



THE LATYMER SCHOOL

Founded 1624

FIRST AID AND WELFARE POLICY STATUTORY

(Based on the London Borough of Enfield First Aid and Welfare Policy and Guidance V5 (Schools), Personalised with Latymer School Procedures)

Statutory Policy Review by	Pupils and Personnel Committee, March 2026
Policy adopted	Full Governors' Meeting, March 2026
Review date of policy	March 2027

1. Introduction

The Latymer School is committed to providing high-quality health and safety, first aid and welfare support for all pupils, staff, visitors and contractors. This includes ensuring that first aid is delivered promptly and safely when injuries or illness occur, and that the school environment supports wellbeing through good hygiene, trained staff, appropriate medical facilities and clear procedures.

This policy outlines the systems, responsibilities and procedures which ensure that first aid and welfare needs are met during the school day, during extracurricular activities, and on off-site visits.

It brings together the requirements of national legislation, Local Authority guidance, and Latymer's own established practices.

2. Legal and Guidance Framework

This policy reflects the following statutory and advisory frameworks:

- Health and Safety (First Aid) Regulations 1981
- Management of Health and Safety at Work Regulations 1992 & 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Social Security (Claims and Payments) Regulations 1979
- School Premises (England) Regulations 2012
- Schools Health and Safety Team's Accident Reporting and Investigation Policy Arrangements – Schools (Smartaa)
- DfE guidance: *First Aid in Schools*
- DfE guidance: *Supporting Pupils with Medical Conditions* (2015)
- DfE Automated External Defibrillators Guidance (A Guide for Schools 2025)
- Local Authority *First Aid and Welfare Policy and Guidance V5 (Schools)*

These frameworks require schools to provide adequate equipment, facilities and trained staff to respond to illness and injury.

3. Equality Statement

The Latymer School is committed to ensuring fair and equal access to first aid and welfare for all pupils. When implementing this policy, the school considers the needs of pupils with disabilities, medical conditions, SEND needs or other vulnerabilities, and ensures reasonable adjustments are made where required.

4. Roles and Responsibilities

4.1 Governing Board

The Governing Board has strategic oversight of first aid and welfare provision. It ensures that the school complies with legal requirements, reviews provision annually and receives periodic reports on first aid training, incidents and equipment.

4.2 Headteacher

The Headteacher ensures adequate staffing levels of trained first aiders, that staff understand and follow procedures, that appropriate risk assessments are in place, and that required facilities for medical treatment are available. The Headteacher ensures that statutory reporting, including reporting to the HSE or UKHSA, is carried out when required. **4.3 Senior Assistant Headteacher – Care, Guidance & Support**

This role includes leading the annual First Aid Needs Assessment, overseeing first aid arrangements, ensuring regular audits of equipment and rooms, and coordinating training.

4.4 Welfare Assistant

The Welfare Assistant coordinates daily first aid response, provides or arranges immediate care, ensures first aid kits and AED equipment are stocked, contacts emergency services when needed, liaises with parents, and maintains records of accidents and treatments.

4.5 First Aiders and Emergency First Aiders

First aiders provide immediate care in response to injury or illness, assess whether advanced support is required, remain with the casualty until help arrives, and complete first-aid records the same day.

4.6 Appointed Person

Where a first aider is not immediately available due to unforeseen circumstances, the appointed person looks after first aid equipment and calls the emergency services. They may only provide care within the limits of their competence.

4.7 All Staff

All staff must know how to summon first-aid help, follow school procedures, and report incidents or hazards promptly.

5. First Aid Needs Assessment

Each year the school completes a detailed First Aid Needs Assessment. This considers:

- Number of pupils and staff
- Building layout and travel distances
- Curriculum risks (Science, DT, PE)
- Medical and SEND needs within the school population
- Previous medical/accident patterns

- Off-site visits and residential trips
- Mental health first aid considerations
- Adequacy of first-aider numbers and locations

The assessment determines the number, level and placement of first aiders; equipment needs; AED placement; and any additional training required.

6. On-Site First Aid Procedures

When an incident occurs on school premises, the nearest responsible adult ensures the area is safe and immediately contacts the Welfare Assistant or school office. A qualified first aider attends promptly.

On arrival, the first aider assesses the casualty, provides treatment, and decides whether further assistance or emergency services are required. Pupils who are too unwell to remain at school are collected by parents, who are informed of the situation and advised on next steps.

All treatments and decisions are recorded the same day.

7. Ambulance and Hospital Procedures

Situations requiring rapid escalation (such as unconsciousness, breathing difficulties, suspected fractures, significant bleeding, severe allergic reactions or seizures) will result in a 999 call.

Where a pupil is transferred to hospital, parents/carers are contacted at the earliest opportunity.

Parents/carers will be asked either to accompany their child to hospital from the school grounds or, if the ambulance arrives before they do, to meet their child and a member of staff at the hospital at the earliest possible time. In situations where an ambulance is not required, a parent/carer is called and asked to accompany their child to their GP or to A&E for further medical assessment.

If non-emergency hospital transport is necessary and a staff member transports a pupil in their own vehicle, child-restraint laws must be followed, and the staff member must have appropriate insurance.

8. Off-Site Visits and Fixtures

Staff taking pupils off site ensure they have:

- A portable first aid kit
- Relevant Individual Healthcare Plans (IHPs)
- Emergency medication (e.g., inhalers, AAls)
- A means by which the school office can contact them on their personal phone if necessary

A trained first aider is present on all residential visits and is preferable on all trips. Leaders record any treatment or incidents and report them to the Welfare Assistant upon return.

9. School Medical Room

Therefore, there are no legal requirements to provide a first aid or medical room unless the need is identified by a risk assessment. The school welfare office (medical room) is maintained to meet Local Authority expectations. It is accessible, clearly identified, near a toilet, contains hot and cold water, a treatment couch and seating, impervious flooring, and adequate ventilation, heating and lighting. It is cleaned daily and contains a first-aid record book and essential equipment.

10. First Aid Equipment

10.1 Standard First Aid Kits

The contents of a First Aid box are determined by risk assessment. As a guide, each kit contains the minimum recommended Local Authority items, including:

- Plasters (assorted sizes)
- Sterile eye pads
- Medium and large sterile dressings
- Finger dressings
- Burn dressings
- Cleansing wipes
- Triangular bandages
- Conforming bandages
- Safety pins
- Adhesive tape
- Clinical waste bags
- Disposable gloves
- Face shield
- Tuff-cut scissors
- Emergency blankets
- Access to a body-fluid spill kit

Cold compresses are included for sports use only. Medicines must not be kept in first aid kits.

First aid kits are stored in all required areas including the Medical Room, Reception, Small Hall, Sixth Form area, Art, Science laboratories, DT rooms, the Sports Hall, Mills Building, school kitchens and school vehicles.

10.2 Travelling First Aid Kits

The HSE recommend that, where there is no special risk identified, the off-site first aid first aid kit will include:

- Sterile plasters
- One medium sterile dressing
- One triangular bandage
- Safety pins
- Cleansing wipes
- Disposable gloves

Additional items may be added depending on the nature of the activity.

11. Automated External Defibrillators (AED)

The school maintains one or more AED units, which are checked monthly to confirm the device is functioning correctly and that pads and batteries are in date. Locations are clearly signposted and colleagues are aware of how to access and use the devices. A maintenance log is kept.

12. Managing Medicines

Medicines are administered in accordance with statutory guidance (Supporting Pupils at school with Medical Conditions DfE, 2014 - updated 2017). The school will only administer medicines when failing to do so would be detrimental to a pupil's health or attendance.

Parents must provide written consent for non-emergency medicines. Prescribed medicines must be in the original container (except insulin pens/pumps), labelled and in-date.

Medicines are stored securely in the Welfare Office, with refrigeration where required. Pupils may carry their own inhalers or AAI's where appropriate. Backup inhalers and AAI's are stored in the Welfare Office, the Dining Hall Office, the Sports Hall Office and the Music Office.

Controlled drugs are stored securely, accessible only to authorised staff, and their administration is recorded carefully.

Unused medicines are returned to parents, and sharps are disposed of in approved sharps boxes.

13. Allergies, Asthma and Adrenaline Auto-Injectors

For full guidance on managing allergies, anaphylaxis, and the use of emergency auto-injectors, please refer to The Latymer School Allergy Policy.

The school can administer its spare AAI in emergencies when parental consent and medical authorisation are in place. Staff follow the device instructions, applying firmly to the outer thigh and holding for 10 seconds. Emergency services are called immediately.

Pupils with asthma may use the emergency salbutamol inhaler with parental consent and appropriate diagnosis.

On all visits, pupils must bring their own inhalers and AAIs, and staff carry IHPs where relevant.

14. Administration of Pain Relief Medicines

The school may administer over-the-counter pain relief, including paracetamol and ibuprofen, in line with Department for Education guidance on first aid in schools and Health and Safety Executive guidance on safe practice. Pain relief will only be given with written parental consent recorded on the School Information Management System, and staff will seek verbal confirmation from a parent or carer on the day whenever possible to ensure that no earlier dose has been taken.

Pain relief must never be administered without first checking the maximum dosage for the pupil's age/weight and confirming when the previous dose was taken. Parents or carers will be informed whenever pain relief has been administered.

Paracetamol is the preferred option for most pupils; ibuprofen may only be given where a parent or carer has specifically authorised its use, recognising that ibuprofen carries a risk of internal bleeding after trauma or in pupils with certain medical conditions. Staff will not make clinical judgements and will follow the school's medication procedures and any Individual Healthcare Plans.

All administration of pain relief is recorded immediately, including the pupil's name, medicine, dose, time, and the staff member administering it. Pain relief medicines are stored securely in the Welfare Office and are not kept in first aid kits.

Where a fracture or serious injury is suspected, the priority is to immobilise the injury and seek prompt medical attention. The school will contact a parent or carer immediately to seek consent for pain relief if a break or fracture is suspected, and medication will only be given if consent is confirmed and the pupil is in clear distress. Pain relief will not be administered if doing so risks delaying or complicating clinical assessment.

15. Infection Control

Basic hygiene precautions are followed at all times. Staff:

- Wear disposable gloves and aprons when dealing with wounds or bodily fluids
- Cover cuts with waterproof dressings
- Wash hands thoroughly before and after treatment

- Avoid sharps injuries
- Use resuscitation aids where possible

If a needlestick injury or bite occurs, the wound is encouraged to bleed, washed in soapy water, covered, and medical advice is sought.

16. Spillages of Body Fluids

Areas are isolated until cleaned. Staff wear gloves and aprons.

On hard surfaces, spills are covered with paper towels and a 1:10 household bleach solution is applied before wiping clean and drying thoroughly.

On carpets and soft furnishings, hot soapy water is used instead of bleach.

All waste is disposed of in yellow clinical-waste bags.

17. Clinical Waste Disposal

Clinical waste is separated from general waste. Small amounts of contaminated material may be placed in sanitary bins; larger quantities are sealed in yellow clinical-waste bags for collection by the school's licensed contractor. Sharps are placed in approved sharps boxes.

18. Reporting and Record Keeping

All accidents and first-aid treatments are recorded on the same day. Records are retained for at least three years.

Parents are informed of significant or potentially serious incidents the same day. During emergencies, established communication procedures with parents are followed.

Please refer to the Schools Health and Safety Team's Accident Reporting and Investigation Policy Arrangements – Schools (Smartaa) for further information.

19. RIDDOR Reporting

The school reports RIDDOR-qualifying incidents to the HSE, including:

- Specified injuries
- Hospital treatment resulting from work-related activities
- Staff injuries resulting in more than 7 days of absence
- Dangerous occurrences
- Occupational diseases

Pupils or visitors are reportable if an accident arises out of or is connected with school activities and they are taken directly to hospital.

20. Notifiable Diseases

Any notifiable diseases identified on site are reported promptly to the UKHSA Health Protection Team and the Local Authority Health & Safety Team is informed where appropriate.

21. Catering and Food Handler Requirements

Food handlers must follow rigorous hygiene standards. Hands must be washed before handling food, after using the toilet, and after handling raw products. Cuts must be covered with blue waterproof dressings.

Food handlers must not work if suffering from diarrhoea, vomiting, fever, or septic sores. Such illnesses must be reported to managers and may require notification to Occupational Health or Environmental Health. Some infections require exclusion until medical clearance.

Staff must be symptom-free for at least 48 hours before returning to food duties.

Contracted catering providers must follow these standards.

22. Training


The Welfare Assistant is responsible for identifying staff who require First Aid at Work (FAW) and Emergency First Aid at Work (EFAW) First Aid qualifications. Certificates are valid for three years and must be renewed before expiry. Annual skills-update training is recommended. A register of trained first aiders is maintained and updated regularly.

23. Monitoring and Review

First-aid kits are checked termly, travelling kits before each off-site visit, and AEDs monthly. Medical rooms are inspected regularly.

This policy is reviewed annually by the Senior Assistant Headteacher – Care, Guidance & Support and approved by the Governing Board.

APPENDIX 1 – First Aid Provision (Needs) – Assessment Sheet

First Aid Provision - Assessment Sheet		
Premises address:	Team(s) based at the premises:	
Number of floors:	Premises coordinator for the site:	
Which of the aspects (outlined above) would imply a greater need for new or additional first aiders		
	Y / N	COMMENTS
More than 50 employees working at the premises		
Member of public on site (pupils, service users etc.)		
Vulnerable employees and members of public on site) on site (young / disabled etc)		
Hazardous work undertaken on site		
Does the site feature: convoluted layout / multiple floors /		
Does the site feature excessive / remote travel distances for the ambulance service		
Number of first aiders required for the premises (see guidance): 	Headteacher:	
	Signed:	
	Date:	
List of current first aiders for your premises		

Action			
Additional requirements		Training to be completed by:	Actual completion date of training:
New First Aider at Work training (3-day training)			
Emergency first aider training (1day training)			
Paediatric first-aider training (2-day training)			
Comments:			

Appendix 2: list of trained First Aiders & EpiPen trained

SURNAME	FORENAME	Expiry Date
Fran	Brown	07/10/2028
Kalaora	Sigal	14/04/2027

Appendix 3: list of Emergency First Aiders at work & EpiPen trained

Name	Surname	FIRST AID COMPANY	Expiry Date
Catherine	Edwards	STS Complete Health & Safety	14/04/2027
Ronny	Jaehne	STS Complete Health & Safety	07/10/2028
Andrius	Savcenko	STS Complete Health & Safety	14/04/2027
Britta	Reinecke	STS Complete Health & Safety	03/10/2028
Kristina	Greally	STS Complete Health & Safety	07/10/2028
Lewis	Billington	STS Complete Health & Safety	14/04/2027
Aurele	Bourin	STS Complete Health & Safety	07/10/2028
Fethi	Berkkun	STS Complete Health & Safety	14/04/2027

Louise	Cook	STS Complete Health & Safety	05/11/2027
Beth	Fenner	STS Complete Health & Safety	14/04/2027

Alyona	Altseva	STS Complete Health & Safety	14/04/2027
Tamara	king	STS Complete Health & Safety	14/04/2027
Kerem	Ali	STS Complete Health & Safety	14/04/2027
Lorraine	Frain	STS Complete Health & Safety	14/04/2027
Mary	Manion	STS Complete Health & Safety	14/04/2027
PJ	Russel	STS Complete Health & Safety	14/04/2027
Simon	Pashley	STS Complete Health & Safety	14/04/2027
Steve	Miles	STS Complete Health & Safety	14/04/2027

Sue	Hassan	STS Complete Health & Safety	14/04/2027
Maria	Gomes Shahin	STS Complete Health & Safety	03/10/2028
Simon	Fouracre	STS Complete Health & Safety	07/10/2028
Angele	Mparia	STS Complete Health & Safety	04/10/2028
Natash	Owen	STS Complete Health & Safety	06/10/2028
Loretta	Di Paula	STS Complete Health & Safety	15/04/2027