First Aid Policy

Name	First Aid Policy
Regulatory or legal requirement addressed by policy	Blood-borne viruses in the workplace: guidance for employers and employees (Health and Safety Executive, 2001) Control of Substances Hazardous to Health Regulations 2002 (SI 2002/2677) Education (Independent School Standards) (England) Regulations 2014 (SI 2010/1997) First Aid at work: Health and Safety (First Aid) Regulations 1981: approved code of practice and guidance (Health and Safety Executive, 3rd edition, 2013) Health and Safety at Work etc Act 1974 Health and Safety (First-Aid) Regulations 1981 (SI 1981/917) Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) OEAP National Guidance May 2020 Benedict's Law
Policies referred to	
Approved by	Board of Governors September 2026
Policy owned by	Hannah Sheehy (Senior Deputy Head)
Date Effective From	September 2026
Date of next review	August 2027
Published on website	Yes

This Policy will be reviewed and updated annually or more frequently when there are changes in legislation and/or government guidance.

LONDON PARK SCHOOLS
CLAPHAM
MAYFAIR
SIXTH
HYBRID

Dukes EDUCATION

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Authority and circulation

1.1 This policy has been authorised by London Park Schools Limited (the **Company**) which operates London Park School Mayfair, London Park School Sixth and Hybrid @ LPS, (the **School**). It is available to parents and students and to all members of School Staff.

1.2 The arrangements within this policy (for example the number of First Aiders, Appointed Persons and First Aid boxes and the contents of First Aid boxes) are based on the results of a suitable and sufficient risk assessment carried out by the School in regard to all staff, students and visitors.

1.3 This policy is drafted in accordance with paragraph 3(6) of the schedule to the Education (Independent School Standards) (England) Regulations 2010 (SI 2010/1997), the Health and Safety at Work etc Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981 (SI 1981/917) and the *First Aid at work: Health and Safety (First Aid) Regulations 1981 approved code of practice and guidance*.

1.4 This policy can be made available in large print or other accessible format if required.

Definitions

First Aid: means the treatment of minor injuries which do not need treatment by a medical practitioner or Medical Officer as well as treatment of more serious injuries prior to assistance from a medical practitioner or Medical Officer for the purpose of preserving life and minimising the consequences of injury or illness. For the avoidance of doubt, First

First Aiders: are members of staff who have completed an approved First Aid course and hold a valid certificate of competence in First Aid at Work (FAW) or Emergency First Aid at Work (EFAW).

First Aid Guidance: is the *First Aid at work: Health and Safety (First Aid) Regulations 1981: approved code of practice and guidance* (L74 3rd Edition 2013) reissued with minor amendments 2018.

Appointed Persons: are members of staff who maybe qualified First Aiders who are responsible for looking after the First Aid equipment and facilities and calling the emergency services if required. Appointed persons should not administer First Aid unless they have a valid certificate (FAW) or (EFAW)

Staff: means any person employed by the School, volunteers at the School and self-employed people working on the premises.

Aims of this policy

1.5 To ensure that the School has adequate, safe and effective appointed First Aid provision in order for members of the community to be well looked after in the event of any illness, accident or injury, no matter how major or minor.

1.6 To ensure that all staff and students are aware of the procedures in the event of any illness, accident or injury.

1.7 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.

Who is responsible?

1.8 The Company as the employer has overall responsibility for ensuring that the School has adequate and appropriate First Aid equipment, facilities and First Aid personnel and for ensuring that the correct First Aid procedures are followed.

1.9 The Head delegates to the Deputy Head, Pastoral/First Aiders the day-to-day responsibility for ensuring that there are adequate and appropriate First Aid equipment, facilities and appropriately qualified First Aid personnel available to the School. The Medical Officer will regularly (at least annually) carry out a First Aid risk assessment and review the Schools' First Aid needs to ensure that the Schools' First Aid provision is adequate.

1.10 The Head is responsible for ensuring that all staff and students (including those with reading and language difficulties) are aware of, and have access to, this policy.

1.11 The Head delegates to the Admissions Manager responsibility for collating medical consent forms and important medical information for each student and ensuring the forms and information are made available to the Medical Officer.

1.12 The Head is responsible for ensuring that staff have the appropriate and necessary First Aid training as required and that they have sufficient understanding, confidence and expertise in relation to First Aid.

First Aiders: **The Head is responsible for ensuring that the School has the minimum number of First Aid personnel with reference to the advice given in Appendix 3 of the First Aid Guidance.**

4.7 The following staff have been completed a HSE approved First Aid course and hold a valid certificate of competence in First Aid at Work (**FAW**) or Emergency First Aid at Work (**EFAW**):

	Staff	Qualification
1	**Mr Nathan Mountford** (Director of Sixth Form)	EFAW
2	**Ms Christina Luke** (School Administrator Sixth)	FAW
3	**Mr Ben Watkins** (Teacher of Mathematics)	FAW
4	**Mr Stephen Pittard** (Head of English)	FAW
5	**Ms Sarah Lamont** (School Counsellor)	FAW
6	**Mr Marko Kezunovic** (Receptionist & Attendance Officer)	FAW
7	**Ms Viktoriia Hrybova** (Receptionist & Medical Officer)	FAW
8	**Ms Hannah Sheehy** (Deputy Head & DSL)	FAW
9	**Ms Gergana Dimitrova (**Teacher of Science& Exam Officer))	FAW
10	**Mr Sam Green** (Head of Sports)	FAW
11	**Ms Claudia Venneri** (Learning Enrichment Teacher)	FAW

The main duties of First Aiders are to give immediate First Aid to students, staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary. First Aiders are to ensure that their First Aid certificates are kept up to date through liaison with the HR Manger.

The First Aiders will undergo update training as required.

All staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury and ensure this policy is followed in relation to the administration of First Aid.

1.13 **Anyone on School premises:** Anyone on the School premises is expected to take reasonable care for their own and others' safety.

First Aid boxes

1.14 First Aid boxes are marked with a white cross on a green background. The content of the First Aid boxes will be determined by the Schools' First Aid needs assessment and stocked in accordance with *Workplace first aid kits. Specification for the contents of workplace first aid kits*, BS 8599-1:2019.

1.15 First Aid boxes are located at these positions around the School site and are as near to hand washing facilities as is practicable:

- First Aid Room – Lower ground floor 106
- Kitchen – Lower ground floor 106
- Science Prep Room – Lower ground floor106
- Science Labs x3 – Lower ground floor 106
- Reception – Ground Floor 106
- Staffroom – Ground Floor 106
- Art Room – Ground Floor 106
- Head's Office – First Floor 106
- PE Office – Second Floor 106

2 Learning Enrichment – Third Floor 106

All requirements for the First Aid kits are supplied by the Medical Officer and are checked weekly to ensure they are fully stocked.

2.1 **Off-site activities:** First Aid boxes for any off-site activities are kept in the Medical Room.

Epipen and Defibrillator Location

1.17 Epipens and the School's defibrillators are located in the school reception area. The Medical Officer and reception staff have access to the former.

Information on students

2.2 Parents are requested to provide written consent for the administration of First Aid and medical treatment before students are admitted to the School. This requirement will not prevent a child

of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.

2.3 The Medical Officer will be responsible for reviewing students' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a student's functioning at the School to the Form Tutor and First Aiders on a "need to know" basis. This information should be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of a student or other members of the School community.

Procedure in the event of illness

2.4 Students may visit the Medical Room or Reception Desk if they feel unwell. If a student is unwell during lessons, then they should consult the member of staff in charge who will assess the situation and decide on the next course of action. The student will, accompanied as necessary, go to the Medical Room. The Medical Officer will decide on the next course of action and provide First Aid as required. All First Aid administered is logged on the Daily First Aid Grid and Incident/Illness Book. If the Medical Officer is absent students should go to the Reception Desk.

2.5 On admission, the School will discuss with parents the procedure for students who may become ill or infectious.

Procedure in the event of an accident or injury

2.6 If an accident occurs, then the Medical Officer should be consulted. S/he will assess the situation and decide on the next course of action. If necessary, the Head, Deputy Head Pastoral or Head of Sixth Form should be called as soon as is possible. First Aiders can also be called if necessary and should be called if the Head or Deputy is not available immediately. However, minor the injury, the accident must be logged the Daily First Aid Grid and Incident/Illness book.

2.7 If the Medical Officer or First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid, then they should arrange for the injured person to access appropriate medical treatment without delay. This may involve calling for an ambulance or deciding to transport the injured person to A&E or access other appropriate medical services.

2.8 **Ambulances:** If an ambulance is called then the Receptionist and Caretaker should make arrangements for the ambulance to have access to the accident site. For the avoidance of doubt, the address and / or GPS co-ordinates should be provided, and arrangements should be made for the ambulance to be met.

2.9 Staff should always call an ambulance when there is a medical emergency and / or serious injury.

2.10 Examples of medical emergencies include:

- a significant head injury
- fitting, unconsciousness or concussion
- difficulty in breathing and / or chest pains
- a severe allergic reaction
- a severe loss of blood
- severe burns or scalds

- the possibility of a serious fracture.

2.11 Arrangements should be made to ensure that any student is accompanied in the ambulance, or followed to hospital, by a member of staff if it is not possible to contact the parents in time.

2.12 If a spillage of blood or other bodily fluids occurs, the Caretaker must be informed. They will then arrange for the proper containment, clear up and cleansing of the spillage site.

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

2.13 The First Aider should take the following precautions to avoid risk of infection:

2.13.1 cover any cuts and grazes on their own skin with a waterproof dressing;

2.13.2 wear suitable disposable gloves when dealing with blood or other bodily fluids;

2.13.3 use suitable eye protection and a disposable apron where splashing may occur;

2.13.4 use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;

2.13.5 wash hands after every procedure.

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

2.14.1 wash splashes off skin with soap and running water;

2.14.2 wash splashes out of eyes with tap water or an eye wash bottle;

2.14.3 wash splashes out of nose or mouth with tap water, taking care not to swallow the water;

2.14.4 record details of the contamination;

2.14.5 report the incident to the Registrar and take medical advice if appropriate.

10. Allergic Reaction

The school recognises that anaphylaxis is a medical emergency requiring immediate treatment with adrenaline and urgent medical assistance. Staff should follow the individual's Healthcare Plan and Allergy Action Plan where available. In cases of suspected anaphylaxis, adrenaline should be administered without delay and 999 called immediately. Spare adrenaline auto-injectors are held on site in accordance with the school's Allergy Policy.

Full procedures for allergy management, prevention, emergency response, staff training, incident reporting and the role of the Named Allergy Lead are set out in the School Allergy Policy.

Reporting

2.15 The First Aider should log the incident on the Daily First Aid Grid and Incident/Illness Report Book. All injuries, accidents/incidents must be logged in the same way..

2.16 **School Accident/Incident Recording:** All injuries, accidents, and dangerous occurrences (unless very minor) must be recorded on Daily First Aid Grid and Incident/Illness Report Book.. The date, time and place of the event must be noted with the personal details of those involved with a brief description of the nature of the injury or accident. What happened to the injured or ill person immediately afterwards should also be recorded.

2.17 If a child is involved in an incident but is not injured and first aid is not required, a log will not be necessary.

2.18 In the event of an investigation members of the Senior Leadership Team should be kept informed throughout the process.

2.19 **Off-site Accident/Incident Recording:** The First Aider will record on Daily First Aid Grid and Incident/Illness Report Book accident book every serious or significant accident that occurs off the School site if in connection with the Schools' activities. The School will keep a record of any accident or injury sustained and details of any First Aid treatment given to a student off the School site.

2.20 **Illness:** All illness will be recorded by the designated First Aider/Deputy Head, Pastoral within medical manager in iSAMS. Records should be stored for at least three years or if the person injured is a minor (under 18), until they are 21.

2.21 **Reporting to Parents:** In the event of accident or injury parents must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Head if necessary.

2.22 **Reporting to HSE:** The Company is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) (**RIDDOR**) to report the following to the HSE.

Accidents involving Staff

(a) Work related accidents resulting in death or 'specified' injury (including as a result of physical violence) must be reported immediately (major injury examples: any loss of consciousness caused by head injury or asphyxia; amputation); or

(b) work related accidents which prevent the injured person from continuing with his / her normal work for more than seven days; or

(c) cases of work-related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer); or

(d) certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

(e) accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:

(i) any School activity (on or off the premises)

(ii) the way a School activity has been organised or managed (e.g. the supervision of a field trip)

(iii) equipment, machinery or substances

(iv) the design or condition of the premises.

2.23 More information on how and what to report to the HSE, can be found in Incident reporting in schools (EDIS1 (revision 3)) and at http://www.hse.gov.uk/riddor/resources.htm.

2.24 It is possible to report online via the following link: http://www.hse.gov.uk/riddor/index.htm.

2.25 Fatal and specified injuries involving employees can also be reported 0845 300 99 23.

Administration of medication

2.26 All medicines supplied to the School by parents must be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration. Staff administering medication will check the student's name, their medical form on iSAMS, the name of the medication, the prescribed dose, the expiry date, the method of administration, the time/frequency of administration, any side effects and the written instructions on the container before providing the medicine to the student.

2.27 If Staff are in any doubt over the procedure to be followed, the parents will be contacted before action is taken.

2.28 If a student refuses their medication, the Staff will record this and contact the parents as soon as possible.

2.29 For students requesting non-prescribed medication, such as paracetamol/antihistamines, the school will contact parents in the first instance particularly in the mornings to ensure there is no overlap with doses that may have been taken before arrival.

Storage of medication

2.30 Medicines are always securely stored in accordance with individual product instructions.

2.31 The Schools will carry out a risk assessment to consider any risks to the health and safety of the School community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.

2.32 All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.

2.33 Emergency medication such as reliever inhalers and adrenaline pens will be kept in reception. In the case of medication, which is not required in an emergency, this will be stored in the medical room.

2.34 Students who do not carry and administer their own medication understand which members of staff will administer their medication.

2.35 If a student is prescribed a controlled drug, it will be kept in safe custody in a locked, non-portable container and only named staff and the student will have access.

2.36 Parents should collect all medicines belonging to their student at the end of each term and are responsible for ensuring that any date-expired medication is collected from the School. If medication is not collected despite reminders, it will be destroyed.

Self-medication

2.37 In the case of a special medical need where a student needs to carry their own medication, the school will liaise with the parents to ensure a secure risk assessment is in place. Requests for a student to carry medication should be submitted in writing to the School reception.

2.38 In normal circumstances, students must not carry their own medication, for example, paracetamol, ibuprofen, etc.

2.39 All medication should be handed in and administered by an appropriate member of staff.

Emergency procedures

2.40 In the event of an emergency related to the administration of medicine, the First Aider should be called as soon as possible, if not already present. The Child Emergency Action Plan should be followed. If the office does not consider that they are able to deal with the presenting condition, then they should continue any first aid or medical procedures being provided whilst another person summons emergency medical care. This does not, however, affect the ability of any person to contact the emergency services in the event of a medical emergency. Staff should always dial 999 for the emergency services in the event of a serious medical emergency before implementing the terms of this Policy and make clear arrangements for liaison with the ambulance services on the School site.

Off-site visits and sporting events

2.41 attending an off-site visit or sporting event will be accompanied by a member of staff who has received appropriate training to administer the medication in accordance with this Policy.

2.42 All students requiring preventative medicine (particularly for sport), if sufficiently competent to self-medicate, are responsible for carrying their medication with them. If not sufficiently competent, a member of staff shall carry the medication, individually labelled.

2.43 Secure storage for medicines will be available at all short-term accommodation used by the School.

Appendix 1: ADMINISTERING MEDICATION CONSENT FORM

Please refer to whole school Administration of Medicines Policy.

London Park School Mayfair will not be able to administer medicine unless you complete and sign this form.

Personal Details:

Student name (please print)_____

Date of Birth:_____Year and Form:_____

Medication:

Name of medication: _____

Expiry Date of medication: _____

Amount to be given: _____
Route of Administration: _____

Dates/Times to be given: _____

Any other information you think is relevant:

The above information is, to my best knowledge, accurate at the time of writing and I give consent to London Park School Mayfair Staff administering medicine in accordance with the school's policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if medicine is stopped.

Parent/Guardian signature: _____

Print name: _____

To be completed by reception only – In case non-prescribed medication was administered;

How did we seek the parent's permission? Via Email or phone call: _____

Who sought permission? _____

Name of person that witnessed the phone call: _____

What time was the approval received: _____

Please turn this page for Medication Administration Record

Name of Student:_____ **Date of Birth:**_____ **Year:** _____

Date of Administration	Time of Administration	Medication Administered	Dose Administered	Route of Administration e.g. orally	Any Reaction	Signature of Staff & Print name	Witness Signature & Print name

Appendix 2 - Students ***with allergies which may require the use of an adrenaline auto-injector pen*** (***AAI pen***) (e.g. Epipen)

Students ***with allergies which may require the use of an adrenaline auto-injector pen*** (***AAI pen***) (e.g. EpiPen, Jext or Emerade) are required to carry two in date AAI pens with them **AT ALL TIMES.**

The Medical Officer keeps several back-up AAI pens (EpiPens) in the Medical Area at both the Mayfair and Sixth Form sites for emergency purposes, e.g. if a student should forget their primary pens.

Sport staff and trip leaders also take spare EpiPens and asthma inhalers with them when students are off-site. Reception hold a signing in-and-out record of these.

Monitoring

2.44 The Head and Head of Operations will organise a regular review of the School's Accident and Illness Reports and iSAMS to take note of trends and areas of improvement. This will form part of the (at least)

annual First Aid risk assessment. The information may help identify training or other needs and be useful for investigative or insurance purposes. In addition, the Head will undertake a review of all procedures following any major incident to check whether the procedures were sufficiently robust to deal with the major occurrence or whether improvements should be made.