



## LALEHAM LEA

A Catholic Independent Primary School for boys and girls aged 3 to 11

# LALEHAM LEA SCHOOL & NURSERY

## FIRST AID POLICY

*This is a whole school policy which applies to all sections of the school, including Early Years Foundation Stage, Out of School Care and Clubs.*

	Date	Signed
Date reviewed	January 2026	<i>M Reece</i> Head Teacher <i>C Edwards</i> Operations Manager
Ratified by the Board of Governors	January 2026	<i>Y Epale</i> Chair of Governors
Date of next review	January 2028	



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## **1 General Statement**

The definition of First Aid is as follows:

- In cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until help is obtained; and,
- Treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner or nurse.

This policy provides an overview of the statutory requirements and how these are met at Laleham Lea. All safeguarding and child protection policy guidelines must be adhered to both on and off the school site, when first aid is administered.

The policy applies to all pupils including those pupils covered by the Statutory Frameworks for the Early Years Foundation Stage (EYFS) 2021.

The responsibility for drawing up and implementing the First aid policy is delegated to the Headteacher, including informing staff and parents. However, implementation remains the responsibility of all staff in our school in order to keep children healthy, safeguarded and protected whenever they are in our care.

## **2 Guidelines**

School staff are expected to take reasonable action as responsible adults, to deal with injuries, etc. that children sustain until the child can, if necessary, receive professional medical treatment.

All first aiders have completed a training course, and hold a valid certificate of competence to show this. The school keep a register of all trained first aiders, what training they have received and when this is valid until (appendix 2).

The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

The following guidelines apply at Laleham Lea School:

- The school will always have at least eight trained first aiders. They are qualified in "Paediatric First Aid". This includes training on epi pens/auto injectors. .
- Staff have also undertaken training in Administering Medication.
- First aid & medical treatment is available in the School office.
- The First Aid Kit for school outings and sports fixtures is stored in the school office. The Lead First Aider for any activity or visit away from the school will be provided with relevant medical/medication information given by a child's parent/carer as part of the Risk Assessment for the visit/activity. The Lead First Aider will also have undertaken training in Administering Medication.
- The First Aid Lead (Operations Manager) is responsible for ensuring that the First Aid kits are correctly stocked and items past their expiry date are safely discarded.



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- The First Aid Lead is responsible for ensuring that auto-injectors, inhalers and any other medication left at the school by parents for children with allergies and medical conditions are in-date and stored safely.
- First aid information is available in the School Office, if in any doubt consult with the First Aid Lead and the Headteacher.
- Disposable gloves should always be used when dealing with blood and placed in the medical bin which is located in the downstairs staff toilet.
- If a child receives an injury which causes concern, parents will be informed and where appropriate given the option of coming to school to check the child themselves or leaving the child to recover and return to class.
- A record must be made in the accident book (which is kept in the School Office) of all injuries and actions taken. Statements may be required from staff involved.
- In the case of head bump injuries parents are always to be informed by telephone. If the injury is not serious the children are allowed to return to class and staff made aware of the bump. All head injuries/bumps are written up in the accident book.
- Any child that does go home as a result of an injury or illness should be recorded on the daily registers as having done so and the class teacher informed.
- Accidents to staff must also be reported to the Operations Manager and a record made in the Staff Accident Book.
- If an ambulance is required the Headteacher and First Aid Lead should be notified and parents contacted.

### **3 First Aid Boxes**

First aid boxes are kept in the following locations:

- Main School Office
- Nursery
- Kitchen
- School Mini Bus
- Art Room
- Reception Class Room
- Staff Room
- A First aid kit must be taken to PE/Sports Matches and on school trips

### **4 Medication**

If a child requires prescribed medicines whilst at school, written permission must be given for the medication to be administered (see Appendix 1 below). The medication must be provided in container with a pharmacy label stating the child's name and the required dose.

A pro forma must be completed stating the time the medication was given and the dose signed by the person giving the medication. The parent/carer is informed at the end of each day that the medicine has been administered as per the written request/permission. For special conditions, the same applies for generic medication.



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All medicines are kept in the School Office, in the locked medical cupboard, unless the label requires them to be kept in a fridge, in which case they will be kept in the staffroom fridge.

### **5 Inhalers (for pupil with conditions such as asthma)**

Inhalers should be named and kept in the medical cupboard in the School Office. All Inhalers are to be checked termly to ensure that they are still in date. When approaching expiry date, a replacement should be requested from the relevant parent. Inhalers should always be taken on school trips and it is the responsibility of the class teacher to ensure children have access to inhalers/medicines on any off-site visits. Inhalers should be taken to all PE & swimming lessons, whether these take place on site or off site. Parents are informed if a child has needed to take their inhaler.

### **6 Allergies**

Teachers are informed about children in their class who have an allergy or specific medical condition. All paediatric first aid trained staff have had auto-injector (EpiPen) training.

### **7 Guidance to Staff on Administering First Aid**

General reminders

- If in doubt, always call an ambulance first. If the signal on the mobile phone is weak dial 112 instead of 999 for the emergency services.
- Never put yourself in danger.
- Always endeavour to wear gloves, especially when there has been a spillage of bodily fluids.
- Spillage of bodily fluids should be mopped up with a paper towel and cleaned in an appropriate manner.
- Remember always to record a head injury and to report it as soon as possible to a parent/carer.
- Do not leave a child with a 'major' injury.

Calling an ambulance

Occasions when staff may decide to call an ambulance, if deemed necessary, include but are not limited to:

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

A pupil who needs to go to hospital by ambulance should always be accompanied by a member of the school staff, who should remain until the arrival of the pupil's parents.



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## **8 Automated External Defibrillators (AEDs)**

An AED is a machine used to give an electric shock when a person is in cardiac arrest, i.e. when the heart stops beating normally. Cardiac arrest can affect people of any age and without warning. If this happens, swift action in the form of early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person's life.

'Overall survival rates vary across the country, but range between 2% and 12%. However, survival rates as high as 75% have been reported where CPR and defibrillation are delivered promptly.

### The chain of survival

'In the event of a cardiac arrest, defibrillation can help save lives, but to be effective, it should be delivered as part of the chain of survival. There are four stages to the chain of survival, and these should happen in order. When carried out quickly, they can drastically increase the likelihood of a person surviving a cardiac arrest.

They are:

1. Early recognition and call for help. Dial 999 to alert the emergency services. The emergency services operator can stay on the line and advise on giving CPR and using an AED.
2. Early CPR – to create an artificial circulation. Chest compressions push blood around the heart and to vital organs like the brain. If a person is unwilling or unable to perform mouth-to-mouth resuscitation, he or she may still perform compression only CPR.
3. Early defibrillation – to attempt to restore a normal heart rhythm and hence blood and oxygen circulation around the body. Some people experiencing a cardiac arrest will have a 'non-shockable rhythm'. In this case, continuing CPR until the emergency services arrive is paramount.
4. Early post-resuscitation care – to stabilise the patient.

Anyone is capable of delivering stages 1 to 3 at the scene of the incident. However, it is important to emphasise that life-saving interventions such as CPR and defibrillation (stages 2 and 3) are only intended to help buy time until the emergency services arrive, which is why dialling 999 is the first step in the chain of survival. Unless the emergency services have been notified promptly, the person will not receive the post-resuscitation care that they need to stabilise their condition and restore their quality of life (stage 4).

The chain as a whole is only as strong as its weakest link. Defibrillation is a vital link in the chain and, the sooner it can be administered, the greater the chance of survival.' (Automatic external defibrillators (AEDs) a guide for schools DfE Publications April 2016)

### Location

At Laleham Lea the AED is located in the entrance area above the signing in book. It is in an alarmed case and is clearly marked with a standard sign for AEDs.

### Training



Although AEDs are designed to be used by someone without any specific training and by following step by step instructions on the AED at the time of use, staff who are first aid trained have covered this in their training. Appendix 4 contains information on 'How to Use a defibrillator' which is also available in the defibrillator box on the wall.

### Action Plan

The action plan to be followed if resuscitation is needed is set out in Appendix 3.

### Maintenance

Modern AEDs undertake regular self-tests and, if a problem is detected, will indicate this by means of a warning sign or light on the machine. The Operations Manager regularly checks the AED. The AED is kept with a number of accessories/consumables to ensure that it is always ready for use. Where necessary, these will be replaced after every incident.

## **9. Reporting to the HSE**

The Operations Manager will keep a record of any accident that results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Operations Manager will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

### **School staff: reportable injuries, diseases or dangerous occurrences**

These include:

- Death
- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding) which:
    - Covers more than 10% of the whole body's total surface area; or
    - Causes significant damage to the eyes, respiratory system or other vital organs
  - Any scalping requiring hospital treatment
  - Any loss of consciousness caused by head injury or asphyxia
  - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours



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- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Operations Manager will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
  - Carpal tunnel syndrome
  - Severe cramp of the hand or forearm
  - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
  - Hand-arm vibration syndrome
  - Occupational asthma, e.g. from wood dust
  - Tendonitis or tenosynovitis of the hand or forearm
  - Any occupational cancer
  - Any disease attributed to an occupational exposure to a biological agent
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
  - The collapse or failure of load-bearing parts of lifts and lifting equipment
  - The accidental release of a biological agent likely to cause severe human illness
  - The accidental release or escape of any substance that may cause a serious injury or damage to health
  - An electrical short circuit or overload causing a fire or explosion

**Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences**

These include:

- Death of a person that arose from, or was in connection with, a work activity\*
- An injury that arose from, or was in connection with, a work activity\* and where the person is taken directly from the scene of the accident to hospital for treatment

\*An accident “arises out of” or is “connected with a work activity” if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](#)

<http://www.hse.gov.uk/riddor/report.htm>



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### **Conclusion**

First Aid and minimisation of risk are everyone's responsibility. This policy will promote consistency and ensure clear guidelines and record keeping.

This policy will be reviewed every two years or as necessary following a change in regulation.

### **Links to Other Policies**

For further information please see the Health and Safety Policy and Educational Visits Policy

**Policy Reviewed January 2026**

**Next review date: Jan 2028**



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### Appendix 1

#### Request Form for School to Administer Medication

##### **FRONT OF FORM**

The school will not give your child medicine unless you complete and sign this form and the Head Teacher has agreed that the school staff can administer the medication.

##### **DETAILS OF PUPIL**

Surname \_\_\_\_\_ Forenames \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Class \_\_\_\_\_

Condition or illness \_\_\_\_\_

##### **MEDICATION**

Name/type of Medication \_\_\_\_\_

(as described on the container)

For how long will your child take this medication \_\_\_\_\_

Date dispensed \_\_\_\_\_

##### **Full Directions for Use**

Dosage and Method \_\_\_\_\_

Timing \_\_\_\_\_

##### **Special Precautions:**

Side Effects \_\_\_\_\_ Self Administration \_\_\_\_\_

Procedures to take in an emergency \_\_\_\_\_

##### **CONTACT DETAILS**

Name \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Relationship to Pupil \_\_\_\_\_

Address \_\_\_\_\_

*I understand that I must deliver the medicine personally to the School Secretary and accept that this is a service which the school is not obliged to undertake.*

Signature (Parent / Carer) \_\_\_\_\_ Date \_\_\_\_\_



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### BACK OF FORM

#### DETAILS OF PUPIL

Surname \_\_\_\_\_ Forenames \_\_\_\_\_

#### MEDICATION ADMINISTRATION

Name of medication administered \_\_\_\_\_

Time medication administered (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Medication administered by (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Self-medication supervised by (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Medicine or used medicine bottle returned to parent on \_\_\_\_\_

#### **Data Protection Statement**

For the purposes of the GDPR Regulations May 2018 (the 'Regulations'), Laleham Lea School is the data controller in relation to all personal information you provide on this form. Laleham Lea School is committed to protecting your privacy and processing such personal information in a manner which meets the requirements of the Regulations. For more information about Laleham Lea's privacy policy please refer to <http://www.lalehamlea.co.uk/sites/default/files/policies/Data-Protection-Policy.pdf>



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### Appendix 2



### QUALIFIED IN FIRST AID

Blended Paediatric First Aid including  
Emergency First Aid at Work  
(BLEPFA)



H Harshavardhan

Vicente Fuentes

Ruth Saville

Emma Pickett

Maeve O'Brien

Andrea Morbin

Pamela Prashad

Jemma Hogsden

Doreta Ivanova

Adeel Khan

Cassie Ting

Denise Hall

Amy Khan

Maria Reece

Ammara Khan

Carly Edwards

Caroline De Rosa

Emma Ladioo

Tina Byerley

Aneta Szobk



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### **DESIGNATED SAFEGUARDING OFFICERS**

Please be aware if any parent or member of staff has a concern about a child the Safeguarding Leads are as follows:

Mrs Khan (DSL)

Mrs Reece (DDSL)

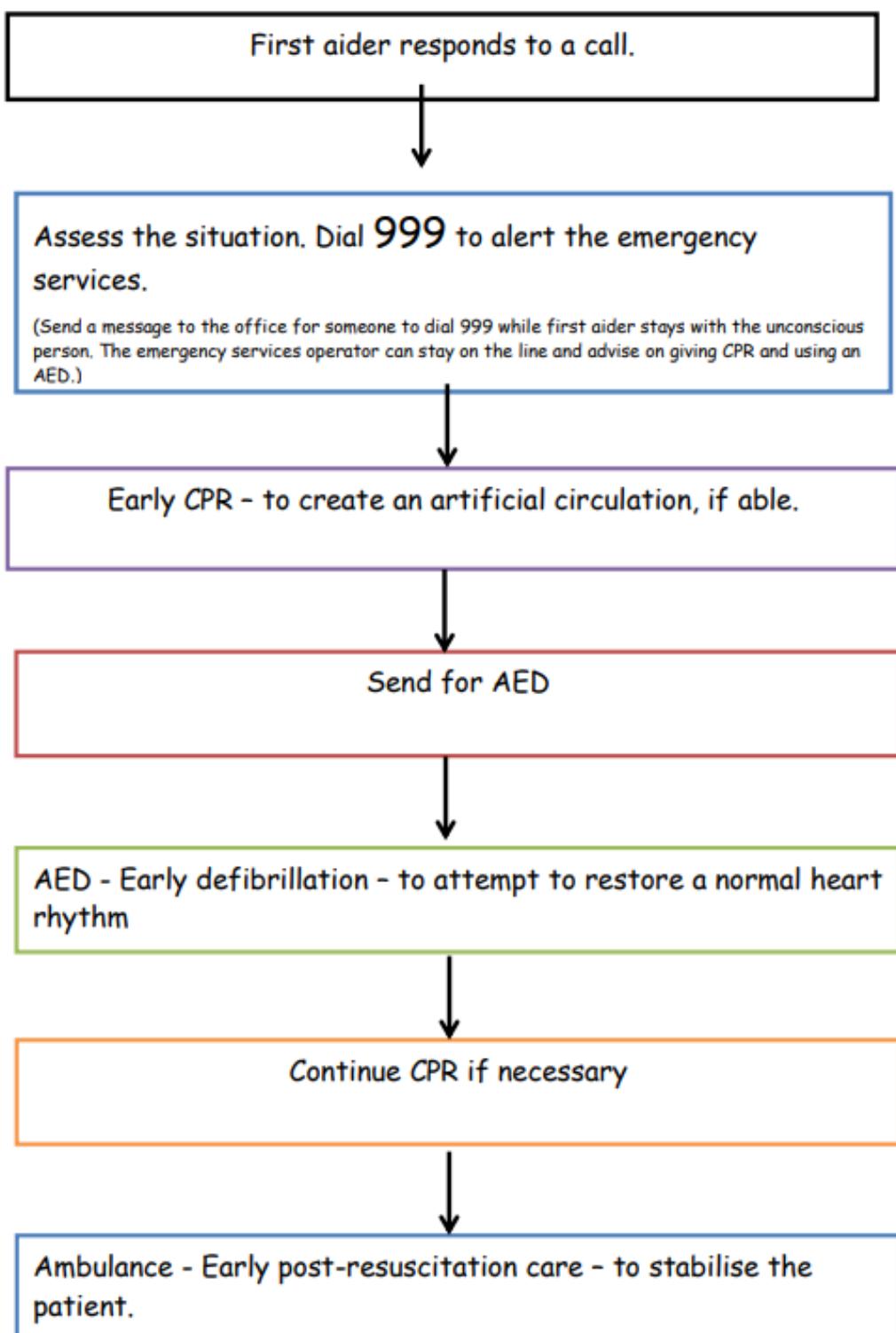
Mrs Saville (DDSL)



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### Appendix 3





## LALEHAM LEA

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### **Appendix 4**

#### **How to use a defibrillator**

By using a defibrillator before an ambulance arrives, you can significantly increase someone's chance of survival.

##### **Emergency advice**

This guide tells you how to use a defibrillator. For more information on what a defibrillator is, please read our Defibrillator guide for first time buyers. For more information on where to access a defibrillator and different casualty scenarios, please read our Defibrillators - guide for rescuers. Please visit our online shop if you would like to buy a defibrillator.

##### **What to do**

1. After performing a primary survey, and you find someone is unresponsive and not breathing normally, ask a helper to call 999 or 112 for emergency help while you start CPR. Ask a helper to find and bring a defibrillator, if available.
  - If you're on your own use the hands-free speaker on a phone so you can start CPR while speaking to ambulance control.
  - Do not leave a casualty to look for a defibrillator yourself, the ambulance will bring one.
  
2. When the helper returns with a defibrillator, ask for it to be switched on and to take the pads out, while you continue CPR. They should remove or cut through clothing to get to the casualty's bare chest. They also need to wipe away any sweat. The defibrillator will give you voice prompts on what to do.
  
3. They should attach the pads to the casualty's chest, by removing the backing paper. Apply the pads in the positions shown.
  - The first pad should be on the upper right side below the collar bone.
  - The second pad should be on the casualty's left side below the arm pit.
  
4. The defibrillator will analyse the heart's rhythm. Stop CPR and make sure no one is touching the casualty. It will then give a series of visual and verbal prompts that should be followed.
  - If the defibrillator tells you that a shock is needed, tell people to stand back. The defibrillator will tell you when to press the shock button. After the shock has been given the defibrillator will tell you to continue CPR for two minutes before it re-analyses.
  - If the defibrillator tells you that no shock is needed continue CPR for two minutes before the defibrillator re-analyses.
  
5. If the casualty shows signs of becoming responsive, such as coughing, opening eyes or speaking, and starts to breathe normally, put them in the recovery position. Leave the defibrillator attached. Monitor their level of response and prepare to give