

# First Aid Policy

Effective from: September 2025

Authorised by: Mary Fysh; Principal, Sarah Tapp; Head and Martin Ayres; Chair of Advisory Body

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## FIRST AID

### RATIONALE

This policy is applicable to all pupils at the Avenue Nursery and Pre-Preparatory School, (The School), including those in the EYFS. The aim is to ensure that the standards set out in the Education (Independent School) Standards Regulations (2014) are met including the safe keeping of medicines. Reference is also made to Children Act 2004 and the outcomes listed therein with particular reference to health (Physical, mental and emotional).

First aid provision is governed by the Health and Safety (First Aid) Regulations 1981 and the DfE Guidance on First Aid, together with an Approved Code of Practice. Employers must ensure adequate first aid provisions are made for their employees; these will vary according to the nature of work undertaken on site and the number of personnel employed. It is necessary, therefore, to view this specific policy on first aid in the context of the school's overarching Health and Safety policy.

### RISK ASSESSMENT

The school, as part of its robust approach to Health and Safety will conduct regular overarching assessments of risks across the school and take action to respond to identify issues. In this connection, First Aid resources and expertise will be examined as part of routine processes to ensure that everything is in place to respond to individual and collective needs of pupils and staff.

### EQUAL OPPORTUNITIES

This policy applies to every member of the School Community regardless of gender, sexual orientation, race, ethnicity, ability, disability, SEN or faith background.

### TRAINING

The Designated First Aiders have undertaken the Designated First Aider training course which is renewed every 3 years. Regular INSET days are held to train all members of staff in paediatric first aid as required to give them a basic, minimum level of competence. This training is also renewed every 3 years.

Thus there is always at least one trained first aider on site and for all offsite visits. At least 3 trained paediatric first aiders accompany all EYFS trips. The number of certified first-aiders will not, at any time, be less than the number required by law.

A notice identifying who is the Appointed Person(s) for the School is displayed in the School to inform parents. New Staff to the School are required to complete the First Aid online training module (supplied by Educare for Education TES) as part of their induction to the School

## RESPONSIBILITIES

The Principal/Head is responsible for:

- ❖ making sure that all staff have appropriate training to support pupils with medical needs.
- ❖ making day to day decisions about administering medication.
- ❖ To review accident reporting and recording.
- ❖ for ensuring that parents are notified in the event that the school has been notified that one of its pupils has an infectious disease
- ❖ for providing anti-bacterial hand wash throughout the School for use by School staff and anti-bacterial spray for cleaning the tables used in the hall and classrooms. Children wash their hands in anti-bacterial wash prior to eating and after using the toilet in line with current government guidance.
- ❖ The tables used for lunch and snack are cleaned thoroughly before and after use. The activity tables in the hall are cleaned with antibacterial spray after each use. Classroom tables are cleaned similarly in line with government guidance.

## DESIGNATED FIRST AIDERS

- ❖ The Designated paediatric First Aiders are the persons responsible for ensuring that First-Aid boxes meet laid-down statutory requirements and satisfy current British Standards. He/she will check and restock all first aid boxes as necessary.
- ❖ To ensure that at least the minimum first aid equipment is always available in the First Aid Box together with the written first aid instructions. A note of all treatment/issues from the First Aid Box must be kept in a suitable book giving date, treatment, make and serial number of any item and name of recipient.
- ❖ To administer medicine to children at the School
- ❖ To give or arrange for any first aid.
- ❖ To review accident reporting and recording.

## OTHER MEMBERS OF STAFF

Staff must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If practitioners are taking medication which may affect their ability to care for children they must seek medical advice. The School will ensure that such practitioners only work directly with children if medical advice confirms that the medication is unlikely to impair the staff members ability to look after children properly. Staff medication on the premises must be securely stored and out of reach of children at all times. Please see the staff Code of Conduct.

- ❖ Staff should be aware of the children within the School who have allergies and/or other medical needs
- ❖ Staff who administer medication should be aware of possible side effects of the medication and what to do if they occur.
- ❖ Staff should follow the school's procedure for administering medication and recording relevant information as outlined below. All medicines administered by a member of staff should be witnessed by a second staff member and the consent form signed.

## PARENTS

- ❖ Parents or guardians have prime responsibility for their child's health and should provide the School with sufficient information about their child's medical condition and treatment or special care needed at school before the child first attends the School – by completion of the Medical Questionnaire (See Appendix 2 - Medical Questionnaire and Consent Form)

- ❖ Parents are responsible for making sure that their child is well enough to attend school. If a child has been sick and/or has a temperature, he/she should not be brought back to school until he/she has been well for 24 hours
- ❖ The parents should notify the School immediately if their child's medical condition changes, requiring different care and medication.
- ❖ Parents must notify the School if their child has an infectious disease and take medical advice as to the incubation period and when it would be safe for the child to return to School.

## FIRST AID BOXES

Supplies of first-aid materials will be held at the following locations in the School:

- ❖ Medicine cupboard in the Hall Disabled Toilet and
- ❖ Main Nursery Disabled Toilet

All First Aid boxes in the School have been restocked to comply with BS-8599-1 regarding Primary School First Aid kits. The first aid box which is kept in the staff room is the one which is taken on School trips.

Boxes are checked frequently to ensure that they are fully stocked and that all items are in a usable condition. Only specified first aid contents are allowed in first aid kits and boxes. The following information is displayed in each first aid kit:

- ❖ The name of the person responsible for its upkeep
- ❖ The contents of the first aid box and replenishing arrangements & date of replenishment.
- ❖ The location of the Accident Book - if access to Scholarpack is not available. - no internet.

## ADMINISTRATION OF MEDICINES

Staff will not administer any medication unless it has been prescribed by a doctor and the parent has signed a Consent form authorising staff or the Designated First Aider to administer the medication.

An exception to this general rule is the administration of either Calpol or Piriton in instances where a child has either had a sudden rise in his/her temperature or has suffered a bee/wasp sting. The School has been advised during a recognised First Aid course that both these actions are advisable in order to ensure the wellbeing of the child. Parents are asked to give consent to this effect when their child joins the School (see Appendix 1 & 2 - Medical Questionnaire and Consent Form). Other exceptions may be made in order to encourage regular attendance and full participation in school life, e.g. asthma, diabetes.

Prescribed medicines for chronic conditions and those for emergencies which have to be taken during school hours are kept in the fridge in the Nursery, Hall or Staff room in accordance with instructions accompanying the medicine in question. The school strongly advises that children on a course of medication stay at home until their course is finished. If necessary, the parent/guardian may be asked to come to school to administer certain medicines.

All medicines kept in school must be clearly labelled with: The child's name, the dosage and when it is to be administered. For any medication administered by a member of staff there must be written permission from the parents/guardians (see Appendix 2). The administration of any medicine [e.g. timings and dose] must be recorded on the medication consent form and the parents/guardians informed. Staff should be aware that one can overdose on inhaled drugs as with other medicines. It is particularly important that these procedures are followed as

incorrect administration of drugs may be construed as causing actual bodily harm. These procedures apply equally to school journeys for which record sheets are provided.

Inhalers for asthmatic pupils in the Foundation Stage will be kept in the First Aid Cupboard. The Key Stage 1 children's inhalers are kept in their classroom, out of reach of children, under the control of the Class Teacher. All inhalers must be taken on any School Trip.

## PUPILS WITH MEDICAL NEEDS

"A positive response by the school to a pupil's medical needs will not only benefit the pupil directly but can also positively influence the attitude of the whole class." (DfE)

Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be short-term; perhaps finishing a course of medication. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with some support from school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

A list of all children with any medical condition or allergy is kept in the School Office, Staff Room, First Aid Cabinets and with each first aid kit on the premises. Each class also has a list. This highlights the pupils in each class who have allergies etc and the appropriate treatment plan. The parents provide this information in the first instance when completing the Medical Form (see Appendix 1 & 2 - Medical Questionnaire and Consent Form) when their child joins the School. They are regularly reminded of the importance of keeping these details updated, in the event of any changes in their child's condition.

## SHORT TERM MEDICAL NEEDS

Many pupils will need to take medication at school at some time in their school life. Mostly this will be for a short period only; to finish a course of antibiotics or apply a lotion. To allow pupils to do this will minimise the time they need to be off school. **Medication should only be taken to school when absolutely essential.**

## LONG TERM MEDICAL NEEDS

It is important for the school to have sufficient information about the medical condition of any pupil with long term medical needs. The school therefore needs to know about any medical needs before a child starts school, or when they develop a condition. For pupils who attend hospital appointments on a regular basis, special arrangements may also be necessary. The school will draw up a written health care plan for such pupils involving the parents and relevant health professionals.

Any child who has been diagnosed with a serious allergy and prescribed an epipen is not allowed lunches from our Lunch provider, V&Me due to the possibility of food contamination e.g., with nuts/seeds etc. We ask all parents of children in this category to respect our policy and provide their child with a packed lunch.

An individual health care plan will be drawn up to identify the necessary safety measures to support pupils with medical needs and ensure that they, and others, are not put at risk.

## EDUCATION/HEALTH CARE PLANS (EHCP)

The main purpose of an individual health care plan is to identify the level of support that is needed at school. The school will agree with parents how often they should jointly review the health care plan, however, as a minimum this will be done annually

The people who may need to contribute to a health care plan are:

- ❖ The Principal
- ❖ The Cantabile Care Programme
- ❖ The parent or guardian
- ❖ The child (if sufficiently mature)
- ❖ The class teacher
- ❖ Care assistant or support staff (if applicable)
- ❖ School staff who have agreed to administer medication or be trained in emergency procedures
- ❖ The child's GP or other healthcare professionals (depending on the level of support the child needs)

## CHILDREN BECOMING ILL WHILST AT SCHOOL

If a child becomes ill whilst at School and it is considered by the Class Teacher that he/she is unable to continue to the end of the session, the parents are to be contacted and requested that the child be picked up from School as soon as possible. If necessary, the "Emergency Contact" (specified on the Registration and Consent Form) will be contacted if it is not possible to speak to the parents.

Whilst the child is waiting for the parent/carer, he/she will be taken to a quiet area in the School for First Aid treatment and recovery. His/her temperature will be taken and the parent/carer informed when the child is picked up from the School. Piriton or Calpol will be given if necessary

## ACCIDENT REPORTING

All incidents, which require treatment (however minor) are to be dealt with by an adult and should be recorded by him/her and reported to the class teacher. Parents will be informed of all accidents or injuries to their child and of any first aid treatment given. Parents must be informed on the same day as the incident or as soon as reasonably thereafter.

Minor accidents are recorded on the child's notes on our MIS System. Staff inform the parents in detail and offer to send a copy of the record to them by email.

Incidents, which require first aid to be given, must be recorded as an incident on the child's record within the MIS System. A copy of the incident and treatment given will be given to the Parents. Parents will be informed of any serious incidents immediately. Any accidents/incidents, which cause concern must be reported to the Principal.

If any other child was involved (e.g. a bite), his/her name should be noted. If a breach of discipline was involved, the teacher who witnessed the incident must record details on *the MIS System*

If the child is particularly upset by the incident he/she will be taken to a quiet area in the School for First Aid treatment and recovery and parents informed. The parents may be contacted in order to collect the child earlier than usual from School.

## SERIOUS ACCIDENTS INVOLVING CHILDREN

**Other, potentially more serious** injuries must be recorded, and the location of the injury as described on the "Incident Form" (kept in First Aid cupboard) and a record kept on the child's notes on our MIS System.. Staff will inform the parents immediately in detail and a copy of the record is given to the parents and signed by them as having understood what has occurred. The parents and school each keep a signed copy.

The parents are called immediately to collect their child ASAP as complications may develop after some delay and they are advised to see a doctor if the injury is considered more serious.

In the case of a serious accident, an ambulance is necessary (999). Parents must be contacted immediately in such cases: if no ambulance is needed, they will be asked to transport the child to hospital. If the parents cannot be contacted, the child will be accompanied to hospital using a car or taxi. The escort will take the child's Medical Consent form and stay at the hospital until the parents arrive.

In the event of a person collapsing on site or being seriously injured the nearest responsible person should dial 999 immediately. The Designated First Aider should be consulted whenever the injury appears serious or if there is any doubt about an injury.

Children who have fallen to the ground and injured themselves should not be moved until they do so of their own accord – to avoid exacerbating any injury.

The Principal and Headteacher along with the schools Designated First Aider will assess all staff, children and visitor accidents/incidents occurring on school premises to decide whether they need reporting to HSE. This will be done within 10 days of the incident

#### FIRST AID PROCEDURES

- ❖ Wounds should be washed immediately with plenty of water.
- ❖ A suitable dressing should be applied to cover the wound. Plasters can be used, when appropriate, unless a parent has notified the School on the Medical Consent Form that their child has an allergy to plasters. In such cases this would be noted on the Pupil Allergy list, a copy of which is kept in all first aid boxes. Serious bleeding is to be referred to one of the First-Aiders.
- ❖ Disposable gloves **MUST** be worn when dealing with blood or other body fluids, however slight. This is for your own safety and is **VERY IMPORTANT**. If you have any cuts or abrasions yourself, these should be covered at all times.
- ❖ Splashes of blood onto another child or adult should be washed immediately with water. For splashes into eyes, use water only.
- ❖ Soiled swabs or dressings and gloves used in treating wounds must be double- bagged before being thrown away.
- ❖ Spillage of blood and vomit should be cleared as quickly as possible using disposable gloves and aprons. Emergency spillage compounds (available in First-Aid kits) or ordinary household bleach freshly diluted 1:10 with COLD water (never hot) should be gently poured over the spill and covered with paper towels. If practical, leave the bleach for 30 minutes before wiping up with paper towels. All the waste, including the gloves and apron, should be double-bagged and correctly disposed of

Where vomiting or diarrhoea has been reported, parents are advised to keep their children at home for 48 hours after the symptoms have cleared. This approach will be in accordance with government guidance, including during a pandemic.

Parents of pupils are alerted if a child or adult in the School has been diagnosed with an infectious illness e.g. email to all parents with, if possible, a link to further information available on the web.

The School will take all necessary steps to comply with the Report of Injury, Diseases and Dangerous Occurrences Regulations 1995 [RIDDOR]. Report an Incident: <https://notifications.hse.gov.uk/riddorforms/Injury>

Maintenance of adequate accident records and the reporting of those necessary to the Health & Safety Executive will be the responsibility of the Health & Safety Representative, Principal or Head. All information will be kept for three years.

The School will arrange for all accidents and 'near misses' to be investigated to determine the need for any remedial action. The person responsible for deciding who will carry out the investigation is the Principal. Where appropriate, a copy of the report will be made available for discussion at the next Staff Meeting.

### What is RIDDOR?

RIDDOR stands for the **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013**. It requires businesses to keep records and report certain incidents to the Health and Safety Executive (HSE) that happen in relation to work. This also applies to schools, whether an accident happens to a member of staff or a student.

Not everything is reportable, but **it's important that incidents are recorded and reported as required**. Doing so enables authorities to hold workplaces accountable for failings in health and safety, as well as assess standards across the industry. This means they can prevent similar situations from occurring again and help keep people safe in the future.

Proper recording and reporting also enables the school to **evaluate our procedures**. It can help to identify and correct any safety issues, keeps the business compliant and everyone safe.

Failure to report an incident is breaking the law. It could result in serious consequences for your school.

Reporting to RIDDOR <https://www.hse.gov.uk/riddor/report.htm>

Incident reporting in schools: <https://www.hse.gov.uk/pubns/edis1.htm>

Guidance for Employers: <https://www.hse.gov.uk/pubns/edis1.pdf>

### EMERGENCY DEFIBRILLATOR

The School has a Zoll AED 3 Fully Automatic Defibrillator that is kept in the main Hall/Reception Classroom near the rear door. All staff are made aware of this and are trained on the use of the defibrillator as part of their Paediatric First Aid training.

Weekly visual checks are carried out by the school's designated first aider to ensure the defibrillator is in good working condition, not tampered with and the battery checked.

### EMERGENCY INHALERS

#### **Reasons why we do not keep emergency inhalers on site.**

We are a small Nursery and Pre-Prep school and cater for children from rising 3 to 7 years. Any child who has been diagnosed with asthma will have been provided with the appropriate inhaler by their doctor. These inhalers are documented, checked and kept at school for that particular child. Inhalers are checked each term that they are full and in date. Parents sign a consent form which gives us permission to treat their child's asthma.

Treating a child with un-prescribed inhalers also raises the question as to which inhalant should be given - salbutamol or Ventolin. A further concern is the way in which it might be administered. There are several methods including spacers, spin inhalers etc. To a young child who has never been given an inhaler before this could be quite distressing. Misdiagnosis of an asthmatic attack is also possible and treating with an inhaler could be detrimental to the child's health.

We take any child's prescribed inhaler with us on every school trip including visits to the swimming pool and around the school/playground.

## Appendix 1 - Medical Questionnaire

### MEDICAL INFORMATION

All known Disabilities							
Known Medical conditions							
<b>Vaccinations:</b> Please put a mark next to the vaccinations this child has received.							
BCG		Diphtheria		Pertussis (Whooping Cough)		Yellow Fever	
Hepatitis A		Hepatitis B		Pre- School Booster		Typhoid	
Meningococcal C		Polio		Tetanus		MMR	
Does your child have any medication that needs to be kept at school and administered? eg EpiPen						<div style="border: 1px solid black; padding: 2px; display: inline-block;">             YES    NO           </div>	
<i>If so, you will need to complete a consent form when delivering the medication to the school and in the case of inhalers and EpiPens, an additional detailed care plan needs to be completed and you will need to meet with the school first aider or class teacher. The forms are available on school website and/or from the school office.</i>							
Name of medication		Details					

*It is crucial that we are kept up to date of any changes*



## Appendix 2 – Parental Consent Form First page

# The Avenue Nursery and Pre-Prep School

## PARENT REQUEST & CONSENT FOR ADMINISTERING MEDICINES IN SCHOOL

*There is no legal or contractual duty on teachers to administer medicine or to supervise a pupil taking it. This is a purely voluntary role and is recognised as such by the Government. While teachers have a general legal duty of care to their pupils, this does not extend to a requirement to routinely administer medicines.*

The staff at the Avenue Nursery and Pre-Prep School will NOT be able to give your child medicine **unless it has been prescribed by a doctor** and you complete, sign and return this form personally to the teacher in charge with the required prescribed medication. A separate form is required for each medicine/prescription.

NAME OF CHILD		DATE OF BIRTH	
CLASS/YEAR GROUP			
MEDICAL CONDITION OR ILLNESS			

### Details of Medicine to be administered: NB Medicines must be in the original box (as dispensed by pharmacy)

Name/type medicine			
Dosage		Expiry date	
Date to be administered		Time to be administered:	
Method: e.g., Spoon/puffer		Self-administration:	Yes / No
Storage of medicine			
Are there any special precautions, possible side effects or current allergies that the school needs to know about?			
Contact details Name & Daytime telephone number(s)			

I, the undersigned confirm that:

- It is necessary to give this medication during the school day
- I agree to collect the medication at the end of the day/week/half term (delete as appropriate)
- This medicine has been given without adverse effect in the past
- The medication is in the original container indicating the contents, dosage & child's full name and within expiry date.
- The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine accordance with the schools Medicine Policy.

Parent signature \_\_\_\_\_

Date: \_\_\_\_\_

### **Appendix 3 - Medical Conditions, Additional Information**

#### ***Epilepsy***

Somewhere between 1 in 130 and 1 in 200 UK children have epilepsy and about 80% attend mainstream schools. Not all pupils with epilepsy experience major seizures (commonly called fits) and most of those who do will have them controlled by medication. Pupils should not unnecessarily be excluded from any school activity, but extra care and discreet supervision might be necessary in activities such as swimming.

If a major seizure does occur, unless the pupil is in a dangerous place, he/she should not be moved and nothing should be done to stop or alter the course of the seizure, other than to ensure that the pupil's airway is maintained at all times. No attempt should be made to restrain the pupil in any way, or to put anything in his/her mouth. Once the convulsion has stopped, the pupil should be put into the recovery position and allowed to recover.

#### ***Diabetes***

About 1 school age child in 700 has diabetes. The condition results if the person's normal hormonal mechanisms are unable to control the amount of sugar in the blood. This level needs to be monitored and 2 injections of insulin are normally needed each day to bring the level under control. It is also necessary to eat regularly. From an early age, children with diabetes are able to test their own blood sugar level and do their own injections. These injections are usually done before and after school. If a meal or snack has been missed, or if the pupil has been taking part in a particular strenuous activity, he/she might experience a hypoglycaemia episode, commonly known as a hypo. This happens when the blood sugar level falls too low. Symptoms will vary and these will be discussed when drawing up the pupil's health plan. It is important that in the event of a hypo some fast acting sugar, such as glucose tablets or a chocolate bar is given immediately. If after 10-15 minutes there is no sign of improvement, an ambulance should be called.

#### ***Anaphylaxis***

This is the name given to an extreme allergic reaction that requires urgent medical treatment. Nuts, fish and dairy products are the most common causes of allergy, but bee and wasp stings can also cause allergic reactions. In severe cases, these reactions can be life threatening, but they can be treated with medication. The most severe cases are normally treated with an EpiPen (a device that looks like a fountain pen) which is pre-loaded with the correct dose of adrenaline. The needle is not revealed, it is easy to use and is normally injected into the fleshy part of the thigh. For some children the timing of this injection is crucial and procedures must be in place to ensure that this can be swiftly done in the case of an emergency.

See following pages for information about asthma

## Asthma

Asthma is a condition caused by an allergic reaction in the lungs, often to substances such as dust, traffic fumes or animal hair.

Muscles surrounding the tiny wind pipes in the lungs go into spasm and constrict, making it very difficult for the child to breathe.

Most asthma casualties carry medication around with them, usually in the form of an inhaler. Ask the child's parents, but usually the *blue* inhaler is for 'emergency' use, opening the wind pipes to relieve the condition.

An asthma attack is a traumatic experience for any child, so reassurance and a calm approach from the first aider is essential.

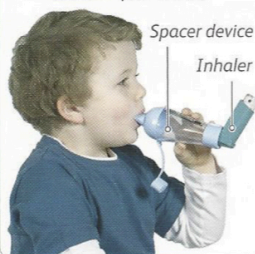
### Possible signs and symptoms

- Difficulty breathing.
- Wheezy breath sounds, originating from the lungs.
- Difficulty speaking (*will need to take a breath in the middle of a sentence*).
- Pale, clammy skin.
- Grey or blue lips and skin (*if the attack is very severe*).
- Use of muscles in the neck and upper chest to help the child breathe.
- The child may become exhausted in a severe attack.
- The child may become unconscious and stop breathing in a prolonged attack.



### Treatment of asthma attack

*Some children need a 'spacer device' because they can't take their inhaler all in one breath. Use one if available.*



- Help the child to sit upright, leaning on a table or chair if needed.
- Help the child to use their reliever inhaler. This can be repeated every few minutes if the attack does not ease.
- Try to take the child's mind off the attack – be calm, reassuring and make light conversation.
- If the attack is prolonged, severe, appears to be getting worse, or the child is becoming exhausted; **call 999/112 for emergency help.**
- Cold winter air can make an attack worse so don't take the child outside for fresh air!
- Keep the child upright – even if they become too weak to sit up on their own. Only lay an asthma attack casualty down if they become deeply unconscious.

## Appendix 4 - Further Information

Further information can be obtained from:

- **All About Asthma: School Pack** is downloadable from [www.asthma.org.uk](http://www.asthma.org.uk)
- **Allergy in Schools** is downloadable from [www.allergyinschools.org.uk](http://www.allergyinschools.org.uk)
- **Anaphylaxis – the Basic Facts** is downloadable from [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)
- **Diabetes in Schools** is downloadable from [www.diabetes.org.uk](http://www.diabetes.org.uk)
- **Information on Epilepsy** is available from [www.epilepsynse.org.uk](http://www.epilepsynse.org.uk)
- **Supporting Pupils with Medical Needs: A Good Practice Guide and Circular 14/96** are both downloadable from the teachernet website • [www.teachernet.gov.uk/whoeschool/healthandsafety/medical](http://www.teachernet.gov.uk/whoeschool/healthandsafety/medical)