



The Children's House

First Aid Policy

This policy should be reviewed annually or as necessary.		
Action	Reviewer	Date
Review	AS/TH/EG	Nov 2023
Approved by Chair of COM	DD	Nov 2023
Date for next internal review		Nov 2024

Linked Policies:

- Health and Safety Policy
- Medicine Policy
- Mental Health and Wellbeing Policy
- Infection Control Policy
- Risk Assessment Policy
- Outings Policy
- Lone Working Policy

FIRST AID POLICY

The following Policy and Procedures have been agreed by the Council of Management and the Headteacher and provide clear guidance and information about how The Children's House School fulfils its First Aid requirements. Our First Aid Needs Assessment can be found in Appendix 1.

This policy has been devised for the use by staff, pupils and parents and adheres to the guidance set by the Department for Education in the following documents:

[Guidance on First Aid in schools, early years and further education](#)

[The Health and Safety \(First Aid\) Regulations 1981](#)

[Supporting pupils at school with medical conditions](#)

[Using emergency adrenaline auto-injectors in schools](#)

[Emergency Asthma inhalers for use in schools](#)

[Guidance on the use of adrenaline auto-injectors in schools](#)

[AED guide for schools](#)

[Schedule 19 of Human Medicines Regulations 2012](#)

[The Management of Health and Safety at Work Regulations 1999](#)

[The Management of Health and Safety at Work Regulations 1992](#)

[Health and Safety in Schools](#)



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Guidance is also provided by the Health and Safety Executive:

[First aid in work - What do you need to do? - Overview - HSE](#)

[The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#)

[Incident reporting in schools](#)

[Social Security \(Claims and Payments\) Regulations 1979](#)

This policy has regard for the Independent Schools Standards Regulations:

Part 3, Welfare, health and safety of pupils and Part 5, Premises of an accommodation at schools. It also takes into account guidance the Early Years Foundation Stage Statutory Framework.

Introduction

The aim of this policy is to provide clear guidance and information on how The Children's House fulfils first aid requirements, our approach to dealing with both minor and major injuries, and the managing and recording of accidents and illnesses.

We review our First Aid Needs Assessment with each policy review to ensure we have sufficient numbers of trained first aiders, first aid accommodation on both sites with relevant supplies, robust information sharing and reporting systems.

Roles and Responsibilities:

The school's First Aid Needs Assessment in Appendix 1 outlines the First Aid roles required on both sites and within the Early Years Foundation Stage. First Aiders must be available onsite and during outings to ensure injuries and illness are dealt with immediately. The number of certified First Aiders will be more than is required by law, to ensure the necessary staff are always available.

At all times, at least 1 staff member working within the EYFS will have a current full paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework. All EYFS staff with Cache Level 2 or higher, who qualified after 30 June 2016, must have either a Full PFA or Emergency PFA within 3 months of starting at The Children's House. PFA certificates must be renewed every 3 years.

First Aiders will be selected with consideration being given to the individual's reliability, communication skills, aptitude and ability to cope with stressful and sometimes crisis situations. First Aiders must be readily available and able to give immediate assistance when required.

Governing Body (Council of Management)

The governing body 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.



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The Headteacher

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

- Ensuring that an appropriate number of first aid trained personnel are always present at school and that staff training is up to date
- Ensuring all staff are aware of first aid procedures
- Ensuring risk assessments are completed and appropriate measures are put in place, with relevant first aiders present on and offsite
- Ensuring that adequate accommodation is available for first aid to be given to pupils, staff and visitors immediately
- Reporting specified incidents to the HSE when necessary

Staff

The Administrator on both sites will notify parents of any head bump that occurs, as soon as possible on the same day. Teachers will notify parents of other accidents at the end of the school day, unless following the major accidents procedure when the Administrator or SLT will contact the parents.

Appointed Persons:

Ellie Grunewald (Upper School)
Taiba Hussain (Nursery School)
Ainsley Stocker (Business Manager)

Emergency First Aid in the Workplace:

Laura Jones (Upper School)
Jordanne Searles (Upper School)
Taiba Hussain (Nursery School)
Jessica Collins (Nursery School)

Full Paediatric First Aiders (12-hour blended course):

Jessica Collins (EYFS)
Mihaela Zama (EYFS)
Aatika Maljee (EYFS)
Jane Clifford (EYFS)
Jasmin Campbell (EYFS Upper School)
Laura Powney (Upper School)
Carol Bowie (EYFS)
Martha Medina (EYFS/Upper School)
Diane Balderson (EYFS)

All other staff who deal directly with children will hold a current Emergency Paediatric First Aid qualification with new starters being trained as soon as practically possible after their start date.



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A list of all the First Aiders will be placed next to the medical accommodation and on noticeboards through the school and updated termly.

All First Aid qualified staff will update their qualification once every three years.

Recording, Reporting and Risk Assessment:

Health and Safety:

Staff will be responsible for risk assessing all activities both on and offsite, as described in the school's Health and Safety and Risk Assessment policies. Written risk assessments will be carried out by staff according to the school's Risk Assessment and Outings policies.

Any near miss or incidents must be recorded, and details must be reviewed by the Headteacher and Deputy Headteacher to establish if such incidents can be avoided in the future. The School will collate the details of any accidents on a spreadsheet to establish if there are any trends which indicate that areas of the school are unsafe, requiring repair or more supervision.

Staff must wear disposable gloves if they are handling spillage of blood or body fluids, and hygiene/disposal procedures will be followed according to the school's Health and Safety Policy.

Record Keeping

Records are kept for all occasions where first aid is given to any pupil, member of staff or parents. Accident records will be kept for up to 24 years as listed on the Information and Records Retention Policy.

Accident Books are readily accessible and kept beside the First Aid kits in each classroom. Details recorded include:

- Name and year group (if pupil) of injured or ill person
- Date, time and place of incident
- Details of the injury
- Details of the first aid given
- If and how parents were informed
- Name, job title and signature of the first aider or person dealing with the incident

In the event of a Head Bump, the administrator will also fill out a Head Bump Form which is emailed to parents.

If the child is sent home for injury or illness, this will be recorded in ISAMs in the Notes section of a Pupil's record.

These details are regularly inputted onto a spreadsheet and analysed by the administrators, SLT and the Health and Safety Lead to ensure recurring injuries due to equipment, surfaces or a particular pupil can be monitored or repairs made. Where necessary, hazards are



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recorded in the Hazard Reporting book and repairs made, and concerns about pupils are recorded in Wellbeing Manager for DSLs to review.

Children with medical conditions:

As described in the school's Medicine Policy, children with medical conditions or severe allergies are identified on the Medical Alert List and long-term prescribed medication is kept in school on their behalf. Responsibility lies with the child's teacher to ensure planned activities are made safe in terms of human and general resources and the environment.

What happens if a child has a minor accident in school?

- Member/s of staff to make area safe.
- First Aider is called to immediately assess and treat, if necessary, e.g. cold compress for a bump.
- Child's teacher or supervising teaching assistant to record in Accident Book and inform the Class Teacher as soon as possible.
- Child's teacher to inform parent/carer at collection time and request their signature against entry in Accident Book.
- If a child bumps their head in school, it is the School's Policy to contact the parents immediately to inform them of the incident. Depending on the severity of the incident, the parents and teacher will then decide whether the child should be picked up or monitored for the rest of the day. The Head Bump Alert form will be emailed by the administrator after the parents have been notified by phone of the incident (please see Appendix 3 to review the Head Bump (Concussion) form).

What happens if a child has a major accident in School?

- Member/s of staff to make area safe.
- First Aider/s to be called immediately, to assess the situation and begin treatment.
- Designated member of staff to call emergency services immediately.
- Staff to create privacy around the injured/unwell child, removing other children to a different part of the building to ensure their security and comfort.
- The school to notify parents immediately that the emergency services have been called. A log of events will be kept, recorded by staff closest to the incident.
- If the ambulance arrives before parents a member of the SLT will accompany the child to hospital. A mobile phone will be used in the ambulance to maintain contact between parents and school.
- If a parent arrives alone to meet the ambulance, a member of the SLT will offer to accompany them to the hospital.

Follow Up:

- The Accident Book will be completed with details of the incident
- Contact will be maintained between the family and the School
- Counselling will be offered to members of staff/children



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- Relevant authorities will be notified

An ambulance should be called when casualties have any of the following symptoms:

- Unconsciousness
- Not breathing or not breathing normally
- Severe bleeding
- Neck or spinal injury
- Injury sustained after a fall from height (of more than 2 metres)
- Injury sustained from a sudden impact
- Suspected fracture to a limb
- Anaphylaxis
- Seizures (unless the child has a healthcare plan and the relevant medicine onsite to treat this)
- Symptoms of heart attack or stroke
- Rapid deterioration in condition if a child was initially assessed as not requiring an ambulance

How to make the call:

- Ensure that a first aider stays with the child.
- Call 999 or 112 and ask for an ambulance.
- Give details of the school, address and if necessary, the location within the school.
- Tell them where to park – directly outside the Nursery School, or on Mildmay Grove North N1 4PL at the Upper School.
- Calmly explain the condition of the child/children and how they have come to be in that condition.
- Let the child know that help is on the way.

What happens if a child in our care has a Medical Emergency when offsite?

- A member/s of staff will make the area safe.
- A First Aider will be called immediately to assess the situation and begin treatment.
- A designated member of staff will call the Emergency Services immediately. (A mobile phone accompanies all outings. See 'Outings Policy').
- A designated member of staff will contact the child's parents and the School.
- Where a child has a medical condition necessitating an Individual Care Plan, the Care Plan Procedures will accompany all outings.
- A senior member of staff will accompany the child to hospital until such time as parents arrive.
- In the event of an accident outside the school involving more than one child and/or members of staff, a senior member of staff on the outing will notify the School Administrator at the relevant site who will contact parents/families immediately.



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Follow Up: As above.

Notifying other agencies:

- Islington Safeguarding Children's Partnership – see below re fatal or major injury.
- RIDDOR (HSE) will be notified without delay and followed up in writing within ten days on Form 2508 if an accident that resulted in the death or injury (see list above in Appendix 4), arose out of or was connected with a school activity. Road traffic accidents are exempt.

Incidents include:

- The death of a child whilst in the School's care, or later as a result of something that happened while the child was in School.
- Death or serious accident or serious injury to any other person on the School premises.
- Serious injuries (see Appendix 4 below).
- A serious injury of a child, requiring a visit to A&E or hospitalisation for more than 24 hours, either directly from our provision or later, as the result of something that happened while the child was in our care.
- Concussion eg if a child hits their head at School and is still suffering from this initial injury several days later necessitating parents to take the child to hospital.
- Any significant event that is likely to affect our suitability to care for children.

What happens if a member of staff, parent or visitor requires medical assistance whilst on school premises?

- A qualified first aider will to be called immediately to assess the situation and begin treatment if necessary.
- A designated member of staff will call the ambulance if required.
- A member of the family or close friend will be contacted as soon as possible without delay.
- A senior member of staff will accompany in the ambulance.

Follow Up:

- A record of any first aid treatment given by First Aiders will be made, including date, time and place of incident; name of injured or ill person; details of the injury/illness and what first aid was given; what happened to the person immediately afterwards (eg. went home, resumed normal duties, went to hospital); name and signature of the First Aider who dealt with the incident.
- RIDDOR (HSE) to be notified without delay and followed up in writing within ten days on Form 2508 if an accident results in:
Death



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Major injury

Over 7-day injury, where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days

Injury to pupils, or members of the public and who are taken from the scene of an accident to hospital

Near misses, where an event did not result in an injury but could have done

Note: Road traffic accidents are exempt.

Illness

What happens if a child becomes unwell in School?

- If the child is obviously unwell, the administrator or a designated member of staff will contact the child's parents to collect the child as soon as possible.
- If the child has a Healthcare Plan, the administrator or class teacher will administer their medication. A member of staff will notify the child's parents. Medicines listed in Schedule 19 of the Human Medicines Regulations 2012 can only be administered by a trained member of staff.
- If a member of staff thinks that a child has a fever, the class teacher or member of staff in the office will take the child's temperature using the school's electronic thermometer. If the temperature is higher than 37 degrees Celsius, the time and temperature will be recorded on the school's record sheet. The teacher will continue to monitor the child.
- If a child's temperature is higher than 38.5 degrees Celsius, it is officially a fever. The child's parents will be contacted immediately, and arrangements will be made to send the child home.
- If a child has a temperature, staff will take steps to reduce it (remove child's clothing, give a cold drink, mop brow etc). **NOTE:** The School is not permitted to administer paracetamol or any form of non-prescribed medication to a child **except** in extreme circumstances when a temperature is above 38.5 degrees, and paracetamol can be administered with written parental consent (see medicine policy) stating the dose to be given.
- If the illness is not severe and does not require treatment or collection, the pupil can rest quietly in the book corner in their classroom, or in the medical area on either site.
- If isolation is required, the upstairs staff room at the Nursery/the medical bed next to the office door at the Upper School will be used. When a child is being kept in isolation near the Upper School office, the door between the office and the Reception classroom will be kept open so staff can monitor the child and there is immediate access to a sink for handwashing. The sink area is screened from the rest of the classroom.

Material, equipment and facilities:



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The contents of first aid kits follow HSE recommendations and the school will maintain a First Aid checklist of its supplies which are checked and replenished termly by the administrator on both sites. Each site will have a first aid area with full first aid equipment, washing facility and bio disposal bags, with mini kits kept in each classroom. At the Nursery School, the First Aid corner is located downstairs near the kitchen area. In some cases, pupils who are taught in the upstairs classroom will have first aid administered there as it can be too distressing to move them.

For outings, the visit leader should assess the level of first aid provision they need and ensure a relevant first aider attends the trip. The contents of the school's outings first aid kits will also follow the recommendations provided by HSE.

The following members of staff are responsible for monitoring and maintaining First Aid supplies and checking their expiry dates:

Nursery School: Jane Clifford

Upper School: Laura Jones

Accommodation:

Neither site has space for a designated first aid room, however arrangements have been made for first aid corners. These will be fully stocked with the first aid supplies recommended by HSE, with nearby access to a sink and toilets.

At the Upper School, the First Aid corner has a designated sink. First Aiders will bring the injured or sick child to the first aid corner for immediate treatment or escalation as required. Where a child is injured and cannot be moved, first aid supplies will be brought to the child.

At the Nursery School, there are first aid kits on both floors, both close to sinks and toilets. Both rooms are large enough for a quiet space to be cleared in the event that a child needs first aid treatment.

Automated external defibrillators:

Both sites are equipped with an automated external defibrillator. All first aid courses cover the use of defibrillators and they are designed in such a way for lay bystanders to use them, following the voice prompts. AEDs are only required when the heart has stopped beating.

The distinction between heart attack and cardiac arrest:

Cardiac arrest is a life-threatening emergency where a person's heart has suddenly stopped pumping blood around the body. The person will be unconscious, unresponsive and will not be breathing normally or not breathing at all. It is essential to phone 999 immediately for an ambulance.

While waiting for the ambulance, first aiders can help to save the person's life by delivering CPR and using a defibrillator. Cardiac arrest can happen at any age and at any time.



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Heart attacks happen when a blood clot blocks an artery around the heart. The person will usually experience chest pain or tightness in the arm or neck. An ambulance must be called immediately. If the person is still conscious, they will not need an AED or CPR.

Medicines administration in schools:

Please see the Medicine Policy for more information about Healthcare Plans and personal medicine.

Personal medicines will be kept in labelled pouches in the children's classroom for the teacher or teaching assistant to administer in an emergency, such as asthma attack, anaphylactic shock or a more minor allergic reaction. These will be kept at height where pupils cannot reach them. Administrators may also be asked to administer medications. Parents should be notified that their child has required their medicines and, in all cases, there should be a second adult to witness the administration of the medicines with a log taken of the date and time.

In addition to school Paracetamol and Salbutamol, each site keeps 2 adrenalin auto-injectors (AAI) for emergency use. Only pupils whose health care plan requires an AAI can be given these, unless the first aider is instructed to administer them by the emergency services.

Mental Health:

Our school SENCo is also our Mental Health Lead. Working with staff and parents, the SENCo is trained to identify common mental health problems that face children. All staff are trained and expected to log any concerns about children on Wellbeing Manager and these are discussed at staff meetings to ensure a whole school approach to pastoral care and helping children build resilience.

KEY CONTACTS:

Islington Safeguarding Children's Board: 020 7527 3747

Riddor: Reports online. For reporting fatal and major injuries **only** call Incident Contact Centre on 0345 300 9923.

This Policy was reviewed, amended and agreed by the Council of Management in November 2023. It will be reviewed again in one year's time.

Danielle Dufey

Agreed by _____ Chair of the Council of Management

APPENDIX 1



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First Aid Needs Assessment – The Children's House School

First aid personnel	Required yes/no	Number required	Any other considerations
First Aid in the Workplace	No	0	Not a high-risk environment with chemical spills, machinery, and heavy-duty tools.
Emergency First Aid in the Workplace	Yes	2 on each site to ensure one Emergency First Aider is onsite at all times.	Lower risk environment. Main injuries and risks for staff, falls, trips and minor cuts. For children, head bumps, cuts and grazes, bruises, fall and trips.
Full Paediatric First Aiders – 12 Hour Course	Yes	3 Nursery 2 Upper School	EYFS children MUST have one Full Pediatric First Aider present onsite and during trips. To ensure someone is onsite at the Nursery at all times and also another offsite when required, we need 3 Full PFAs at the Nursery site and 2 at the Upper School site to cover Reception children. Moving forward, for EYFS, as certificates come up for renewal, staff will be booked onto the Full PFA course. Use St Johns Ambulance or British Red Cross – Ofsted approved courses.
Emergency Paediatric First Aid – 6 Hour Course	Yes	As many TAs and Teachers as possible	To ensure we have enough first aiders for playground cover and trips we will train as many staff as possible in Emergency PFA on both sites.
Appointed person	Yes	Headteacher – Upper School Deputy Headteacher – Nursery School H& Safety Lead	No onsite nurse on either site, both Administrators to ensure Health Care Plans and Medical Alerts are updated, however Headteacher, Deputy Head and H&S Lead to be Appointed Persons on their site, deputised by the Designated First Aiders who have carried out EFAW.
Additional specialised training received	Yes	Yes, all first aiders	Defibrillators, Adrenaline Autoinjectors
Administration of medicines to pupils	Yes	Administrators, class teachers. First Aiders can assist older children in taking their medication	See Healthcare Plans for details of emergency medications kept for specific children. Class teachers/office staff are asked to administer these medications in the event of an emergency and Administration of Medicines to Pupils Training is offered. Where prescription medicines are listed on Schedule 19 of the Human Regulations 2012, staff will require training. Currently there are no children with Schedule 19 prescription medications on either site.



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Mental Health First Aid	Yes	Mental Health Lead	Works in conjunction with Wellbeing Manager (iSAMS)
First aid equipment and facilities	Required yes/no	Number required	Any other considerations
First aid kit and storage container	Yes	All classrooms and office, medical area in Upper School	Records to be kept of these checks to ensure first aid supplies are in date and in plentiful supply for emergencies.
Travelling first aid kit	Yes	On all offsite trips for both Nursery and Upper School	EYFS trips – Full PFA, rest of school, Emergency PFA to attend, ensuring a spare person to attend hospital if necessary.
Additional specialised equipment	Yes	Defibrillator Autoinjector Inhaler spacer	EFAW & Emergency Pediatric First 12-hour & 6-hour courses cover use of defibrillators, autoinjectors and inhalers (with spacers for children) for both children and adults.
First aid corners	Yes	Both sites have a medical corner for children with first aid supplies which is close to a sink with arrangements made for removal of waste (body fluids). Must carry first aid supplies, be checked for expiry and cover a wide range of accidents, as well as thermometers.	Children who have a health care plan must have their medicine in their classrooms in a pouch clearly marked with their name and have a copy of their health care plan inside. Staff must be aware of their healthcare plans and understand when children may need to use their medication.

APPENDIX 2

All staff are responsible for ensuring that preventing the risk of infection and must reduce their own risk of contact with blood-borne or body fluid pathogens.

PPE is available at both first aid corners, as well in the cleaning cupboards. Gloves and aprons are most commonly needed; however, the school also keeps face masks. Yellow clinical wasted bags must be used when disposing of PPE and first aid materials.

Procedure:

- Child is injured or vomiting and is brought to the first aid corner
- First aiders must wash their hands, put on gloves and an apron
- The adult administers the relevant first aid
- Any items used to clean up blood or body fluids is disposed of in the clinical waste bags



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- The first aider must wash their hands, including arms and elbows with warm soapy water, even though gloves were worn
- All areas exposed to blood must be cleaned with a disinfectant using new PPE.

APPENDIX 3

HEAD BUMP ALERT

Child's Name:

Date:

Time:

Your child sustained a head injury at school today.

Please keep a careful eye on your child and take them to A&E immediately if they present with any of the following symptoms:

- Headache which is getting worse
- Vomiting
- Squint or double vision
- Unsteadiness when they walk
- Continuous crying
- Unusually sleepy or you cannot wake them
- Neck stiffness
- Decreased/loss of consciousness
- Having a seizure (fit)
- Bleeding from the ears or bruising behind the ears

Please do not hesitate to contact the school office if you have any further queries regarding the incident or next steps.

APPENDIX 4

Serious injuries, notifiable to RIDDOR, are defined as, but not limited to:

- broken bones or fracture;
- loss of consciousness
- pain that is not relieved by simple pain killers
- acute confused state; persistent severe chest pain or breathing difficulties



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- amputation
- dislocation of any major joint
- loss of sight (temporary or permanent)
- chemical or hot metal burn to the eye or any penetrating injury to the eye
- injury resulting from electric shock or electrical burn leading to unconsciousness or requiring resuscitation or hospitalisation for more than 24 hours
- any other injury leading to hypothermia, heat-induced illness or unconsciousness or requiring resuscitation
- unconsciousness caused by asphyxia or exposure to harmful substance or biological agent
- medical treatment or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin
- medical treatment where there is reason to believe that this resulted from exposure to a biological agent, or its toxins, or infected material.

Minor injuries are defined as, but not limited to:

- sprains, strains and bruising
- cuts and grazes
- wound infections
- minor burns and scalds
- minor head injuries
- insect and animal bites
- minor eye injuries
- minor injuries to the back, shoulder and chest

APPENDIX 5

In-school kits	Kits for off-site trips and activities
A first aid guidance card or leaflet giving general advice	A first aid guidance card or leaflet giving general advice
At least 20 adhesive hypo allergenic plasters (including blue plasters in food areas – kitchens, food technology etc)	6 individually wrapped sterile adhesive dressings
4 triangular bandages (slings)	2 triangular bandages individually wrapped and preferably sterile
6 safety pins	2 safety pins
Cleaning wipes	Individually wrapped moist cleansing wipes
Adhesive tape	
2 sterile eye pads	
6 medium sized unmedicated dressings	
2 large sized unmedicated dressings	1 large sterile unmedicated dressing
5 pairs of disposable gloves	2 pairs of disposable gloves



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1 Resuscitator	
Remove clinical waste bags	