ✓ The injury
  - ✓ First aid treatment given
  - ✓ A signature of the person administering first aid
- A parent form is filled in and placed in the child's communication book. Parents will be informed the same day or as soon as reasonably practicable.

2. Emergency Procedure in the event of an accident, illness or injury

Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, Staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this Policy and make clear arrangements for liaison with ambulance services on the School site.

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, the School is required to report the following to the Health and Safety Executive (HSE): fatalities, major injuries (such as 2 fractures), reportable (over 7 day) injuries, reportable diseases, and reportable dangerous occurrences.

Guidance on how RIDDOR applies to schools can be found here.

If an accident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate next course of action, which may involve calling immediately for an ambulance or calling for a First Aider. If summoned, a First Aider will assess the situation and take charge of first aid administration.
In the event that the First Aider does not consider that he/she can adequately deal with the presenting condition by the administration of first aid, then he/she should arrange for the injured person to access appropriate medical treatment without delay.

a. Ambulances

The first aider/appointed person is to always call an ambulance on the following occasions:

- In the event of a serious injury
- In the event of any significant head injury
- In the event of a period of unconsciousness
- Whenever there is the possibility of a fracture or where this is suspected
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment

If an ambulance is called then the First Aider in charge should make arrangements for the ambulance to have access to the injured person.
Arrangements should be made to ensure that any pupil is accompanied in an ambulance, or followed to hospital, by a member of staff until one of the pupil's parents, guardian or their named representative is present
A member of staff will remain with the pupil until one of the pupil's parents, guardian or a named

representative appointed by a parent arrives at the hospital.

b. Medical Room

There is a medical room located in the hall. The medical room is clearly marked with a sign on the door.

c. Procedure in the event of contact with blood or other bodily fluids

First Aiders should take the following precautions to avoid risk of infection:

- cover any cuts and grazes on their own skin with a waterproof dressing
- wear suitable disposable gloves when dealing with blood or other bodily fluids
- use suitable use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation
- eye protection and a disposable apron where splashing may occur
- wash hands after every procedure

If a First Aider suspects that they or any other person may have been contaminated with blood and/or other bodily fluids which are not their own, the following actions should be taken without delay:

- wash splashes off skin with soap and running water
- wash splashes out of eyes with tap water and/or an eye wash bottle
- wash splashes out of nose or mouth with tap water, taking care not to swallow the water
- record details of the contamination in the accident book
- take medical advice (if appropriate)

3. Distribution of Medication

Parental consent is required before medication is given and the School does not allow pupils to self administer medication. The School requests that parents update medical records annually. Any medication brought to school for a pupil must be handed in on arrival to a member of staff, who will store it either in the locked medical cabinet in the Staff Room or the fridge in the kitchen. The medication must be accompanied by a doctor's prescription, giving relevant details of dosage and when the medication should be administered. A contact telephone number should also be given if different from school records. Once the required medication has been given, the transaction is to be recorded by the person responsible in the medical log book (date, time, child's name, medication given). LPEBL will not administer non-prescription medication, unless a child has a temperature and the parents cannot pick them up from school, then they may be

given Calpol with parental written permission (check Back to school questionnaire for permission).

See Medication Policy (Appendix 2) for procedures specific to the Early Years.

4. Off-site procedures

When taking pupils off the school premises staff will ensure they have informed the School Office and have the following:

- Mobile phone
- First Aid Kit
- Medication stored in the medication cupboard for pupils with specific medical conditions
- **Early Years** – there will always be at least one First Aider with a current paediatric first aid certificate on all off-site activities with Early Years (Nursery – Reception) as required by Statutory Framework for Early Years Foundation Stage.
- There will always be a trained First Aider on all off-Site activities with the children.

5. Exclusions from school

Pupils that are not well should not be at school, even if they are not infectious. If they need Calpol or Nurofen to be able to attend school then they need to stay home, rest and recover.

- If a pupil has a temperature greater than 38°C they must stay home. If the temperature is found at school they will be sent home. They may return to school once the fever has been gone for a minimum of 24 hours without any fever reducing medications.
- Pupils with diarrhoea should not be at school unless the diarrhoea is known to be due to a confirmed non-infectious medical reason or condition, for example: IBS, coeliac disease, mild allergy/intolerance. If a pupil experiences diarrhoea at school, they will be sent home for monitoring, proper cleansing and to limit the spread of any potential illnesses. Diarrhoea is defined as liquid or semi-liquid stools, the pupil affected must not return to school until 48 hours after their last bout of diarrhoea.
- Pupils who have vomited should not be in school. If a pupil vomits in school, they will be sent home for monitoring and to limit the spread of any potential illnesses, the child affected must not return to school until 48 hours after their last bout of sickness. The exception to this are for pupils who have a diagnosis of Cyclical Vomiting Syndrome (CVS), however we would need an official diagnosis letter from their paediatrician.

See Policy on Managing Children who are sick, infectious or with allergies at Appendix 1 for procedures specific to the Early Years.

6. Allergies

It is the parents' responsibility to inform the school in writing of any allergy that their child may have. All parents are asked to complete the relevant information in the Back to School Form which is completed at the start of each school year. A list, which is regularly updated, of pupils who suffer from allergies, with appropriate information, is displayed on the noticeboards in the Dining Hall, relevant classroom and School Office.

We will need an Allergy Action Plan for all pupils that have adrenaline pens at school such as Epi-Pens/Jext this plan must have current information on it including a current photo, current allergies and current plan from the doctor that outlines the medications to be given and the current dose. As children age their dose will change. The allergies could also change, either adding allergens or removing ones that they are no longer allergic to. These Allergy Action Plans are what staff use to treat pupils in the event of an emergency and as such need to be accurate and up to date. If a pupil has an allergy but does not use an adrenaline pen there is an Allergy Action Plan for those pupils as well.

All teaching staff are responsible for being aware of allergies of pupils in their care on school trips, where food may be consumed, and taking reasonable precautions to guard against children suffering allergic reactions.

In the case of extreme allergies which could be life-threatening, it is the parents' responsibility to supply a properly equipped "medi-pac" with clear instructions and a contact telephone number. Parents should check that ampules, etc., are in date. The medi-pac will be kept in the portable medical bags in the Staff Room in the trip leader, as appropriate, will ensure that:

a) it is taken on any school trip, and

b) the appointed leaders of the school party is made aware of the action necessary in an emergency.

See Policy on Managing Children who are sick, infectious or with allergies at Appendix 1 for procedures specific to the Early Years.

7. Asthmatics

It is the parents' responsibility to inform the school if their child suffers from asthma, and to ensure that he brings the required inhalers to school. The Head must be informed. A list, which is regularly updated, of children who are on medication for asthma, with appropriate information, is displayed on the notice boards in the School Office. All inhalers brought to the school for emergency administration must have a current, accurate Asthma Action Plan.

See Policy on Managing Children who are sick, infectious or with allergies at Appendix 1 for procedures specific to the Early Years.

8. COVID 19

Handling pupils or staff in School with coronavirus symptoms

If a pupil or member of staff exhibits coronavirus symptoms, he/she will be taken to the Medical Room and the School will:

1. contact parents to arrange prompt collection/arrange for the staff member's travel home
2. arrange cleaning as soon as the symptomatic person has left the School
3. advise that the pupil/staff member take a COVID-19 test.
4. if the test is positive, self isolate for 3 days and return to school after a negative test result.

Self-isolation

If a member of staff has helped someone who was unwell with symptoms of coronavirus, they do not need to go home and isolate unless they develop symptoms themselves.

Action after a confirmed case of coronavirus in School

The other household members of a wider class do not need to self-isolate unless they subsequently develop symptoms themselves or register a positive test result.

Good hygiene amongst staff and children in School

Children will be reminded daily about good handwashing and hygiene routines regularly.

Legal framework

Health and Safety (First Aid) Regulations (1981)

This Policy is to be read in conjunction with:

The Health and Safety Policy

Fire Risk (Prevention) Policy

Risk Assessment Policy

The Safeguarding Policy

The Medication Policy (EYFS)

Managing Children who are Sick, Infectious or with Allergies (EYFS)

ANNEX 1

MANAGING CHILDREN WHO ARE SICK, INFECTIOUS OR WITH ALLERGIES
EYFS

SEPTEMBER 2026

We provide care for healthy children through minimising or preventing cross infection of viruses and bacterial infections.

We promote health through identifying allergies and preventing contact with the allergenic substance.

If children appear unwell during the day:

- Temperature (above 37.8)
- Sickness
- Diarrhoea (more than 3 toilet runs in close succession)
- Pains particularly in the head or stomach
- Discharge from the eyes or ears, conditions which cause the child distress.
- Symptoms associated with Coronavirus and known variants

The Office Manager will call the parent/s to request they collect their child at the earliest opportunity.

• If a child has a temperature they are kept cool, and may be given Calpol with parental permission (See Medication Policy).

• When children have been sick or have had diarrhoea, parents are required to keep children at home for at least 48 hours, or until the child is well enough to return.

• Where children have been sick due to allergic reaction the exclusion period is 24 hours (to include one whole day).

• Where children have been prescribed antibiotics and have not been prescribed these before, parents should keep the child at home for 24 hours to ensure there is no reaction to the medication.

• When the school is notified of an infectious disease such as measles or chickenpox, an email will be sent to notify all parents.

• Parents are requested to keep children at home until the spots have all scabbed over as in a case of chickenpox and 4/5 days in the case of most other childhood infectious diseases and ensure the child is well enough to return.

• Infections where there has been a discharge: the child can return to the nursery when there is no discharge, and cross infection is eliminated.

Nits and Head lice

• Nits and head lice are not excludable conditions, except in exceptional cases

• On identifying cases of head lice all parents are informed and asked to treat their child and all other family members if they are found to have head lice.

Cross infection procedures

• All precautions must be taken to limit cross infection

▪ Single use vinyl gloves and aprons are worn when changing children's pants and clothing that are soiled.

▪ Soiled clothes are rinsed and bagged for parents to take home

▪ Spills of bodily fluids are cleaned with a mild disinfectant

▪ Furniture and play equipment must also be washed with a disinfecting fluid regularly.

Allergies

It is the parents' responsibility to inform the school in writing of any allergy that their child may have. All parents are asked to complete the relevant information in the Back to School Form which is completed at the start of each school year. A list, which is regularly updated, of pupils who suffer from allergies, with appropriate information, is displayed on the noticeboards in the Hall and School Office.

All teaching staff are responsible for being aware of allergies of pupils in their care on school trips, where food may be consumed, and taking reasonable precautions to guard against children suffering allergic reactions.

In the case of extreme allergies which could be life-threatening, it is the parents' responsibility to supply a properly equipped "medi-pac" with clear instructions and a contact telephone number. Parents should check that ampules, etc., are in date. The medi-pac will be kept in the portable medical bags in the Staff Room and the trip leader, as appropriate, will ensure that:

a) it is taken on any school trip, and

b) the appointed leaders of the school party is made aware of the action necessary in an emergency.

The School will already have entered into an appropriate signed agreement of action to take in an emergency with the child's parents.

The school is a nut-free building. This includes Staff, Children and Parents. All parents are informed this is a nut-free setting. They are requested not to bring any foodstuffs containing nuts or traces of nuts into the building. Any foods brought into the building must be scrutinized first.

Asthmatics

It is the parents' responsibility to inform the school if their child suffers from asthma, and to ensure that he brings the required inhalers to school. The Head must be informed. A list, which is regularly updated, of children who are on medication for asthma, with appropriate information, is displayed on the notice boards in the Staff Room and School Office.

COVID 19

Handling pupils or staff in School with coronavirus symptoms

If a pupil or member of staff exhibits coronavirus symptoms, he/she will be taken to the Office and the School will:

1. contact parents to arrange prompt collection/arrange for the staff member's travel home
2. arrange cleaning as soon as the symptomatic person has left the School
3. advise that the pupil/staff member take a COVID-19 test.
4. if the test is positive, self isolate for 3 days and return to school after a negative test result.

Self-isolation

If a member of staff has helped someone who was unwell with symptoms of coronavirus, they do not need to go home and isolate unless they develop symptoms themselves.

Action after a confirmed case of coronavirus in School

The other household members of a wider class do not need to self-isolate unless they subsequently develop symptoms themselves or register a positive test result.

Good hygiene amongst staff and children in School

Children will be reminded daily about good handwashing and hygiene routines regularly.

This Policy is to be read in conjunction with:

The Health and Safety Policy

Fire Risk (Prevention) Policy

Risk Assessment Policy

The Safeguarding Policy

The First Aid Policy

Medication Policy

ANNEX 2

MEDICATION POLICY

SEPTEMBER 2026

When dealing with medication of any kind, strict guidelines will be followed. This Policy is to be read in conjunction with the School's First Aid Policy and Health and Safety Policy and the policy on Managing Children who are Sick, Infectious or with Allergies.

Prescription medication
Prescription medicine will only be given to the person named on the bottle for the dosage stated. Medicines must be in their original containers.

Those with parental responsibility of any child requiring prescription medication should allow a senior member of staff to have sight of the bottle. The staff member should note the details of the administration on the appropriate form and another member of staff should check these details.

Those with parental responsibility must give prior written permission for the administration of each and every medication. However we will accept written permission once for a whole course of medication or for the ongoing use of a particular medication under the following circumstances:

- The written permission is only acceptable for that brand name of medication and cannot be used for similar types of medication, e.g. if the course of antibiotics changes, a new form will need to be completed.
- The dosage on the written permission is the only dosage that will be administered. We will not give a different dose unless a new form is completed.
- Parents should notify us IMMEDIATELY if the child's circumstances change, e.g. a dose has been given at home, or a change in strength/dose needs to be given.

The school will not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by a doctor's letter. The parent must be asked when the child had last been given the medication before coming to school; this information will be recorded on the medication form. Similarly when the child is picked up, the parent or guardian must be given precise details of the times and dosage given throughout the day. The parent's signature must be obtained at both times. At the time of administering the medicine, a senior member of staff will ask the child to take the medicine, or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form. (It is important to note that staff working with children are not legally obliged to administer medication). If the child refuses to take the appropriate medication then a note will be made on the form.

Where medication is "essential" or may have side effects, discussion with the parent will take place to establish the appropriate response.

Wherever possible ask parents to request that GPs prescribe the least number of doses per day, i.e. three times daily, rather than four times daily.

Non-prescription medication

LPEBL will not administer non-prescription medication, unless a child has a temperature and the parents cannot pick them up from school, then they may be given Calpol with parental written permission (check Back to school questionnaire for permission).

Staff medication

The first aid box for staff should be kept in a readily accessible position, but out of reach of the children. First aid boxes should only contain items permitted by the Health and Safety (First Aid) Regulations Act 1981, such as sterile dressing, bandages, and eye pads. No other medical items, such as paracetamol should be kept in the first aid box. Staff must inform their manager if they are bringing any medicine on to the premises and ensure that it doesn't impair their ability to work. Providers must ensure that those practitioners taking medication, medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly.

Storage

All medication for children must have the child's name clearly written on the original container and kept in a closed box, which is out of reach of all children and under supervision at all times. If this box is left unguarded at anytime throughout the day, we have a procedure in place to ensure the safety of any child or adult in the nursery, including visitors, parents and siblings able to access the area. Emergency medication, such as inhalers and epipens, will be within easy reach of staff in case of an immediate need, but will remain out of children's reach and under supervision at all times. Any antibiotics requiring refrigeration must be kept in an area inaccessible to children.

This Policy is to be read in conjunction with:

The Health and Safety Policy

Fire Risk (Prevention) Policy

Risk Assessment Policy

The Safeguarding Policy

Managing Children who are Sick, Infectious or with Allergies.