LONDON VOCATIONAL
BALLET SCHOOL

First Aid & Medicine Policy
Including Allergy and Anaphylaxis

This policy is supported by the school's mental health policy, health and safety policy, emergency management policy, KCSIE, 'Time for a Change' school's allergy code and Benedict's Law 2026

It is the aim of the school to ensure that adequate and suitable equipment, facilities and procedures are in place to provide timely and appropriate First Aid. Major and minor incidents can take many forms and can happen without warning. No plan can provide for every eventuality. The response to any incident is handled however, with a management framework which has been put in place for the day to day running of the school.

The school's programme of dance and academic training is extremely demanding, and students have to cope with both mental and physical challenges. Dance staff at LVBS, have had professional careers themselves and understand these pressures well. Academic staff are also aware of the challenges students face to manage both academic and dance pressures. The school provides a strong support network to monitor and support students' physical and mental well-being through the RSHE curriculum, class and personal tutorials as well as an open-door approach for students to request a private meeting with staff they feel comfortable with at any time.

Physical Injuries

- All usual dance/physical injuries are reported to the school's first aider in the first instance.
- It is assessed and the appropriate action taken.
- Students who are unable to dance having been assessed for the injury by the school's physiotherapist will be given exercises to improve or correct their injury.
- If it is felt that the injury is more serious and further action is needed then a meeting immediately would be set up with the student, parents and dance staff to discuss a way forward.
- The school works closely with a dance physio who monitors and supports their progress.

Mental Wellbeing

- If there is any concern about a student's mental wellbeing a meeting will be set up with parents, SMT, Mental Health Lead and Designated Safeguarding Lead to discuss the best way forward for the student.
- The school has good contacts with various professional counselling services and can, if required, refer students to the most appropriate one for their needs. From September 2026 the school is supported by the Anna Freud Charity. The school can make referrals for support if a student needs professional support and advice.
- The school's Mental Health and Wellbeing policy supports students.

First – Aid Provision

First – Aid provision is available at all times while people are on the school premises and on off-site visits.

First-aid boxes are situated in the downstairs staff kitchen, in sick bay and in the upstairs school office. In the downstairs dance studio is a defibrillator and additional Epipen; spare Epipens are also located in the upstairs dance studio and school office.

All records of accidents or injuries are logged in the same accident book in the main school office. The accident book records:

- Date, time and place of incident:
- The name of the injured or ill person:
- Details of the injury or illness and what first aid was given:
- What happened to the person after

- Signature of the first-aider and student where possible
- details about informing parents
- The First- aid box and contents is checked monthly and restocked as soon as items have been used.
- If a parent collects their child from school they will be asked to sign the first aid accident book.

Responsibilities

Staff are trained in basic first aid, with three members of staff who are leaders with Emergency at work certificates. The school's trained Anaphylaxis Leads are Kerry Williams and Megan Webster-Shaw.

Confidential medical history and consent form

Parents are requested to complete a confidential medical form and return it to the school prior to their child starting school.

Medication

Prescribed medications may only be brought to school with signed instructions from parents and must, under all circumstances, be lodged with the school's first aider. Parents must sign each day they wish medication to be given.

Sickness or Injury during the School Day

Students who are taken ill or who sustain an injury during the school day will be taken to sick bay where they can rest (unless their illness or injury is judged sufficiently severe that they should be taken directly to hospital). Parents will be informed immediately of the situation.

Parent responsibilities

Parents are asked to ensure that the school always has a full, up-to-date and comprehensive list of emergency contact numbers for each family.

The school cannot administer any medication, or allow any to be taken, unless it has been authorised in writing:

- If a student needs to bring pills, medicine or homeopathic treatments to school, they must be sent, clearly labelled with their name, dosage instructions, and storage instruction to the school first aider.
- parents must sign for each day's medication to be given and witnessed by the first aider.

- Students who suffer from asthma should carry an inhaler with them at all times, and also pass one to their dance teacher during lessons. The parent must sign a medical form stating that their child carries an inhaler.
- Students who have an epipen must have one they carry at all times as well as one in school incase of emergencies.

Head Injuries

Any student or member of staff who hit their head at school will follow this protocol:

- Student or staff member will be monitored to see if he or she appears to be stable.
- The accident must be logged and parent/s or the member of staff's , next of kin will be informed.

- If the injury is very severe leading to fatality, the Emergency Management team must be informed.
- If at any stage the person becomes tired, vomits or is unwell then an ambulance will be called and a member of staff will accompany the patient to the hospital. The school will contact the parent /next of kin to update them of the situation.
- If the patient is knocked unconscious or is seriously injured, an ambulance will be called immediately and next of kin informed. A member of staff will accompany the patient. If there is a fatality then the school will immediately contact the External Health and Safety team.
- All information will be logged on file.
- Any severe head injury or fatality must be notified to the Health and Safety Executive and RIDDOC procedures followed.

Infectious Diseases
Advice regarding appropriate action if students are suffering from infectious diseases is available from the school office. This includes guidelines on periods of absence from school, and from sporting or other communal activities, in respect of common diseases such as: Athlete's Foot; Chicken Pox; Conjunctivitis; Diarrhoea and Vomiting; Impetigo; Measles; Mumps; Tinea (Ring Worm); Warts.

Immunisations
LVBS arranges, via Vaccination Team UK the following vaccinations; HPV Vaccine and Teenage Booster Vaccines which currently include Tetanus, Diphtheria & Polio Booster and Meningitis ACWY Vaccine. It is up to the parent if their child wishes to have the vaccinations. The school recognises that students age 16 and above can make their own decision without parental consent.

Hygiene / Infection control
All staff and students must take precautions to avoid infection. A First Aid trained member of staff should be responsible for dealing with body fluid spillages (blood may be contaminated and therefore carry the risk of exposure to infectious diseases. There is also a very small risk of contamination in other bodily fluids if blood is present). To avoid further contamination/infection, the first aider must first:
- Secure /seal off as soon as possible the contaminated area to prevent the risk of any further spread.

First aider must have the following when dealing with bodily fluids:
- Personal protective equipment (PPE) – Disposable gloves, aprons
- Disposable towels
- Safezone disinfectant spray
- Heavy duty plastic bags
- Instructions:
- Wear PPE at all times while removing blood and cleaning floors and countertops.
- make sure gloves are not torn or broken
- Watch out for sharp objects that could cut your gloves, such as broken glass or jagged metal. Use a dustpan and brush to pick up any items that threaten the integrity of PPE.
- Mop or wipe up the blood spill with disposable towels.
- Clean and disinfect the spill area with a disposable towel using a safe disinfectant spray (that should kill a range of pathogenic microorganisms including the viruses which cause HEPATITIS B, AIDS and the MRSA bacteria.)
- Double-bag all the soiled towels and gloves and dispose of them in an outside bin.

- Thoroughly rinse and disinfect with a solution of bleach & water, any cleaning equipment (mops, brushes, bucket, dustpan & brush) that came into contact with the spill.
- ***Wash your hands thoroughly with soap and water and also use alcohol sanitiser gel .***

Physical contact with Children

The treatment of children for minor injuries, illness or medical conditions may involve members of staff in physical contact with children. Any treatment should:

- Be undertaken by staff who have volunteered to be designated to the task.
- Be in accordance with the school's Covid risk assessment.
- Not involve more contact than necessary
- Explain to the student what action is being taken and why.
- The nearest hospital is The Chelsea and Westminster in Hammersmith if a student requires more medical assistance than a first aider can give.

Medicines in school Prescribed medicines

Medicines should only be taken to the School when essential. That means where it would be detrimental to a child's health if the medicine were not administered during the School day.

• The School should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

• Medicines should always be provided in the original container as dispensed by pharmacist and include prescribers' instructions for administration.

• The School should never accept medicines that have been taken out of the container as originally dispensed nor make any changes to dosages on parental instructions.

• It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside School hours. Parents could be encouraged to ask the prescriber about this.

Non-prescribed medicines - Staff should NEVER give non-prescribed medicine to a child unless there is a specific prior written permission from the parents. A student under 16 should never be given aspirin.

Controlled Drugs - All controlled drugs are to be kept locked in a non-portable container and only named staff should have access. These will be kept in the school office or in the school's sick bay. Documentation Records - Documenting all medication given must be kept. The following details must be recorded:

• Date of Administration

• Expiry dates

• Dosage given

• Permission to administer checked * Medication checked before administration

Allergy and Anaphylaxis

Time for a Change - School's Allergy Code which LVBS follows.

Supporting students with allergies and anaphylaxis is a whole school approach. As such all staff at LVBS will complete training with The National College prior to the start of the Autumn term.

Parents of students suffering from an allergy or a serious allergy resulting in anaphylaxis are required to complete a separate medical form. This information is then placed on the School Management plan. A meet with the SMT is arranged with the parents to ensure that the procedures to follow are clear and that the individual care plan is clear and correct. It is the responsibility of the parent to ensure that their child brings into school any medication or Epipen's in date and safe to use. The school, as part of Benedict's Law has spare Epipens placed around the school and staff are trained in how to administer if an emergency arises.

Schools Allergy Code

Allergic disease is the most common chronic condition in childhood. An allergic reaction occurs when a person's immune system is triggered by a substance that is usually considered harmless.
Whilst most allergic reactions are mild, some can be very serious and cause anaphylaxis which is a life-threatening medical emergency.
The Code is not a set of rules and regulations but it is a guide to best practice in achieving a whole school approach to allergy safety and inclusion.
It has been drawn up by Benedict Blythe Foundation and The Allergy Team, with the backing of leading allergy clinicians and the Independent Schools' Bursars Association.
All schools are encouraged to use the Schools Allergy Code to ensure good allergy management in their setting. The Code and its accompanying Checklist are free resources.

Principles of good practice

Take every allergy seriously – allergic reactions are unpredictable and every child with a diagnosed allergy should be included in the measures outlined in the Code.

Every child matters – allergies are as unique as the children who have them. It is crucial that an individualised approach is adopted to implementing the Code, working with families and children to understand their experiences.

Prioritise safety and inclusion over the 'status quo' – responding to the needs of children with allergy can require finding new ways of doing things, with schools prioritising safety and inclusion every time.

Code guidance

Take a whole-school approach

Every member of the school community should understand allergy and their responsibility for reducing risk, from pupils and parents to staff members. Allergy management is not just the responsibility of the catering and medical team

Build the knowledge and skills of all staff through targeted training and education. This will include understanding risk reduction and the importance of inclusion, as well as first aid response to allergic reaction.

Weave allergy awareness into classroom activities, for example lessons on nutrition and PSHE.

Communicate clearly

Give people information about the school's approach to allergy clearly and frequently.

Establish an Allergy and Anaphylaxis Policy which is written in plain English and accessible. The policy should be published online and communicated to all staff and relevant members of the school community, including parents. This should be a dynamic document that is frequently reviewed and updated.

Ensure open communication with parents, teachers, support staff and caterers about the individual needs of children, based on co-created Individual Healthcare Plans (IHPs) for all children with allergy.

Have clear governance and risk management

Create an awareness of allergy risk across all activities and processes.

Ensure clear governance structures and clearly defined roles and responsibilities including a Designated Allergy Lead.

Make sure allergy policies and procedures are regularly reviewed and reported on by Designated Allergy Lead.

Allergy should form a part of every risk assessment.

Readiness to respond

Have systems, processes, and medication in place for emergencies.

Ensure that pupils prescribed with adrenaline pens have two in-date devices accessible at all times.

Hold spare adrenaline pens and make sure everyone knows where they are.

Establish annual risk reduction and anaphylaxis training for all staff.

Publish an Anaphylaxis Emergency Response Plan which enables staff to respond confidently and immediately to an allergic reaction.

Rehearse the Anaphylaxis Emergency Response plan.

Approval body: SMT
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