



The Children's House

First Aid Policy

This policy should be reviewed annually or as necessary.		
Action	Reviewer	Date
Review	AS/TH/EG	Nov 2025
Approved by Chair of COM	DBD	Nov 2025
Date for next internal review		Nov 2026

Linked Policies:

- Health and Safety Policy
- Medicine Policy
- Mental Health and Wellbeing Policy
- Bump to Head, Head Injury and Concussion Policy
- Infection Control Policy
- Risk Assessment Policy
- Outings Policy
- Lone Working Policy
- Emergency Response Policy
- Fire Risk (Prevention) Policy
- Minibus 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](#)

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

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

[AED guide for schools](#)



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[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](#)

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 from 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 annually 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. We now train all EYFS staff with Cache Level 2 or higher, who qualified after 30 June 2016, in a PFA course within 3 months of starting at The Children's House to ensure we have the appropriate ratios of first aiders whilst onsite and during outings. PFA certificates must be renewed every 3 years.

First Aiders are 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.



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A list of first aiders and their roles can be found at both sites on the notice boards and first aid areas.

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, SLT, Business Manager, and staff members.

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 (RIDDOR), UK Health and Security Agency (UKHSA), and OFTSED 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 using the triage and reporting process outlined in our Bump to Head, Head Injury and Concussion Policy. Teachers will notify parents of other accidents at the end of the school day, unless following the Major Accidents Procedure, following which the Administrator or SLT will contact the parents.

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.

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



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Records are kept for all occasions where first aid is given to any pupil, member of staff or parents. Accident records and medicine administration records will be scanned onto the pupil's iSAMs record and kept for a minimum of 3 years. In the event of a very serious injury, records will be kept until the child is 21 years of age.

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 and signature of the first aider or person dealing with the incident

In the event of a head bump, the administrator will use the triaging procedure set out in the Bump to Head, Minor Head Injury and Concussion Policy when reporting to parents, if their child has any kind of bump to the head.

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 recorded in the Hazard Reporting book and are monitored until repairs are completed, and concerns about pupils are recorded in Wellbeing Manager (iSAMs) for DSLs to review. Results are shared with staff during staff meetings to ensure that everyone is aware of concerns and can share their own experiences or thoughts on how to improve safety around the School.

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 and used in accordance with the pupil's Health Care Plan. 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.



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- If a child bumps their head in school, it is the School's Policy to contact the parents to inform them of the incident, using the triaging steps in the Bump to Head, Minor Head Injury and Concussion Policy. In the event of any head bump or injury, the first aider will put a yellow wristband around the child's wrist to alert and remind staff and parents to monitor the child for concussion symptoms for the rest of the day and the coming days.

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
- 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



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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 Early Years' School, or on Mildmay Grove North N1 4PL at the Prep 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.

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 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).



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- 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 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
 - 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 according to the agreed instructions on their Healthcare Plan. 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.



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- 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 teacher/first aider will monitor the child.
- If a child's temperature is higher than 38 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 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 the child is unwell with a minor ailment such as a headache or toothache, the administrator may phone the parents to discuss next steps, which may include the parent giving written permission for the school to administer paracetamol or ibuprofen.
- If isolation is required, the upstairs staff room at the Early Years' site/the medical bed next to the Prep School office will be used. When a child is being kept in isolation near the Prep School office, the door between the office and the 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:

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 Early Years' site, 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 if it is 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 school minibus has a permanent first aid kit which is replenished termly with the Prep School first aid kits.



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

Early Years' site: Jane Clifford

Prep 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 Prep School, the First Aid corner has a designated sink adjacent to the school office. 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 Early Years' site, 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.

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 (automated external defibrillator) 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.



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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.

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 and adults. All staff are trained and expected to log any concerns about children on ISAMs Wellbeing Manager and these are discussed at staff meetings to ensure a whole school approach to pastoral care and helping children build resilience.

Staff have access to our Peninsula EAP programme and can access this service at any time.

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 2025. It will be reviewed again in one year's time or as required by changes in legislation.

Agreed by Brodie Bibby, Chair of the Council of Management

APPENDIX 1

First Aid Needs Assessment

Sept 2025

Organisation Details

Staff –

Early Years site – 13, including teachers, TAs, Office Staff, SLT (includes permanent and part-time staff)

Prep School Site – 25, including teachers, TAs, Office Staff, SLT (includes permanent and part-time staff)

Medical Conditions:

Type 1 Diabetes

Asthma

Vitiligo

Pupils –

Early Years site – 22

Prep School site – 98

Medical Conditions:

Range of allergies, such as nuts, lactose and gluten. The school is a nut free zone, and we provide gluten free foods as well as oat milk and vegan spreads to ensure these children do not have an allergic reaction to ingested items. Where children have a minor allergy to hand soaps and paints, we ensure these children wear gloves or use a hypoallergenic soap. Some children have Salbutamol inhalers and Cetirizine for a range of



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minor allergies, and a few have autoinjectors. Children with medicines onsite will have their own Health Care Plan and staff are trained to ensure they are confident administering medicines when children need them.

First aid personnel	Required yes/no	Number required	Any other considerations
Appointed person	Yes	1 – Business Manager for both sites	No onsite Nurse on either site, both Administrators to ensure Medical Plans and Medical Alerts are updated, however the Business Manager is the appointed person for both sites.
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. KHW – EG/LJ ES – TH/JC
Full Pediatric First Aiders – 12 Hour Course	Yes	All Early Years staff 2 Prep School	EYFS children MUST have one Full Pediatric First Aider present onsite and during trips. To ensure someone is on site at the Early Years site at all times and also another off site when required, we need 3 Full PFAs at the Elmore Street site and 2 at the Prep School site to cover Reception children. Use St Johns Ambulance or British Red Cross – Ofsted approved courses. We have decided to have all EYFS staff trained in the Full PFA course to ensure we always have the correct ratio for outings.
Emergency Pediatric First Aid – 6 Hour Course	Yes	As many TAs, Teachers and pupil facing staff as possible at the Prep School	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.
Additional specialised training received	Yes	All first Aiders during PFA/EPFA courses	Defibrillators, Autoinjectors, Salbutamol with spacer.
First aid equipment and facilities	Required yes/no	Number required	Any other considerations
Administration of Medicine	Yes	2 onsite at Prep and 1 onsite at Early Years site.	We do not have any children who require Schedule 19 medications, although we do aim to have two first aiders trained in giving medicines to pupils as a precaution, such as Calpol and Asthma inhalers (assistance only). Where specialist knowledge is required to ensure pupil safety (such as our pupil with Type 1 Diabetes), we will work with the relevant NHS trust to gain this knowledge. In all cases we will train multiple members of staff to ensure there are no gaps in periods of absence.
First aid kits and storage containers	Yes	All classrooms and office, and medical area in Prep School	Checked termly (and recorded) to ensure equipment and supplies are in stock and in date.



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Travelling first aid kit	Yes	On all offsite trips for both Early Years and Prep School	EYS 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. Currently, no pupils or staff have autoinjectors.
First aid room	Yes	Both sites need a medical area for children with first aid supplies which is close to a sink and has a bio-bin. 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 waste 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
- 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

ADVICE TO PARENTS AND CARERS CONCERNING CHILDREN WITH HEAD INJURIES

Your child has sustained a head injury today and following thorough assessment we are satisfied that the injury does not appear to be serious. Your child will come home wearing a



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yellow wristband to remind you of the head injury and to monitor them in the coming days for signs of concussion.

Please refer to NHS Head Injury Advice Sheet [here](#).

CONTACT YOUR DOCTOR, NHS 111 OR CONTACT THE ACCIDENT AND EMERGENCY DEPARTMENT IF YOUR CHILD DISPLAYS ANY OF THE FOLLOWING SYMPTOMS:

- Difficulty in waking from sleep
- Appears confused or not understanding what is said to them
- Vomiting
- Complaining of severe headache, or trouble with their eyesight
- Become irritable
- Has any kind of attack which you think is a fit or seizure
- Unconsciousness briefly or longer
- Difficulty in staying awake
- Slurred speech
- Visual problems including blurred or double vision
- Difficulty in understanding what people are saying/disoriented
- Confusion or amnesia
- Pins and needles
- Leakage of clear fluid from the nose or ears
- Vomiting repeatedly
- Bruising around eyes/behind ears
- Neck pain, balance problems or loss of power in arms/legs/feet

If your child is suffering from concussion:

- Expect the child to feel 'off colour'. Do not force them to eat, but make sure they have enough to drink.
- Expect the child to be more tired than usual. Allow them to sleep if they want to. Check on them every 2 hours in the first 24 hours. Do not be confused between normal sleep and unconsciousness – someone who is unconscious cannot be woken up – you need to be satisfied they are reacting normally to you.
- Expect the child to have a slight headache.
- Keep the child quiet and resting as much as possible. Keep them away from school, discourage active games, watching TV and reading until the symptoms subside.

These symptoms should improve steadily and the child should be back to normal within a few days.



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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
- 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 not notifiable and 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