Lancing Prep Hove

A Lancing College Preparatory School

First Aid Policy

INCLUDING THE EYFS

(including administration of medicines)

2026-27

Introduction

This policy applies to the whole school, including the EYFS.

Reviewed November 2026 by Sophie White & Kirsty Keep

Next review: August 2027

AIMS

- To identify the first aid needs of the school in line with the Management of Health and Safety at Work Regulations 1999.
- To ensure first aid is always available while people are on school premises and off the premises whilst on school visits.

OBJECTIVES

- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the school's needs.
- To provide relevant training and ensure monitoring of training needs.
- To provide sufficient and appropriate facilities and resources.
- To inform the staff and parents of the School's First Aid arrangements.
- To keep accident records.

PERSONNEL

The Governors are responsible for the health and safety of their employees and anyone else on the premises. This includes all teaching and non-teaching staff, pupils, and visitors.
They must ensure that a risk assessment of the school is undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place.
They should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.

The Head is responsible for putting the policy into practice and for developing detailed procedures.

Teachers and other staff are expected to do all they can to secure the welfare of the pupils.

Appointed First Aider(s) must have completed and kept updated an approved training course.

They will:
- Give immediate help to casualties with common illnesses or injuries and those arising from specific hazards at school.
- When necessary, ensure that an ambulance or other professional medical help is called.
- Distribute medication where required. Parents or guardians sign a permission form via school post to confirm that they agree to their child / children being administered with non-prescribed medicine (e.g. Calpol) should it be necessary.
- Parents sign a form via school post to give permission for the school to administer prescribed medicines such as antibiotics to their children.

First Aid Information
All information regarding First Aid should be treated as confidential. However, certain information is needed for the safety of those concerned and is provided on a strictly need-to-know basis by the Appointed First Aiders.

PROCEDURES

Risk Assessment
Reviews should be carried out on a regular basis and recommendations needed to prevent risks forwarded to the Head and Governors.

Re-assessment of first-aid provision
- Head to review the first aid needs following any changes to staffing, buildings etc.
- Deputy Head to monitor the number of trained first aiders and alert them of the need to attend refresher courses.
- Deputy Head also monitors the emergency first aid training received by other staff and organises appropriate training.
- Wellbeing Lead checks the contents of the first-aid boxes on a regular basis.

Providing information
The Deputy Head will ensure that staff are informed about the school's first aid arrangements.

He will:
- Provide information for new staff as part of their induction programme.
- Ensure that any allergy information is available to all staff.
- Update the relevant handbook section if changes occur.

PROVISION

How many first-aid personnel are required?
The Head will decide on the number of first-aid personnel required. The school is a low-risk environment, but the Head will consider the needs of specific times, places and activities in deciding on their provision.

They should consider:
- Off-site PE
- Trips
- Science Labs
- Technology/Art rooms
- Out-of-hour provision e.g., clubs

Arrangements should be made to ensure that the required level of first-aid cover is available at all times when people are on the premises. At least one person with a current Paediatric First Aid certificate will be on the premises and available at all times when EYFS children are present.

There are three appointed first-aid personnel.
Julia Bridle
Emma Macpherson
Sophie White

We have 3 members of staff with Emergency First Aid at Work qualifications, 16 combined and 10 Paediatric.

All staff undergo regular training in first aid, including the use of EpiPens and defibrillators.

Qualification and Training
Appointed First aiders will hold a valid certificate of competence issued by an approved organisation. Lancing Prep train all suitable staff in first aid – this is arranged annually in a three-year cycle.

First-aid materials, equipment, and facilities
- First-aid containers are labelled clearly.
- Each school bus should carry a first-aid container.
- First-aid containers should accompany PE teachers off-site.
- First-aid containers should be kept near to hand washing facilities.

Spare stock should be kept in school.

Responsibility for checking and restocking the first-aid containers:
- In school, Wellbeing Lead (SW)
- On buses, the Transport Manager (KB)
- For off-site PE, Director of Sport (SA)

A suitably stocked first aid box must always be accessible.

Accommodation
Lancing Prep Hove has a Wellbeing Room situated on the first floor of the school. It has a sink and 'soft area' for pupils to recline.

Administration of medicines
Training is provided for staff where the administration of medicine requires medical or technical knowledge.

Medicine can be administered if it has been prescribed for a child by a doctor, dentist, nurse, or pharmacist (those containing aspirin should only be given if prescribed by a doctor). Written permission for the medicine must be obtained from the child's parent/carer via school post. (See Appendix 3).

Non-prescribed medicine, such as paracetamol, can be administered to a child as part of maintaining their health and wellbeing or when they are recovering from an illness. Written permission for medicines such as these is obtained from the child's parent/career on joining the school via the medical form on school post. Any medication that is non-prescribed (e.g. Ibuprofen) must have written permission. The administration of medicine is detailed in the med audit folder and an email is sent to parents each time it is given.

If a child is in need of medication within the first 4 hours of being in school, parents will be phoned to ensure that child has not had any medication earlier that day.

Medicine (both prescription and non-prescription) is only administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer in the EYFS.

The School will maintain at least two emergency contact numbers for each pupil wherever possible and parents are responsible for ensuring these details remain current.

For EYFS children, written parental consent must be obtained for each specific medicine before it is administered

Safeguarding Concerns

Staff should recognise that injuries, repeated accidents, unusual injury patterns, delayed presentation for treatment, neglect of medical needs, or explanations that are inconsistent with the injury may indicate a safeguarding concern. Any such concerns must be reported immediately in accordance with the School's Safeguarding and Child Protection Policy.

Storing of Medicines
Daily medicines from home (both prescription and non-prescription) are stored in a lockable cupboard in the school office. Daily medication provided by school is kept in a lockable drawer under the office desk. Extra stock of medicines such as Calpol and Piriton can be kept in a lockable cupboard in the wellbeing room if needed.

Emergency medications such as Inhalers and EpiPens are stored in a clearly labelled cupboard at the school office. Each medication is in an individual box labelled with a picture of the child, their name and form.

Arrangements for particular medical conditions
Any member of the school with particular medical conditions e.g. Asthma, Allergies, epileptic seizures etc. is required to provide the necessary personal medication which is stored in the school office medical cupboard by the Wellbeing Lead. When a child is taken off site, medication must be signed out using the signing out sheet and signed back in on return. For residential trips, parents are responsible for supplying school with at least one spare of each medication. This is to be held by the appointed first aider on the trip. The school may implement an Individual Healthcare Plan where appropriate

Allergy Management

The School recognises that allergies and anaphylaxis represent a significant medical risk and are managed in accordance with the School's separate **Allergy Awareness and Anaphylaxis Policy**. This policy details arrangements for:

- identification and recording of pupils with allergies;
- Individual Healthcare Plans where required;
- storage and administration of adrenaline auto-injectors (AAIs);
- staff training;
- educational visits and residential visits;
- catering arrangements;
- risk reduction measures across the school site; and
- emergency response procedures.

All staff are expected to familiarise themselves with the Allergy Awareness and Anaphylaxis Policy and follow the procedures contained within it.

Guidance on First aid incidents is at appendix 2 to this leaflet.

Spillage of bodily fluids.

Small spillage kits are kept in the wellbeing room. Minibuses also carry small spillage kits, but additional kits may be needed for extended journeys.

In the event of a spillage, the school will:
- Erect barriers and notices.
- Provide dedicated cleaning equipment. Chlorine-releasing disinfectant is suitable, e.g., hypochlorite solution.
- Provide appropriate PPE.
- Provide closeable containers and bags, labelled 'Clinical waste.'
- Provide buckets with disinfectant and long-handled brushes for personal decontamination at the exit point.

Control procedures

- Ensure a good standard of general ventilation.
- Scrape up residues into the closeable container, for safe disposal.
- Bag up contaminated material that needs laundry or disposal, e.g. bedding, clothing.
- Wash surfaces clean with detergent before disinfecting.
- Heavily fouled soft furnishings may need bagging for disposal as clinical waste.

Decontamination - Assume that everything that might be contacted by body fluids is contaminated.

- Clean and disinfect the area after the task.
- Change out of work clothing before exiting the area.
- Provide bags labelled 'Clinical waste – Biohazard' for all contaminated PPE.
- Disinfect or sterilise reusable work equipment.
- Ensure that waste from the cleaning of body fluids is disposed of safely according to local rules and regulations.
- Caution: If soiled, bag up work clothes for laundry as a separate load.

Clinical Waste

Clinical Waste is placed in a yellow bag and collected by the council.

General waste is placed in the surgery bins, either for recycling or for standard disposal.

First Aid Boxes/Kits and equipment

First aid boxes are provided by the College and are distributed and restocked by the wellbeing team, as necessary. The location of the boxes and any suitable signage is the responsibility of the school's Health and Safety Committee.

Staff members using items from First Aid boxes/Kits should seek replacement stock from the wellbeing team at the earliest opportunity. The wellbeing lead/assistant will check all First Aid Boxes/kits around the school regularly.

Main First Aid box locations:

- School office
- Kitchen
- Science Lab
- Art / DT room
- Food and Nutrition Room

Extra stock is kept in the Wellbeing Room.

Defibrillator:

A defibrillator is situated in the entrance to the Laurent Hall from the Astro and clearly sign posted. First aiders are trained to use it, and all other staff are informed of its location. It is checked regularly to ensure it is working correctly.

Vehicles used to transport students

First aid boxes will be provided in all the vehicles used for transporting students. Drivers using any items from the first aid box should inform the transport manager who will provide a replacement immediately after the vehicle has returned to school. The actual contents of the first aid boxes within vehicles will be determined by Legislation (The Road Vehicles [C & U] Regulations 1986, schedule 7).

Ambulance access

Should an Ambulance be required to attend an incident, contact is to be made by the fastest means via the 999 system. Please ensure the Ambulance service is given exact details of where they should go (front or rear of the school), and a guide is to be sent to meet the ambulance at the agreed point to direct it to the casualty by the shortest route

When to call an ambulance

- If an accident or incident occurs that is thought to be serious, telephone (9)999 and ask for the "Ambulance Service". If you are not near to a phone, send another person to the nearest phone to make the call and ask them to update you after the call. Examples of serious incidents could include allergic reactions which require the use of an EpiPen, fits and seizures, fractures and breaks and head injuries.
- If you are in any doubt about whether to call the ambulance, then do so anyway and allow them to decide whether to attend or not. They can advise you if it is not an emergency, but let them make that decision, **not** you.
- Inform the Head of the situation immediately. The First Aider will come and keep the pupil comfortable until the ambulance arrives. Send another person to direct the ambulance to the correct place. Please ensure the Ambulance service is given exact details of where they should go (front or rear of the school), and a guide is to be sent to meet the ambulance at the agreed point to direct it to the casualty by the shortest route
- If an ambulance does attend, arrange for somebody to accompany the injured person to hospital. The accompanying person should be a member of staff known to the child if possible or the pupil's parent.
- If an ambulance is not required then any minor injury or illness should be dealt with by the First Aider.
- Any pupil with a head injury must always be escorted by a member of staff. Parent/guardian must be informed.

- For any loss of consciousness, the child has to go to A&E, escorted by a member of staff and the parent must be informed.

Hygiene/Infection control
- Basic hygiene procedures must be followed by staff.
- Single-use disposable gloves must be worn when treatment involves blood or other body fluids.
- Care should be taken when disposing of dressings or equipment.
- The school runs a "Yellow bag" system where contaminated FA materials and waste can be disposed of correctly and safely.

Reporting Accidents
Certain accidents and injuries are reportable under RIDDOR (Reporting of Injuries, Diseases, Dangerous Occurrences Regulations). RIDDOR reportable injuries include:
- injuries and ill health involving employees.
- injuries involving pupils and other people not at work.
- dangerous occurrences.

Further guidance can be found on http://www.hse.gov.uk/pubns/edis1.pdf (Incident Reporting in Schools Accidents, Diseases and Dangerous Occurrences - Guidance for Employers).

The school keeps a record of all accidents and incidents that occur and grades them on a severity of 1 to 5. All accidents are reported to the Health and Safety Manager on the College Accident/Incident and Near Miss form (See Appendix 1) via the VLE. They will then determine if the accident is reportable under RIDDOR.

First aid records, medication records and accident reports will be stored securely and managed in accordance with UK GDPR, Data Protection legislation and the School's Records Retention Schedule. Medical information will only be shared on a need-to-know basis to safeguard the health and wellbeing of pupils.

Staff taking medicines
Teachers and teaching/nursery assistants must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If they are taking medication which may affect their ability to care for children, those teachers and teaching/nursery assistants should seek medical advice. We ensure that those practitioners only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly. Staff medication on the premises must be securely stored, and out of reach of children, at all times.

FIRST AID ARRANGEMENTS FOR OFF-SITE VISITS AND ACTIVITIES

Leaders or another adult member/s of the party should have adequate knowledge of first aid for the visit or activity being undertaken. The level of first aid cover deemed necessary for the activity or visit should be determined by risk assessment, it should be at an 'EFAW (Appointed Person)' status level as minimum.

Categories of Visit and First Aid Requirements
The level of knowledge, which may be required, will depend on many factors including:
- The result of the risk assessment conducted for the activity or visit to be undertaken.
- The nature of the visit, and whether it is residential – see below.
- Those involved, including experience, ability and training.
- The extent to which "outside" first aid assistance is available.
- The environment, and particularly the remoteness or otherwise of the location.

For children in the EYFS, there must be at least one person on outings who has a current pediatric first aid certificate.

Hence after Risk Assessment the activity should be categorised into one of the following levels of risk: -

Category A: Day trips, visits and sports in the local area
These are activities and visits within the local area which present no special risks and can be safely supervised by a leader judged competent to lead educational visits and sporting fixtures generally and where medical assistance is readily available or can be accessed reasonably quickly. Examples will include:
- Walking in parks.
- Field studies in non-hazardous environments.
- Sporting fixtures.

Category B: Outside local area or overnight but within UK
These are activities and visits outside the local area, but within the UK mainland, which present no special risks and can be safely supervised by leaders who have had more experience of leading these types of activities and are judged competent to lead educational visits and sporting activities generally. There may be a need for more formal First Aid experience/qualifications if assessed necessary in the risk assessment connected for that activity. Examples will include:
- Visits to museums and galleries in London.
- Participation in a non-hazardous sporting event in another town or location away from Brighton & Hove.
- Visits to theme parks.
- Field studies in other towns or cities.

Category C: Hazardous visits or activities and overnight abroad
These could include some of the following, but the Risk assessment will determine the level of First Aid cover required:
- Residential trips; and/or
- Any visit or activity deemed hazardous; and/or
- Visits abroad.
- Activities or visits involving persons deemed to be vulnerable.

On a Category C visit or activity, it is desirable that a fully certificated first aider be included in the party, unless provision is available at the location, and will be accessible to the party throughout their activities. In this case the journey must be covered by someone who is trained to EFAW (appointed person) level as a minimum.

In the 'wilderness', on Category C activities, when the normal emergency services will be more than 30 minutes travelling time by foot or 2.5 kilometers in distance at any time, in that terrain, the party must include a fully certificated first-aider trained for the relevant activity/terrain. The travelling time must take into account uphill sections and precipitous ground conditions, which would need to be traversed by the emergency services.

First Aid Equipment
For all visits and associated journeys, an appropriate first aid kit must be readily available, and its contents checked and replenished regularly.

Monitoring and Review

The Head, Wellbeing Lead and Governors will review:

- accident and incident records;
- near misses;
- RIDDOR reports;
- first aid provision and staffing levels;
- medication administration records;
- training compliance;
- trends relating to accidents, injuries and medical incidents.

Findings from reviews will inform risk assessments, staff training requirements and any amendments required to school procedures.

Appendix 1 (a representation of the online form)

Lancing College: Accident/Incident (or near miss) Record

Date Received

Report Number

1. About the person who received the accident

Name ..... Date of Birth .....

Address .....

..... Postcode .....

☐ Pupil (Give name of House/School) .....

☐ Member of Staff ☐ Visitor ☐ Contractor ☐ Member of Public ☐ Other

2. About the person filling in this report if different from above

Name .....

Address .....

..... Postcode .....

Position .....

3. About the accident, incident or near miss

Say when it happened. Date ...../...../..... Time ..... ☐ Sports injury

Say where it happened. State which room or place. .....

.....

a. How did the accident/incident happen? Please tick box below and explain on reverse.

- ☐ Slipped, tripped, or fell
- ☐ Cuts
- ☐ Burns
- ☐ Injured by handling, lifting, or carrying
- ☐ Hit something fixed or stationary
- ☐ Hit by moving, flying, or falling object
- ☐ Contact with moving machinery or material being machined
- ☐ Trapped by something collapsing
- ☐ Hit by a moving vehicle
- ☐ Contact with harmful substance
- ☐ Contact with electricity or electrical charge
- ☐ Exposed to fire/explosion
- ☐ Fell from height - how high was the fall? .....meters
- ☐ Physically assaulted by a person
- ☐ Injured by an animal
- ☐ Other type of accident (please explain on reverse)
- ☐ Incident (please specify)

.....

b. If the person who had the accident/incident suffered an injury, say what it was. Please tick injured part of the body:

☐ Head ☐ Eyes ☐ Neck ☐ Back and Spinal Cord ☐ Leg ☐ Ankle ☐ Arms ☐ Hands ☐ Other

Level of Seriousness

Please indicate which of the following describes this accident/incident most accurately:

- ☐ 1. No injury or minor injury
- ☐ 2. First Aid/Medical Centre
- ☐ 3. Hospital – detained for ..... Hours
- ☐ 4. Admitted as an in-patient/ off work or school for three or more days

(Requires further investigation from the Health and Safety Office)

Please continue here

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Please sign the record and date it.

Signature/p.p. ..... **Date** ...../...../.....

4. For the pupil/employee/visitor/contractor/member of the public

I give consent to Lancing College to disclose my personal information and details of the accident which appear on this form to representatives of College safety forums, in order for them to be able to carry out their health and safety functions across the organisation. **Yes / No**

Signature/p.p. ..... Date ...../...../.....

5. For the Health and Safety Office only

Complete this section if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

How was it reported? .....

Date reported ……/……/…… **Signature** ……

Appendix 2

Procedures for when a child becomes ill or has an accident:

Illness

- Child leaves lesson with permission from member of staff.
- Child goes to school office either alone or accompanied by another child.
- If the child has a headache, sore throat or stomachache, medication could be administered, and the child returns to class. Parents fill in a permission form for this when joining school. Please always check ISAMS to make sure the child has permission. Not all children can have medication, if you're in doubt call the parents and ask.
- Within the first 4 hours of the school day, parents must be contacted to check that the child has not taken any medication before arriving at school.
- Child's name, time and actions taken to be logged on ISAMS.
- If the child has a temperature or has vomited, then the parents need to be informed and requested to take the child home.
- If the child has vomited, then they are asked to remain at home for 48 hours.
- The child must be signed out in the office.
- The form teacher is also informed should the child leave the school.
- Fresh drinking water is always freely available to pupils.

Accident

- Child is brought to the school office by member of staff or another child.
- First aid is applied and, where necessary, the parents are informed.
- For EYFS children, parents/carers will be informed on the same day, or as soon as reasonably practicable, of any accident, injury or first aid treatment administered.
- All accidents are reported on the VLE by the member of staff who has witnessed the event.
- If the accident has not been witnessed by a member of staff, the school office personnel will complete the report on the VLE.
- In the case of an emergency the wellbeing lead is called and takes charge of treatment for that child.
- In the case of a suspected fracture or serious head injury, parents are advised to take the child to A and E. An accident report form is completed and filed by the health and safety manager.
- Parents are informed on the same day or as soon as is reasonably possible.
- For head injuries, an information email is sent home to parents via school post on the same day.
- For major incidents, complete the accident report form, contact the child's parents and advise the Head immediately.
- If required, the relevant HSE reportable paperwork will also be completed.
- The Injured Person (or their representative) fills in the Accident Report Form. This is sent immediately to the Bursary, and the accident / incident is investigated by our Health & Safety Manager. All accidents/incidents are reported to the Health & Safety Committee for review. (Actual names are not used in this report just whether it was a visitor, pupil or employee.)
- Where a serious accident, illness, injury or death occurs involving an EYFS child, the school will notify Ofsted and other relevant agencies in accordance with statutory requirements.

If there is an injury or incident that must be reported to the Health & Safety Executive, this should only be done by the Bursar's PA.

Guidelines for administering of First Aid

If in doubt about any injury, refer to the appointed first aid personnel.

All incidents must be reported in the green medical folder.

MINOR INJURIES

Sprains, grass burns, pulled muscles, "dead leg", strained ligaments, tendon damage etc.	Treated on site and reported appropriately.

POTENTIALLY SERIOUS INJURIES

Fractures	Rest - keep warm - support the injured part.
Eye Injury	Minor /Major trauma – irrigate with sterile water, refer wellbeing lead/assistant.
Head Injury	Stop - do not resume game/activity.
Suspect concussion?	Any pupil believed to have been concussed should seek medical advice to determine the length of time they remain absent from contact sport. Any pupil suspected of sustaining a concussion must be removed immediately from play or physical activity and must not return the same day. Parents will be informed and medical assessment sought. Any return to sport must follow current UK concussion guidance and any graduated return-to-play programme recommended by healthcare professionals.
Unconscious patient	Vital action is to ensure that patient is breathing easily. Place in recovery position to ensure an open airway. If breathing stops commence resuscitation.
Serious injury. Spinal Injury to neck or back should be considered if the casualty complains of severe pain at site of injury with loss of sensation below this and inability to move limbs below injury level. .	**DO NOT MOVE**. Call for the emergency services (9.999). Then send for designated first aider and send help for an ambulance. Keep warm by covering with available clothes and 'space blanket'. **DO NOT GIVE DRINK OR FOOD**

Specific Medical conditions

Asthma	Calm and reassure the casualty and help them to adopt a

	comfortable breathing position, not lying. Assist with administration of the casualty's own medication. If no improvement, call an ambulance.
Epilepsy	Protect the casualty from injury or harm. Once the seizure has stopped, check for breathing and place in recovery position/treat any injuries, if necessary, send for welfare officer. Monitor duration of seizure. If it is the casualties' first seizure an ambulance must be called.
Allergy	Assess the casualty and ask whether they know if they suffer from an allergy. **If yes**, assist them to take their medication. Help them to adopt a comfortable breathing position and send for the designated first aider or if not responding to medication call for the emergency services (9.999) first. **If not,** treat any symptoms and call the emergency services (9.999).
Diabetes	Assess the casualty and ask whether they know if they suffer from any medical condition or carry any medical information. Assist with administration of the casualty's own medication if they have it. If no improvement or no medication, contact the designated first aider or the emergency services (9.999) as appropriate.

Appendix 3

MEDICATION CONSENT FORM B (a representation of the online form)

Name of child				
Date of birth				
Form				
Medical condition or illness				
Medicine				
Name/type of medicine *(as described on the container)*				
Dosage and method				
Timing				
Special precautions/other instructions				
Are there any side effects that the school needs to know about?				
NB: Medicines must be in the original container as dispensed by the pharmacy				

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Lancing College Prep Hove staff administering medicine in accordance with the school policy. I will inform the school immediately if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

BN15 0RW
Registered in Cardiff Number 3779985. A Registered Charity Number 1076483

A School of the Woodard Corporation