First Aid Policy

Mission Statement

Botwell House Catholic Primary School is distinguished by the care, courtesy and concern extended to all its members, regardless of cultural differences and strives to follow the teachings of Jesus Christ to:

"Love one another as I have loved you"

Through an effective partnership between home, school and parish and through a broad and balanced curriculum, each valued individual is encouraged to grow in their journey of faith and strive towards excellence.

Botwell House Catholic Primary School seeks to ensure that all pupils receive a full-time education which maximises opportunities for each pupil to realise his/her potential.

Current revision:	26.03.2025
Date for further revision:	26.03.2027
Delegated to:	FGB
Reviewer:	Mrs Kim Ramsey

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1. Aims:

The aims of this policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2. Legislation and guidance:

This policy is based on the Statutory Framework for the Early Years Foundation Stage and advice from the Department for Education on first aid in schools and health and safety in schools , and the following legislation:

- The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The School Premises (England) Regulations 2012, which require that suitable space is provided to cater for the medical and treatment needs of pupils.

3. Roles and Responsibilities:

In schools, such as ours, with Early Years Foundation Stage provision, at least 1 person who has a current paediatric first aid (PFA) certificate must be on the premises at all times.

Beyond this, in all settings – and dependent upon an assessment of first aid needs – employers must usually have a sufficient number of suitably trained first aiders to care for employees in case they are injured at work. However, the minimum legal requirement is to have an 'appointed person' to take charge of first aid arrangements, provided assessment of need has taken into account the nature of employees' work, the number of staff, and the location of the school. The appointed person does not need to be a trained first aider.

Section 3.1 below sets out the expectations of appointed persons and first aiders as set out in the 1981 first aid regulations and the DfE guidance listed in section 2.

3.1 Welfare Officer (Appointed person) and first aiders

The school's Welfare Officer (appointed person) is Kim Ramsey, she is responsible for:

- All advice and guidance listed above in Section 2
- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits

- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Taking Responsibility for the training and renewal of First Aiders. Ensuring they are qualified to carry out the role (see section 7) and are responsible for acting as first responders to any incidents; they will assess the situation where there is an injured or ill person and provide immediate and appropriate treatment.
- Sending pupils home to recover, where necessary (and communicating this to the headteacher).
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident

The Welfare Officer can deputise any member of staff as long as they are suitably trained and competent to carry out all the duties herewith.

All PFA trained staff are listed on the school website for reference at any time. They are also identifiable by having a badge on their lanyard (see picture, right).

3.2 The Governing Board

The Governing Board has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's Governing Board.

The Governing Board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.3 The headteacher

The headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of trained first aid staff are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary.

3.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Bringing sick or injured children to the Welfare Office, or seeking their attendance when illness, condition or injury necessitates the child remain in place
- Ensure that any children who have been injured and remain in school are checked on throughout the day

- Inform the Welfare Officer whenever parents notify the school of infectious diseases or any other important medical information about children.
- Be aware of the list of children with medical or physical conditions and if necessary make allowances for these children in class
- Ensuring they know who the first aiders in school are
- Informing their line manager of any specific health conditions or first aid needs

3.5 Parents and children

Parents/carers and children have an important part to play and their cooperation and involvement should be encouraged.

Parents are informed that they must:

- Tell the school promptly if their child had an infectious disease.
- Comply with HSE guidance with regard to infectious diseases, and informing the school of positive and negative results of any relevant tests.
- Inform the school of any physical disability or medical condition which may affect or limit their child's performance or ability.
- Provide a written explanation for a child returning to school after an absence.
- Provide the school with written authority if an ongoing medication is required in school, all written authorities are required to be renewed annually.
- Provide in date medication for their child as and when informed by the welfare office.

Children should be instructed to:

- Report promptly to a member of staff any sickness or injury to themselves.
- Report promptly to a member of staff if they discover any other child to be sick or injured.

4. First aid procedures:

4.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and bring the child to the Welfare Officer if suitable. If more serious, then the Welfare officer can be sent for promptly.
- The Welfare Officer, if called, will assess the injury and decide if further assistance is needed, engaging in the use of the emergency services where necessary. They will remain at the scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the delegated staff member (by J. Rayner) will contact parents immediately
- The Welfare Officer will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times.

4.2 Off site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the Educational Visit Coordinator prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least 1 first aider with a current paediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

5. First aid equipment:

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

First aid kits are stored in:

- The welfare room
- Nursery
- Year 2 accessibility toilet
- Year 4 accessibility toilet
- Year 6 accessibility toilet
- The school kitchen

6. Medication and Treatment in School

6.1 Medical Inspections/screening

The responsibility for providing health screening lies with NHS Foundation Trust. Hillingdon School Health has prepared a leaflet which is sent to parents requesting medical information. Parents will be informed by letter when screening is to take place in school and may decline if they wish. Any Health professional entering the school will follow any current government or localised guidelines, in relation to hand washing, wearing of masks and social distancing

The school nurse for Botwell House School is Natasha Kelly (until Nicola Nuttall returns from secondment,) or **Theresa Youngman** in their absence who is located at:
Woodend Centre, Judge Heath Lane, Hayes. UB3 2PB
Tel: 01895 488050

Sending Children Home

Children will be sent home from school if they are unwell and meet with the following criteria:

- Vomiting
- Diarrhoea
- Raised temperature of 37.5^{o}C
- Visibly unwell
- Asthma – requiring 4 puffs or more
- Seizure
- Injury assessed by the Welfare Officer as serious/needing medical attention.

If it is decided to send a sick or injured child home, the Welfare Officer should:

- Notify the parent/carer of the child's condition and the decision to send him/her home using the phone in the medical room
- Arrange for the parent to collect the child.
- In some cases, the parent cannot be contacted, in which case the child will remain in the welfare room until arrangements can be made.

Children sent home after vomiting are asked not to return to school until 48hrs has lapsed since the last episode. Children with diarrhoea alone or diarrhoea accompanied by vomiting must remain at home for 48hrs after the last episode. Children who are generally unwell or have a raised temperature (above 37.5) are requested not to return for at least 24hrs or until the child is well again.

Sending Children to Hospital

If it is decided to send a sick or injured child to hospital the Welfare Officer should:

- Call for an ambulance and ensure ease of access for the vehicle.
- Inform the parents of the injury or illness as soon as possible and request that they either come to the school, time permitting, or meet the ambulance at the hospital.
- Travel with the child in the ambulance and stay with them until the parent arrives.
- Any decision to send a child to hospital by car rather than by ambulance should only be made by the Head teacher or in his absence, the Deputy Head teacher.

The child must be able to wear a seatbelt, not require a booster seat and must be accompanied by two adults. If there is any doubt about the extent of the injury or illness, then an ambulance must be called. Any child that has experienced an anaphylactic shock and has had adrenaline via an AAI or has had a seizure, requiring Buccal midazolam, must go to hospital in an ambulance. The child's record file must be taken to the hospital by the accompanying member of staff.

6.2 Administering medication

The school understands the importance of care and support being given as detailed in the Individual Health and Welfare Plan and that medication may be part of this care.

We ensure that there are sufficient numbers of staff trained in administering medication and meet the individual pupils care needs. The school will ensure that there are sufficient numbers of trained staff to cover any absences, staff turnover and other contingencies.

The governors have made sure that there is the appropriate level of insurance and liability cover in place.

Medication will only be administered in school if it is detrimental to the pupil's health or school attendance not to do so.

The school will not give medication to a pupil without a parent's written consent.

In relation to the administration of non-prescribed pain relief medication, this will only happen in the following instances:

- When on a residential trip or an educational visit offsite where the parent/carer cannot attend to a sick child soon.
- When no trusted adult can attend the school imminently and a child has severe discomfort that will be relieved in the short term by for instance Calpol.

This will be done in collaboration and with explicit authorisation from the child's parents/carers. This authorisation can be written or verbal. Ko to amend. The school does not hold any pain relief on site so will procure this under the agreement of parents to be re-imbursed at a later point.

The school will ensure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including residential stays.

Parents/carers of the school understand that they should alert the school immediately if their needs change.

6.3 Medication storage

The school makes sure that all staff understand how emergency medication such as inhalers are readily available wherever the pupil is in the school and off-site and not locked away.

All children who have asthma or allergies will carry their inhalers or AAIs in different coloured bumbags, they are as follows:
Red – AAI
Blue – Inhaler
Green – both AAI and Inhaler

This allows teachers to identify those with allergies and asthma more quickly, allows immediate access to treatment and encourages children to take ownership of their condition in readiness to moving up to senior school

Controlled drugs will be stored in a non-portable container, with only named staff having access. Staff can administer a controlled drug only with specialist training.

The school will ensure all medication is stored safely and that pupils with medical conditions know where they are at all times and have access to a member of staff who can administer the medication.

Under no circumstances is medication to be kept in first aid boxes.

The school will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. We cannot accept prescriptions from other countries. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.

If a pupil has medication in their possession in school, this should be removed from the pupil, stored safely in the medical room and parents/carers should be informed and asked to collect the medication at the end of the day.

The school disposes of needles and other sharps in line with Local policies. Sharps bins are kept securely in the medical room. They are collected and disposed of in line with local authority procedures.

6.4 Emergency First Aid

6.4.1 Resuscitation - Mouth to Mouth

Resuscitation vent aids are issued to all qualified first aid staff. It is a simple one-way valve, set into a plastic sheet. It allows normal mouth to mouth techniques to be used but covers the nose and mouth of the casualty and effectively protects you from contamination by bodily fluids.

There is also a vent aid mask in the welfare room, which is a close fit device to be placed over the casualty's mouth and nose, again with a one-way valve.

6.4.2 Resuscitation – CPR

Cardio-Pulmonary Resuscitation is performed when the casualty is unconscious and is not breathing. All first aid trained staff should be competent in this procedure.

If you are alone when you discover a casualty in this state, you must go for help BEFORE you begin CPR. To begin CPR, perform 30 chest compressions.

These are done at a regular speed of approx 100 per minute and at a depth of approx 5cm. Continue with two rescue breaths. Carry on with this same cycle until help arrives or you become exhausted.

Automated External Defibrillator (AED) – Located in the welfare room and Year 5 Support room

The AED is for use in an emergency situation whereby a casualty has stopped breathing. All of our first aid trained staff have received training in the use of the device. It is self-explanatory once activated. This device could save a life. Statistic's show that for every 1 minute without the use of a defibrillator the chances of survival decrease by 10%.

7. Supporting specific Illnesses:

7.1 Asthma

Asthma is a long term common condition where the airways in the lungs become inflamed and narrowed. Inflamed airways can become twitchy and narrow in response to a range of triggers, making it hard to breathe. A sudden narrowing can cause a worsening of symptoms and lead to an asthma attack particularly in children.

Although asthma can be a serious condition, when well managed it should not impact on any aspect of school life, including PE and activities. The welfare Office works alongside the PE teacher to ensure all children with asthma are participating and not requiring their inhalers to do so.

All staff are trained in spotting signs and symptoms of an asthma attack and how to administer an inhaler by the School Nurse yearly.

The school has been awarded Asthma Friendly School status, to continue to gain this, the welfare staff need to attend a yearly workshop, be audited, yearly, by the School Nurses to ensure the Asthma register is up to date, medication is in date, data is collected for the Asthma team at Hillingdon Hospital and Welfare Policies are updated yearly.

Any impact on school life such as poor attendance or not participating in PE will be reported to the School Nurse, who will then liaise with the asthma team to arrange an asthma review.

7.1.1 Salbutamol (Ventolin or blue) inhalers

Each child with Asthma and is on the Asthma Register is required to have one blue Salbutamol (Ventolin) inhaler in school along with an appropriate spacer.

The inhaler is to be kept in the child's labelled blue bumbag and to be carried by the child during school hours, at the end of the day the bumbag will be stored in the class asthma box An up to date list of children that may require medication and/or children with particular medical conditions is kept in the welfare room. All classrooms are issued with a photo card/information regarding individual children. This is displayed but covered up to comply with GDPR.

The school holds emergency Inhaler kits in the welfare office and at the entrance to the playgrounds.

In the event of an Asthma attack, staff should follow the recognised Hillingdon Champions protocol, which is readily available around the school. A member of the welfare team should be alerted, under no circumstances should the child be moved.

7.2 Allergy and Anaphylaxis

An allergy is a hypersensitivity to a foreign substance that is normally harmless. But which produced an immune response in some people, this can be a minor response such as localized itching or a severe response known as anaphylaxis.

Anaphylaxis is potentially a life-threatening response and is immediate in onset with symptoms ranging from mild flushing to upper respiratory obstruction and collapse.

The school takes the risk of anaphylaxis seriously and endeavours to reduce risk of exposure to nuts on site. While we can ensure that foods provided by the school and the catering team are Nut-Free we cannot provide robust assurances for the food (such as packed lunches and snacks,) that families provide for their children. We regularly send out information to parents and carers to remind them of the importance of not supplying nut-based food products.

All children with an allergy will have an action plan from their consultant from the allergy clinic, stating what they are allergic to, what medication to administer and when.

An up-to-date list of children that may require medication and/or children with particular medical conditions is kept in the welfare room. All classrooms are issued with a photo card/information regarding individual children. This is displayed but covered up to comply with GDPR.

All staff are trained yearly about what signs and symptoms to look for, how to react in an emergency and the administering of adrenaline via an Auto Adrenaline Injector. All children requiring adrenaline will be taken to hospital by ambulance and parents will be informed.

If an undiagnosed child has allergic symptoms, an ambulance is called immediately and the allergen is removed from the child while waiting. The child must remain where they are, sitting upright until the ambulance arrives.

7.2.1 Antihistamine

For children with a milder allergy, antihistamine may be the only medication required, this is kept in a secure box out of the reach of child in the class room and kept in a cupboard in the welfare room, this is left open during school hours The child must remain where they are if the mouth, or breathing is involved and welfare staff called to bring medication to the child.

The child will remain where they are until symptoms have subsided. Parents should be informed by telephone and a follow-up message sent via Class Dojo.

7.2.2 Auto Adrenaline Injectors

All children who require emergency adrenaline via an AAI, will carry that medication in their own red bumbag which they are required to wear at all times during school hours. A spare AAI is kept in the welfare room clearly labelled with the child's name in a safe place out of reach of children.

This is required if the first AAI fails to work or there has been no effect from the first AAI, as second dose can be given after 5 -15 minutes.

7.3 Epilepsy

Epilepsy is a common condition that affects the brain. Seizures are bursts of electrical activity that temporarily affect how it works. Seizures cannot be prevented but the amount of time a seizure continues can be lessened with the use of emergency Buccal Midazolam.

All children with epilepsy will have an epilepsy care plan, indicating what can trigger a seizure, what the seizure looks like and when to administer emergency medication. There is a form on the back to record the time of seizure and to record the medication given.

Whenever a child has a seizure, parents should be called and the child taken home, except in exceptional circumstances.

Any child who has a first seizure, or has a seizure lasting 5 minutes and has required emergency medication must be seen by a paramedic. They will assess the situation and decide if a further dose is needed or whether they need to be seen in hospital.

All staff looking after a child with epilepsy will be trained in what symptoms to look out for, what to do in an emergency and how to give the medicine.

7.3.1 Buccal Midazolam

Botwell House Catholic Primary School ensures that all pupils with Epilepsy should have Emergency Medication (Buccal Midazolam) stored within a locked cupboard in the Medical room. It should be stored in an easy to access box which is Labelled with the pupil's name. Inside should contain 2 doses of buccal Midazolam, a copy of the epilepsy care plan, a pen, gloves and sterile wipes.

The medication should have a pharmacist's label on and be in date. The epilepsy care plan should be current and will list contact numbers for parents, pupils type of epilepsy, triggers and treatment plan. There is also an administration chart at the back to be completed if medication is given.

Only 1 dose should be given in school, a 2nd dose can only be administered by a Paramedic

7.4 Diabetes

Diabetes is a condition where the blood sugar is too high. Although there are two main types, type 1 and type 2, most children in school will have type 1.
Type 1 is a lifelong serious condition where the body cannot make insulin. It has nothing to do with lifestyle or diet.

Diabetes should not impact a child school life, they should be able to participate in all activities but it is recognised that diabetes can impact on a child's learning causing difficulties with attention, memory, processing speed and perceptual skills, if poorly manages. Child with diabetes will also be more prone to have absences due to infections and hospital appointments.

Each child with diabetes will have a plan from the Paediatric Diabetic Team, this will outline the level of testing require, the amount of medication the child needs and how it should be stored and what to do in an emergency.

All staff caring for a child with diabetes will have training to enable them to recognise the signs of either a Hypoglycaemic or a Hyperglycaemic episode, and how to treat them.

Hypoglycaemia (Hypo) is when the blood sugars go too low, this can affect a child's behaviour, they may also be sweating, tired, dizzy, hunger, shaking, palpitations feeling tearful or anxious.
Hyperglycaemia (Hyper) is when the blood sugar is too high, this will show its self as being really thirsty, needing the toilet a lot, feeling sick blurred vision and tummy pain.

First aid for both these instance will be to check the blood sugar. Hypoglycaemia is generally a more acute problem than hyperglycaemia that comes on more slowly. Insulin dependent children have some sugar/dextrose to keep in their bags so that the school can support them effectively if they have low sugar levels.

Parents should be contacted should either of these occur as it could be a sign of poor diabetic control or illness.

7.4.1 Insulin

Insulin can be given in 2 ways either via a pump or injected directly via an insulin pen. It needs to be administered at room temperature and can last a month, all other supplies should be stored in a fridge.

Used insulin pens and blood testing needles will be discarded in the sharps bin and will be collected for disposal by Initial.

7.5 Other medication

Children who require daily medication for an ongoing medical condition, will be required to visit the welfare room at an appropriate time for administration of such medication. These children must have written evidence from the hospital and a care plan must be put in place.

Parents are requested to sign an agreement form to allow administration of their daily medication. All medication administered at school is recorded. Antibiotics are not routinely permitted in school; however please speak to the Welfare Officer, or a parent/carer may come to the school at an agreed time to administer medication to their child.

8. Record keeping and reporting:

8.1 Off site procedures

- A Dojo accident message will be sent (via private message) by the welfare staff on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be provided when reporting an accident. Dojo enables parents to ask any questions immediately putting their minds at rest
- Any first aid is also recorded manually in an first aid / accident book.

Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

8.2 Reporting to HSE

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

The Welfare Officer will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences 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)
    - Any scalding 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
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- 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

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

8.3 Notifying Parents/Guardians

The Welfare Officer will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day (or as reasonably practicable,) via DOJO for minor injuries and via phone for more serious ones and all head collisions.

8.4 Reporting to OFSTED and child protection agencies

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Headteacher will also notify Hillingdon Local Authority of any serious accident or injury to, or the death of, a pupil while in the school's care.

9. Training:

All school staff are encouraged to undertake first aid training.

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

Staff are encouraged to renew their first aid training when it is no longer valid.

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

10. Links with other policies:

This first aid policy is linked to the

- Safeguarding Policy
- Health and safety Policy (inc Risk assessments)
- Policy on supporting pupils with medical conditions