JANVRIN SCHOOL

First Aid Policy

September 2026

Rationale

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding. This care should extend to emergency first aid provision, the administration of medicines, allergies to dealing with Asthma and head lice.

It is a requirement and expectation that all staff in school will respond to children (and adults) who possibly require first aid and seek reassurance and support from staff, with care, sympathy and understanding.

Children's needs will not be dismissed at any time, and appropriate levels of focus by the staff member will be given to each child to ensure that proper assessment and understanding of the child's needs are undertaken.

This would potentially include children complaining of tummy aches and upsets and complaints of feeling 'unwell'. These all need good levels of care and attention from staff.

Purpose

This policy;

1. Gives clear structures and guidelines to all staff regarding all areas of first aid and medicines
2. Clearly defines the responsibilities and the staff
3. Enables staff to see where their responsibilities end
4. Ensures the safe use and storage of medicines in the school
5. Ensures the safe administration of medicines in the school
6. Ensures good first aid cover is available in the school and on educational visits and activity weeks and residential visits.

Guidelines

New staff to the school are given a copy of this policy when they are appointed. This policy is regularly reviewed and updated. This policy has safety as its priority. Safety for the children and adults receiving first aid or medicines and safety for the adults who administer first aid or medicines.

The administration and organisation of first aid and medicines provision is taken very seriously within Janvrin School. There are annual procedures that check on the safety and systems that are in place in this policy. The school takes part in the Health and Safety checks by the Education Department. Adjustments are made immediately if necessary.

Aspects of this Policy will also correlate to the 'Intimate Care Policy' and the 'Administration of Medicines Policy'.

All staff at Janvrin will be able to respond to minor cuts and abrasions, and non-serious first aid requirements for both children, staff, and school visitors.

Where there is a concern that the injury may be more serious, then immediate consultation and contact will be made with one of the Paediatric First Aid or First Aid at Work qualified staff. The qualified staff will respond to any request as a matter of priority.

In the unlikely event of these staff not being available throughout the school then staff should call the emergency services for advice and notification.

First Aid Policy Guidelines
First aid in school

Training

Anyone who administers first aid must be trained and keep their skills up to date by attending refresher courses and updates when required. First aid training should cover illnesses, injuries, and situations identified in the needs assessment. Additional training may be required, for example, if oxygen was required. First aiders should only use the skills they have been taught by their training provider. (Author CYPES Governance Team Publication Date 09 September 2024).

All staff in school will undertake annual training in first aid; this will be led initially by one of the school's Paediatric certified first aiders. The Appointed person for basic first aid training is Stephen Hargreaves. This ensures that all staff in all circumstances have a trained knowledge of basic first aid practice.

Further to this, there are staff who have undertaken and hold the following higher-level certifications for first aid:

Paediatric First Aid
First Aid at Work
Mental Health First Aid
Anaphylaxis
Automated External Defibrillation

Qualified Staff:
As Janvrin is a school of approximately 400 children and 40 staff, it is essential that Janvrin holds at least 4 trained members of staff with current Paediatric First Aid certificates at any time, and 4 trained members of staff with current First Aid at Work certificates.

As of the June 2026, the following staff hold these certificates:

Paediatric First Aid

- **Jess Arthur:** expires June 2027
- **Clare Planner:** expires July 2028
- **Sidney George:** expires September 2026
- **Lili Mallett:** expires May 2028
- **Jo Poeira:** expires July 2027
- **Steve Ashton** expires November 2027
- **Sammi Rodrigues** expires January 2029

Combined emergency first aid at work and paediatric training. Automated External
Defibrilation (covered within training)

- **Steve Hargreaves** October 2025- 2028
- **James Miles** October 2025- 2028
- **Carla Santos** October 2025- 2028
- **Lauren Johnson** October 2025- 2028
- **Jo Coombs** October 2025- 2028

Automated External Defibrillation situated outside of the main office attached to the wall. Appointed person is Steve Hargreaves, responsible for checking the battery life and reordering.

In addition to this Janvrin has staff trained in the following extended areas of First Aid:

Anaphylaxis:

- **Jess Arthur:** expires June 2027
- **Clare Planner:** expires July 2028
- **Sidney George:** expires September 2026
- **Lili Mallett:** expires May 2028
- **Jo Poeira:** expires July 2027
- **Steve Ashton** expires November 2027
- **Sammi Rodrigues** expires January 2029
- **Steve Hargreaves** October 2025- 2028
- **James Miles** October 2025- 2028
- **Carla Santos** October 2025- 2028
- **Lauren Johnson** October 2025- 2028
- **Jo Coombs** October 2025- 2028

Youth Mental Health First Aid:

- **Sophie Le Feuvre**
- **Louise Hanrahan**

Mental Health First Aid:

- **Mary O'Neil**
- **Sue Smith**

Additional training through St. John's Ambulance staff will be reviewed and coordinated for all staff to attend as needed and appropriate to levels of training. This will be coordinated by the First Aid lead and reviewed annually.

Staff will be informed of the training available or needed by the First Aid lead and will book this through the main school office.

First Aid Kits and Resources

Staff members

The appointed person is the first aid lead, **Sophie Le Feuvre is** responsible for the ordering, replenishment and upkeep of all First Aid resources through the school office, **Stephen Hargreaves** will assist Sophie with the maintenance of the defibrillator. **Jo Poeira** will also assist in resources as part of her OPAL play lead role.
Where stocks are low all staff should report this directly to the First Aid lead, by email, s.lefeuvre@janvrin.sch.je or to the main office j.mcmurray@janvrin.sch.je First aid stock is kept secured in the Resources corridor or distributed directly to the First Aid cabinets.

First Aid kits are situated in adult-accessible areas throughout the school. There are 10 white cabinets inside the school building, 4 green cases and each class teacher have their own red rucksacks to be used for trips.

White Cabinets:



- 1x Main Hall
- 1x outside Y6/Main office
- 1x ELSA room (Y5 corridor)
- 1x between Y4 classrooms
- 1x between Y3 classrooms
- 1x Staffroom/Rainbow Room/Music room
- 1x Shared Kitchen areas (KS1)
- 1x between Y2 classrooms
- 1x Reception sink area
- 1x Nursery children's toilet

Each cabinet has a key although it is not necessary to lock the cabinets (there are no harmful substances in the kits). If the cabinet is locked the key should remain on the top of the cabinet.

Green plastic boxes:



- 1x Y3 back door for staff carpark and nature trail * 1x porchway to Astro
- 1x KS1 shared area for KS1 Astro and playground
- 1x Foundation cloakroom for use with Reception or Nursery

Red bags:



- Each class has a red rucksack to be taken on trips
- 10 small kits have been created to be spread across all playgrounds when OPAL play starts (Sept 26)
- Jo Poeira will take responsibility for these and will distribute them for lunch times.

A basic contents list of each of the kits:

White Cabinets	**Green Boxes**	**Red Rucksacks**	**Red Bags**
Vinyl/latex gloves (box)	Vinyl/latex gloves (box)	Vinyl/latex gloves	Vinyl/latex gloves (box)
Masks (box)	Mask	Masks	Mask
Plastic Aprons (x2)	Assorted sizes plasters/adhesive dressings	Assorted sizes plasters/adhesive dressings	Assorted sizes plasters/adhesive dressings
Assorted sizes plasters/adhesive dressings	Alcohol-free wipes	Alcohol-free wipes	Alcohol-free wipes

Alcohol-free wipes	Assorted sizes bandages	Assorted sizes bandages	Assorted sizes bandages
Assorted sizes bandages	Gauze	Gauze	Gauze
Gauze	Microporous Tape	Microporous Tape	Microporous Tape
Microporous Tape	EmergencyFirstaid guidance card	Sterile Eye Pad	Burn Gel
Sterile Eye Pad	Sick bags	Finger Dressing	Sanitary products
Finger Dressing	Single use ice-pack	Burn Gel	Emergency First aid guidance card
Burn Gel	Sterile eye wash	Sanitary products	Sick bags
Sanitary products		Emergency First aid	Single use ice-pack
		guidance card	
Emergency First aid guidance card		Sick bags	Sterile eye was
Sick bags		Single use ice-packs	Antibacterial hand wipes
		Sterile eye-wash	
		Antibacterial hand wipes	

This list is not exhaustive, and some kits may vary depending on their location or trip destination.

Ice packs
Janvrin only uses single-use, disposable ice packs. This is for hygiene reasons.
Ice packs are only to be used for head bumps or for sprains. They are not to be used for scratches, grazes, small cuts.

Logging and recording first aid treatments

The logging of all first aid interventions and treatments is vitally important as this represents our high level of accountability towards the care and responses to children and staff. It is also important where reference may be needed to a child's treatment or of the incident itself where an immediate injury or condition may not be immediately apparent, and there is a long-term injury or health condition arising from this e.g. a concussion, a sprain or small fracture.

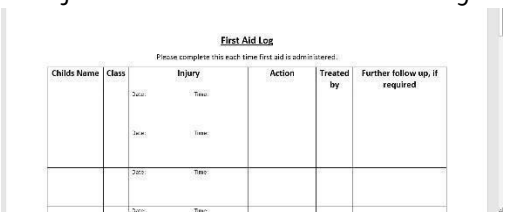
Each first aid kit (white cabinet, green boxes and red bags) has a red clipboard or bag containing log sheets and forms required for recording all first aid. It is the responsibility of the member of staff who has administer first aid to complete the log sheets and forms. This must be done at the time of the incident.
The First Aid lead will collate the information on the log sheets each week, or more regularly where appropriate, so that patterns and persistent concerns can be identified and responded to.

If logs are full, new sheets are available in the first aid resource cupboard by the server room.

The clipboards and bags also contain stickers so that children can be identified by staff (and parents) as having received first aid during the day. There are 2 types of stickers; one for general first aid and one specifically for a head bump but responses to this are responded to further (see below).

First Aid Logging Steps:

1. All first aid administered is filled in on the white First Aid Log sheet.

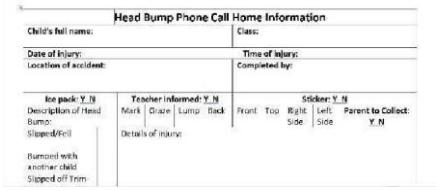

First Aid Log

Please complete this each time first aid is administered.

Childs Name	Class	Injury	Action	Treated by	Further follow up, if required
		Date: Time:			
		Date: Time:			
		Date: Time:			
		Date: Time:			

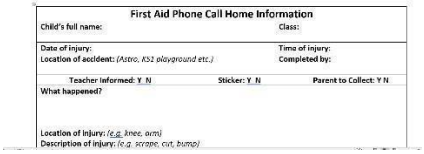
2. Serious injury requiring an A&E visit or an ambulance must be entered online through the Notifiable accidents portal (by Headteacher/deputy or First Aid Lead)

3. If it was a head bump, a green 'Head Bump' form must also be completed.


Head Bump Phone Call Home Information

Child's full name:								Class:	
Date of injury:								Time of injury:	
Location of accident:								Completed by:	
Ice pack: Y N			Teacher informed: Y N			Sticker: Y N			
Description of Head Bump:			Mark	Graze	Lump	Back	Front	Top	Right Side	Left Side	Parent to Collect: Y N
Slipped/Fell	Details of injury:										
Bumped with another child											
Slipped off Trim											

4. If it was an injury anywhere else on the child that parents should be aware of, but does not require the child to be sent home or to the hospital, a white 'First Aid Phone Call Home' form, must also be completed.



First Aid Phone Call Home Information

Child's full name: Class:

Date of injury: Time of injury:

Location of accident: (Astro, KS1 playground etc.) Completed by:

Teacher informed: Y N Sticker: Y N Parent to Collect: Y N

What happened?

Location of injury: (e.g. knee, arm)

Description of injury: (e.g. scrape, cut, bump)

5. Child given the appropriate sticker and teacher made aware they have received first aid.





NB. First aid administered to any adult must also be logged in the same way as for a child.

Head bumps/collisions

Any bump to the head, no matter how minor is treated as serious. It is not always clear of the extent of a head injury and the child or adult themselves may not be aware of how badly they have been hurt.

All head bumps will be attended to and reviewed by a member of staff trained in Paediatric First Aid or First Aid at Work. They will decide if the child needs to attend the hospital.

All head bumps are reported to parents/carers as soon as possible and within a reasonable time in terms of the child's care needs and the immediacy of the injury.

All head bumps will be reported directly to parents ***before*** the end of the day except where the injury has taken place close to the end of the day and parents are already coming into school. Parents will be given the option of attending school to review their child and to decide whether they want to seek further medical advice or treatment.

All head bumps will be recorded on both the log sheet and a green 'Head bump' form. This form is then handed to the school office where a member of the admin team or the first aid lead will contact the parent/carer by telephone or InTouch message, depending on the severity of the injury. Foundation staff (Nursery and Reception classes) will make the phone calls to parents themselves, filling in the same paperwork.
The decision will be made if the parent/carer is to be contacted and advised attending the A&E Department or an ambulance will be called and then parent/carer called to meet ambulance at A&E Department.

If the decision is made to keep the child in school by either the First Aider or parent/carer, the child will be taken back to class, the teacher informed, and the child will be monitored for the rest of the

day by both the class teacher and the first aider. If there is any change in how the child presents, the parent/carer will be contact by telephone immediately.

Cuts and scratches

Small cuts and scratches only need first aid where the skin has broken and there may be a small bleed. The nearest adult deals with small cuts and scratches. All open cuts should be covered with a plaster after they have been cleaned with a non-alcoholic wipe or clean water.

Where the wound is minor, if the child is old enough and not distressed, they can clean the wound themselves using water from the sinks in the toilets. They must be accompanied by a reliable friend/peer and then return to the staff member (if at lunchtime) for a plaster or further advice.

Children should always be asked if they can wear plasters BEFORE one is applied. The school only use hypo allergenic plasters. If child is allergic and cannot have a hypo allergenic plaster applied child's parent/carer will be contacted for advice on further treatment being administered. This should be on the child's medical information on SIMs so can be traced either through the teacher log-in or through the main office.

Where a more significant cut has occurred and there is a level of bleeding which is concerning for the adult, staff should request a trained first aider (Paediatric or FAW) to attend and pressure and elevation should be applied until bleeding is under control and parent/carer contacted. (This should only be undertaken by a trained First Aider).

Any member of staff can treat more severe cuts, but a fully trained first aider must attend to give advice.

ANYONE TREATING AN OPEN CUT SHOULD USE Latex powder-free/vinyl gloves.

Notifiable Accident Online Forms

All injuries resulting in a hospital visit or ambulance being called must be reported through the online Notifiable accident portal. The Headteacher, Deputy Head or First Aid lead will do this.

After initial treatment, if the child or adult requires an ambulance or a visit to A&E then this will be recorded on the 'Notifiable Accident' form through the Gov.Je site.
This will only be undertaken either by either the lead First Aider or Headteacher/Deputy.

The Headteacher is then responsible for investigating the accident and to take any actions or measures needed to reduce the risk of the accident re-occurring. This will be reviewed and monitored by the Health and Safety Advisor at CYPES.
It is important that any child or staff member attending A&E has been reported to either the Head or First Aid lead immediately: the notifiable accident online form MUST be completed as soon as possible and certainly before the end of the school day.
If the parent does not take the child to A&E on the day of the incident but subsequently/later decided to take them then, if the school is aware of that this has occurred, then a Notifiable accident online form will be completed ASAP.

Calling the emergency services

In the case of a serious, major accidents it is the decision of the Paediatric trained first aider if the emergency services are to be called.
Staff are expected to support and assist the trained first aider in their decision.

If a member of staff is asked to call the emergency services, they must: print off a data sheet of the child's details to help provide necessary information for the check list (below).

This available on SIMs.
If a member of staff is unsure how to do this, then they must seek advice from the colleagues how to undertake this at any point, so they are prepared and able to complete this important function. If there are difficulties for a staff member undertaking this, or it would cause a delay in response and support of the child, then the supporting staff member must go immediately to the main office and request as urgent that the SIMs profile is printed out.

If the office is not attended at any point, then any member of SLT should be sought to either open the office or print out the required document.

Information provided to the emergency services either over the phone (if the information is readily available) or when the paramedics attend school, will include:

1. **What has happened and where (inside or outside)**
2. **Any medical or health needs for the child (allergies, asthma, etc.)**
3. **The child's name**
4. **The age of the child**
5. **Whether the casualty is breathing and/or unconscious**
6. **The location of the school**

In the event of the emergency services being called, a member of the admin staff OR another member of staff, should wait by the school entrance and guide the emergency crew to where the injured person is waiting.

The paramedics will be informed of all medical needs for the child: these will be identified on the child's individual record data sheet in the main office. The sheet will be printed and given to the paramedics for reference: this is within data/personal data guidance.

If the casualty is a child, their parents should be contacted immediately after the emergency services have been called and given all the information required.

If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are clearly located in the school office.

Medicines in School **(see 'Administration of Medicines' policy)**

Parental permission

Medicines will not be administered unless we have the written permission of parents and they fulfil the criteria for administering medicines in Janvrin School. This must be formally applied for and recorded by the parent.

The applications are held in the main office, and class teachers will be informed if a child is to receive medicine throughout the day. The administration and monitoring of the medicine will depend on when and how this is needed (please refer to full policy).

Staff will NOT accept medicines from parents (of any kind) or agree to administer medicines (of any kind) without this being formally applied for and authorized by the Headteacher. If the parent wishes this to be put in place, they should be referred to either the Headteacher or the Main Office staff.

Where medicine is stored

No medicines will be kept in the class or in the child's possession. All medicines are kept in the Main Office.

Administration of medicines takes place in the school office.

Epi-pens, inhalers and Insulin are the only exceptions to this; the storage and access to these medicines will be authorised and clarified through the Headteacher. (In the case of epi-pens and Insulin, a **formal care plan** needs to be in place prior to the storage of these medicines).

Administration of medicines file

All medicine permission slips are placed in the Administration of Medicines file, which is kept in the school office. When medicine is administered, staff must complete the dated entry of this, which is printed on the back of the form. Before administering medicines, staff should read this date's entry section of the form to check that the medicine has not already been administered.

Asthma and other medical problems

Children and staff with Asthma will be recorded on SIMs and distributed to appropriate staff for their knowledge and awareness.

Class teachers are responsible for ensuring that a child always has an in-date inhaler with them and is provided with a green bum bag to facilitate this for PE, Music and out of school events (including lunch and break times).

Children are not allowed to attend out of school trips without their inhaler, and this must be verified by class teachers and supporting staff well in advance of all trips.

Epi-pens and anaphylaxis shock training

All staff will receive regular, annual epi-pen training.

All children and staff requiring an epi-pen will have an established care plan, constructed with the Headteacher and reviewed at least termly. For children, this will be through direct meetings with the parents.

The Epi-pen will be kept in a named green bumbag in a safe place in the child's class and, where available, a spare pen in the main office. All schools now have 2 adult and 2 children Epi Pens within school for emergency use. These are stored in the toilets by the main office.
The child will take their pen with them to all venues in the green bum bag provided.
The green bumbag will travel through the school as the child passes through the year groups.

Children who require a care plan will have their photo and details distributed to key staff, especially for lunchtime supervisors. This information will not be publicly displayed.

Head lice

Staff do not touch children and examine them for head lice. If we suspect a child has head lice we will inform the parents/carers and ask them to examine their child's hair.

When we are informed of a case of head lice in school, we send a standard letter to the class where the case has been identified.

Where persistent headlice occur for a child or family this should be brought to the attention of the designated safeguarding lead for further review and response.

Vomiting and diarrhoea

If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until at least 48 hours after the last symptom has elapsed.

It is important to remember that this will be a distressing circumstance for any child or adult and the immediate response from supporting staff will be one of care sympathy. Cleaning the child will be undertaken in line with the 'Intimate Care Policy'.

It is also important that both the child and the bodily fluid are isolated from others as quickly and effectively as possible, disinfectant powders are available but safeguarded for access. Where this has occurred then the Caretaker should be contacted on a priority basis. Where the caretaker is unavailable or off site then the First Aid lead or Headteacher should be called.

Chicken pox and other diseases, rashes

If a child is suspected of having chicken pox, slap check, scarlet fever etc, we will look at their arms or legs and faces. To look at a child's back or chest would only be done if we were concerned about infection to other children. In this case another adult would be present, and we would ask the child if it was alright. Reference would be made to the 'Guidance on Infection Controls' posters held in the Main Office.

If a child has any of these infections, they will need to stay off school for a prescribed period of time. The Head Teacher or school office will advise timescales.

Please also see:

- Health and Safety Policy

- Child Protection Policy
- Accident Investigation and Reporting Procedures
- Administration of Medicines in Schools
- Intimate Care Policy

gov.je/Government/FreedomOfInformation/pages/foi.aspx?ReportID=6917