

Immanuel Christian School

First Aid Policy

This policy is reviewed annually to ensure compliance with current regulations

Approved/reviewed by	
JG 7.9.25	
Date of next review	7.9.27

In Matthew 25:36 Jesus says, "I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me." In caring for the needy, we serve Christ and it is our duty and privilege to support and care for all pupils in the school optimally.

Key Points

All staff are expected to use their best endeavours in the event of a first aid emergency.

All staff must know:

1. How to call the emergency services – dial 999 and ask for an ambulance. If there is any doubt that an ambulance is required, call an ambulance straight away.
2. The location of the nearest first aid box (see Appendix 1) which will contain:
 - a. The names of and how to contact the School First Aiders (see Appendix 1)
 - b. A basic aide memoir for dealing with first aid emergencies (see Appendix 2)
 - c. Basic first aid equipment (see Appendix 3)

1. Aims

The aims of our first aid policy are to:

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

2. Legislation and guidance

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

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

3. Roles and responsibilities

Appointed person(s) and first aiders

The school currently has 4 trained First Aiders and 5 trained Paediatric first aiders. They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and bringing to the attention of the Claire Darley any requirement to replenish stock.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is

- an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in the accident book report on the same day, or as soon as is reasonably practicable, informing parents of any accident and where relevant, a 'bumped head' form goes home with the child.

First Aiders must complete a training course approved by the HSE. Refresher training is required every three years.

A paediatric first-aidler will be on the school site whenever children are present.

Parents are responsible to complete the full medical information form when their child joins the school. This information must be updated annually at the start of each academic year.

4. Appointment of First Aiders

The number of First Aiders required at the School shall be determined by the Governors and shall be reviewed annually or more frequently when required, for example following an accident or emergency.

When determining the appropriate number of First Aiders, the Governors will take into account the following:

- The number of staff and pupils present at any one time
- The distribution of staff
- The number and locations of the first aid boxes
- The number of staff and pupils with disabilities or specific health problems
- Arrangements for off-site activities
- Arrangements for out of school hour activities such as parent evenings
- Parts of the school premises with different levels of risks
- The types of activity undertaken
- The proximity of professional medical and emergency services
- Any unusual or specific hazards
- Accident statistics which will indicate the most common types of injuries, times and locations.

5. Reporting Accidents and Record Keeping

All members of the school community should report any accident or incident, however, minor, as soon as possible after it has occurred. When an injured person is unable to complete their own details of the accident, then the First Aider and/or witness should do it on their behalf.

All accidents or injuries to pupils, along with any treatment administered, will be reported to the pupil's parents/guardians on the day of the accident or as soon as is reasonably practicable.

Procedures when accidents occur on the School Site

Pupils:

A child is brought into the First Aid area in the back room.

An adult assists with first aid and if necessary a First Aider is called.

A note is completed for the parents/guardians showing where the injury occurred.

A log is kept of minor injuries

In the case of a head injury an additional note with head injury information is completed and handed to parents

If the injury causes concern the parents are informed immediately.

If the injury is serious an ambulance will be called.

A report is made to HSE if the child is taken to hospital or sustains a serious accident and a risk assessment is carried out

Provision is made in the back room for a child who is sick or injured, while they wait for a parent to collect them. A camp bed and blankets are stored in the upstairs room. The room will be partitioned to provide privacy and quiet for the child, although the room will not be used by others whilst the child is waiting. An adult will remain nearby, in case the child needs help.

Adults:

An adult is brought into the First Aid area in the back room.

An adult assists with first aid and if necessary a First Aider is called.

A log is kept of all injuries

If the injury is serious an ambulance will be called.

A report is made to HSE if the adult is taken to hospital or sustains a serious accident and a risk assessment is carried out

Provision is made in the back room for an adult who is sick or injured, while they wait for someone to collect them. A camp bed and blankets are stored in the upstairs room. The room will be partitioned to provide privacy and quiet, although the room will not be used by others whilst they are waiting.

The log must contain:

- The date, time and place of the event
- Details of those involved
- A brief description of the accident/illness and any first aid treatment given
- Details of what happened to the casualty immediately afterwards – for example, went to hospital, went home, resumed normal activities, returned to class.

The Head Teacher should be informed about any incident if it is at all serious or particularly sensitive, for example when a pupil has had to go to hospital or if one pupil has caused deliberate harm to another or where negligence might be suggested.

If, as the result of an accident, a member of staff is taken to hospital, is unable to work or subsequently becomes absent from work, the Head Teacher should be notified immediately.

The Head Teacher will report all serious accidents to the HSE as required. The Governing body is aware of its statutory duty under RIDDOR in respect of reporting the following to the Health and Safety executive as it applies to employees:

- An accident that involves an employee being incapacitated from work for more than three consecutive days.
- An accident which requires admittance to hospital for in excess of 24 hours.
- Death of an employee.

- Major injury such as fracture, amputation, dislocation of shoulder, hip, knee or spine.

For non-employees and pupils an accident will only be reported under RIDDOR:

- Where it is related to work being carried out by an employee or contractor and the accident results in death or major injury; or
- It is an accident in school which requires immediate emergency treatment at hospital.

6. Hygiene Control Guidelines

It is advisable to follow the Hygiene Control Guidelines recommended by the DfE listed below in all instances to provide protection against a range of infections to which staff may be exposed. The following is a basic hygiene procedure which should be put into operation in all instances against a range of infections which members of the school community may be exposed to:

Personal Hygiene

- Minor cuts, open or weeping skin lesions and abrasions should be covered with a suitable dressing.
- Sanitary towels and tampons should be placed in the disposal bins provided.
- Hands are to be washed with soap after going to the toilet and before food.
- Separate cleaning equipment is to be used for toilets.

Accidents Involving External Bleeding/Bodily Fluids

- Normal First Aid procedures should be followed, which should include the use of disposable gloves.
- Wash the wound immediately and copiously with water. Apply a suitable sterile dressing and pressure pad if needed.
- Cotton Wool should not be used in cleaning wounds since it is not sterile and could cause infection.
- As soon as possible seek medical advice should the bleeding continue.

Splashes of Blood from One Person to Another

- Splashes of blood on the skin should be washed off immediately with soap and water.
- Splashes of blood into the eyes or mouth should be washed out immediately with copious amounts of water.
- After accidents resulting in bleeding, contaminated surfaces, eg tables or furniture should be disinfected. Contaminated surfaces must be cleaned using the dedicated cleaning equipment located on the top shelf of the store cupboard.

7. Allergic Reactions and Other Medical Conditions

Where the school is made aware of Emergency Medication needs of a pupil as per the provisions of the Supporting Pupils with Long term Medical Needs Policy, all staff who teach the pupil will be trained on administering any medical assistance that might be needed should the emergency occur.

8. Contagious Illnesses

If a child has any of the contagious illnesses listed in the table below they must be kept away from the School for the specified period of time.

If a child is brought to the school with a contagious disease or illness the staff will not accept them until the minimum exclusion period has elapsed and they have recovered fully.

In addition:

- If it is suspected that a child is suffering from one of the illnesses listed below they will

be isolated and their parents contacted immediately and asked to pick the child up as soon as possible.

- If the child requires treatment for an on-going condition (i.e. asthma) the parent must sign the medicine consent form.
- Children who require antibiotics will only be allowed back 48 hours after the treatment has commenced unless medical advice is provided to the contrary.
- Parents must ensure that school staff can contact them in an emergency.
- A parent/carer must notify school staff if a child who has been attending the school becomes ill with a contagious disease.

The table below gives the incubation period parents/carers must adhere to:

<i>Disease</i>	<i>Minimum period of exclusion</i>
Covid-19	3 days after the day of the test (is +ive) or until fever stops/ child feels well
Chicken Pox	5 days from appearance of rash and until all blisters have crusted over
Conjunctivitis	None unless evidence of spread, then exclusion until healed or child feeling unwell
Dysentery/ diarrhoea/ vomiting	Until clinically fit with no diarrhoea for at least 48 hours
Food Poisoning	Until clinically fit with no diarrhoea/ vomiting for at least 48 hours
German Measles (Rubella)	5 days from appearance of rash
Hand, foot & mouth	None (if child is well enough). Follow guidance to keep away if blisters are widespread/ child is unwell
Head Lice	Treat immediately, no exclusion period
Impetigo	Until all sores have crusted and healed, or 48 hours after starting antibiotics
Jaundice	Until clinical recovery
Measles	At least 4 days from appearance of rash
Meningitis	Until clinical recovery
Mumps	5 days from onset of swollen glands
Scarlet Fever	24 hours after starting antibiotic treatment
Slapped cheek	None (once rash appears, no longer contagious)
Thrush	Until lesions have gone
Whooping cough	21 days from start of cough. Or 48 hours if antibiotic treatment has commenced

9. Ambulance Emergency

In an emergency a First Aider must be informed, a person trained in first aid must attend to the casualty and an ambulance called for without delay. The parents/carers will then be contacted. A member of staff must then accompany the child to hospital and wait for the parents to arrive. A First Aider must always be left in school. Every attempt to contact the parents will be made by the school. Should parents be unable to be contacted the relevant member of staff, usually the Headteacher, or in her absence another First Aider, will act on the parents behalf, providing parents have signed consent forms to this effect. Consent forms will be signed prior to a child's admission to the school.

Early Years Foundation Stage Provisions

A paediatric first aider will be on site whenever EYFS children are present. A paediatric first aider will always accompany EYFS children on school outings.

Parents must give written permission for each and every medicine and must be informed at the end of the day (or as soon as reasonably practicable) the time the medicine was actually administered so parents know when to give the next dose.

The school must ensure that allergies for pupils in EYFS are clearly documented before pupil admission and parents must be clear on the expectation that they will notify the setting immediately if there are any changes to allergy information.

It is a statutory expectation that EYFS pupils will have a paediatric first aid qualified member of staff supervising pupils (within sight and hearing) when they are eating.

Immanuel Christian School
First Aid Policy – version 3
Adopted by the Governors on 09/12/2017.
Reviewed January 2019
Amended and reviewed 25.2.22
Reviewed and updated 21.11.24
Reviewed 7.9.25

Appendix 1

Administering Medicines Policy

1. Introduction

This policy sets out the procedures for managing and administering medicines safely within Immanuel Christian School. The school is committed to ensuring that pupils with medical needs receive appropriate care and support, while safeguarding their health, safety, and wellbeing.

2. Aims

The aims of this policy are to:

- 2.1 Ensure the safe administration and storage of medicines
- 2.2 Support pupils with medical needs to attend school regularly
- 2.3 Provide clear guidance for staff, parents/carers, and pupils
- 2.4 Ensure compliance with statutory guidance and best practice

3. Legal Framework

This policy is based on:

- Children and Families Act 2014
- Department for Education guidance: *Supporting pupils at school with medical conditions*
- Keeping Children Safe in Education

4. Roles and Responsibilities

4.1 Governing Body

The governing body will ensure appropriate policies and procedures are in place and ensure staff are properly trained and supported

4.2 The headteacher will ensure this policy is implemented effectively; ensure staff receive appropriate training and ensure systems for record-keeping are in place

4.3 Staff will follow this policy when administering medicines; undertake training where required; keep accurate records and act in accordance with Individual Healthcare Plans (where applicable).

4.4 Parents/Carers will provide written consent for medicines to be administered; supply medication in its original packaging with clear instructions and inform the school of any changes.

5. Principles for Administering Medicines

5.1 Medicines should only be administered at school when it is essential

5.2 Wherever possible, medicines should be administered by parents/carers outside school hours

5.3 The school will only accept prescribed medicines that are:

- In date
- Clearly labelled
- Provided in the original container

5.4 Non-prescription medicines:

- Will only be administered where there is a clear need
- Require written parental consent
- Must comply with school procedures

6. Storage of Medicines

6.1 Medicines will be stored securely in accordance with instructions (e.g., refrigeration if required)

6.2 Emergency medicines (e.g., inhalers, adrenaline auto-injectors) will be readily accessible to staff at all times and not locked away

7. Administration Procedures

7.1 Medicines will only be administered by:

- Trained staff
- Staff who have volunteered to do so (except in emergencies)

7.2 Before administering medication, staff must check:

- The correct pupil
- The correct medication
- The correct dose
- The correct time
- The correct method

7.3 A written record will be kept of all medicines administered, including:

- Date
- Time
- Name of pupil
- Medication and dose
- Name/signature of staff member

8. Refusal of Medication

8.1 If a pupil refuses medication:

- Staff will not force them
- Parents/carers will be informed immediately
- The incident will be recorded

9. Emergency Situations

9.1 In an emergency:

- Staff will follow the pupil's Individual Healthcare Plan (see Appendix 2)
- Emergency services will be contacted where necessary
- Parents/carers will be informed as soon as possible

9.2 All staff will know:

- How to respond to common medical emergencies
- Who to contact for support

10. Educational Visits and Off-Site Activities

10.1 Medicines will be taken on trips where required

10.2 Staff will:

- Carry necessary medication
- Be trained to administer it
- Ensure appropriate risk assessments are completed

11. Record Keeping

11.1 The school will maintain accurate records of:

- Medicines administered
- Consent forms
- Staff training

11.2 Records will be stored securely in line with data protection requirements

12. Training

12.1 Staff will receive:

- General awareness training
- Specific training for particular medical needs where required

12.2 Training will be:

- Updated regularly

- Delivered by appropriate professionals

13. Disposal of Medicines

13.1 Parents/carers are responsible for collecting unused or expired medication

13.2 If not collected, the school will dispose of medication safely

14. Liability and Indemnity

14.1 The school will ensure appropriate insurance cover is in place

14.2 Staff acting in accordance with this policy will be supported

15. Unacceptable Practice

Staff must not:

- Administer medication without consent (except in emergencies)
- Ignore medical needs
- Use medication not prescribed for the pupil
- Allow medicines to be easily accessible to unauthorised individuals

16. Complaints

16.1 Concerns should be raised through the school's complaints procedure

17. Monitoring and Review

17.1 This policy will be reviewed annually

17.2 The governing body will monitor its implementation

Supporting pupils with long-term medical conditions policy

1. Introduction

This policy outlines the procedures and responsibilities for supporting pupils with long term medical conditions at Immanuel Christian School. The school is committed to ensuring that all pupils with long term medical conditions receive appropriate care and support to enable full participation in school life.

2. Aims

The aims of this policy are to:

- 2.1 Ensure pupils with long term medical conditions can access and enjoy the same opportunities as other pupils
- 2.2 Provide a clear framework for supporting long term medical needs
- 2.3 Ensure staff understand their roles and responsibilities
- 2.4 Promote partnership working with parents/carers and healthcare professionals
- 2.5 Safeguard pupils' health, safety, and wellbeing

3. Legal Framework

This policy has been developed in line with:

- Children and Families Act 2014
- Department for Education statutory guidance: *Supporting pupils at school with medical conditions*
- Keeping Children Safe in Education

4. Roles and Responsibilities

4.1 Governing Body

The governing body will:

- Ensure arrangements are in place to support pupils with long term medical conditions
- Ensure this policy is implemented effectively
- Ensure sufficient staff training is provided

4.2 Headteacher

The headteacher will:

- Ensure the policy is implemented
- Ensure staff receive appropriate training
- Ensure Individual Healthcare Plans (IHPs) are developed and reviewed

4.3 Staff

Staff will:

- Support pupils in accordance with this policy
- Undertake training as required
- Be aware of pupils' Individual Healthcare Plans
- Act appropriately in emergency situations

4.4 Parents/Carers

Parents/carers will:

- Provide accurate and up-to-date medical information
- Supply medication and equipment
- Inform the school of any changes

4.5 Pupils

Pupils will, where appropriate:

- Be involved in discussions about their care
- Take responsibility for managing their condition

4.6 Healthcare Professionals

Healthcare professionals will:

- Provide advice on medical conditions
- Support the development of Individual Healthcare Plans

5. Individual Healthcare Plans (IHPs)

5.1 IHPs will be developed for pupils with significant or long-term medical needs

5.2 IHPs will include:

- Details of the medical condition
- Symptoms and triggers
- Medication and dosage
- Required support
- Emergency procedures
- Contact information

5.3 IHPs will be:

- Developed collaboratively with parents and professionals
- Reviewed at least annually or when needs change

6. Managing Medicines

6.1 General Principles

- Medicines will only be administered when necessary
- Written parental consent is required

6.2 Storage

- Medicines will be stored securely
- Emergency medication will be easily accessible

6.3 Administration

- Only trained staff will administer medication where required
- A written record will be kept of:
 - Date
 - Time
 - Dose

- Staff member

7. Emergency Procedures

7.1 The school will ensure that staff are aware of emergency procedures

7.2 In an emergency:

- Staff will follow the pupil's IHP
- Emergency services will be contacted where necessary
- Parents/carers will be informed as soon as possible

8. Training

8.1 Staff will receive:

- General awareness training
- Specific training where required

8.2 Training will be:

- Updated regularly
- Delivered by appropriate professionals

9. Educational Visits and Activities

9.1 Pupils with medical conditions will be included in all activities wherever possible

9.2 Risk assessments will consider:

- Medical needs
- Medication access
- Staff training requirements

10. Absence and Reintegration

10.1 The school will support pupils returning after illness or hospitalisation

10.2 Support may include:

- Catch-up work
- Flexible arrangements

11. Liability and Indemnity

11.1 The school will ensure appropriate insurance is in place

11.2 Staff acting in accordance with this policy will be supported

12. Complaints

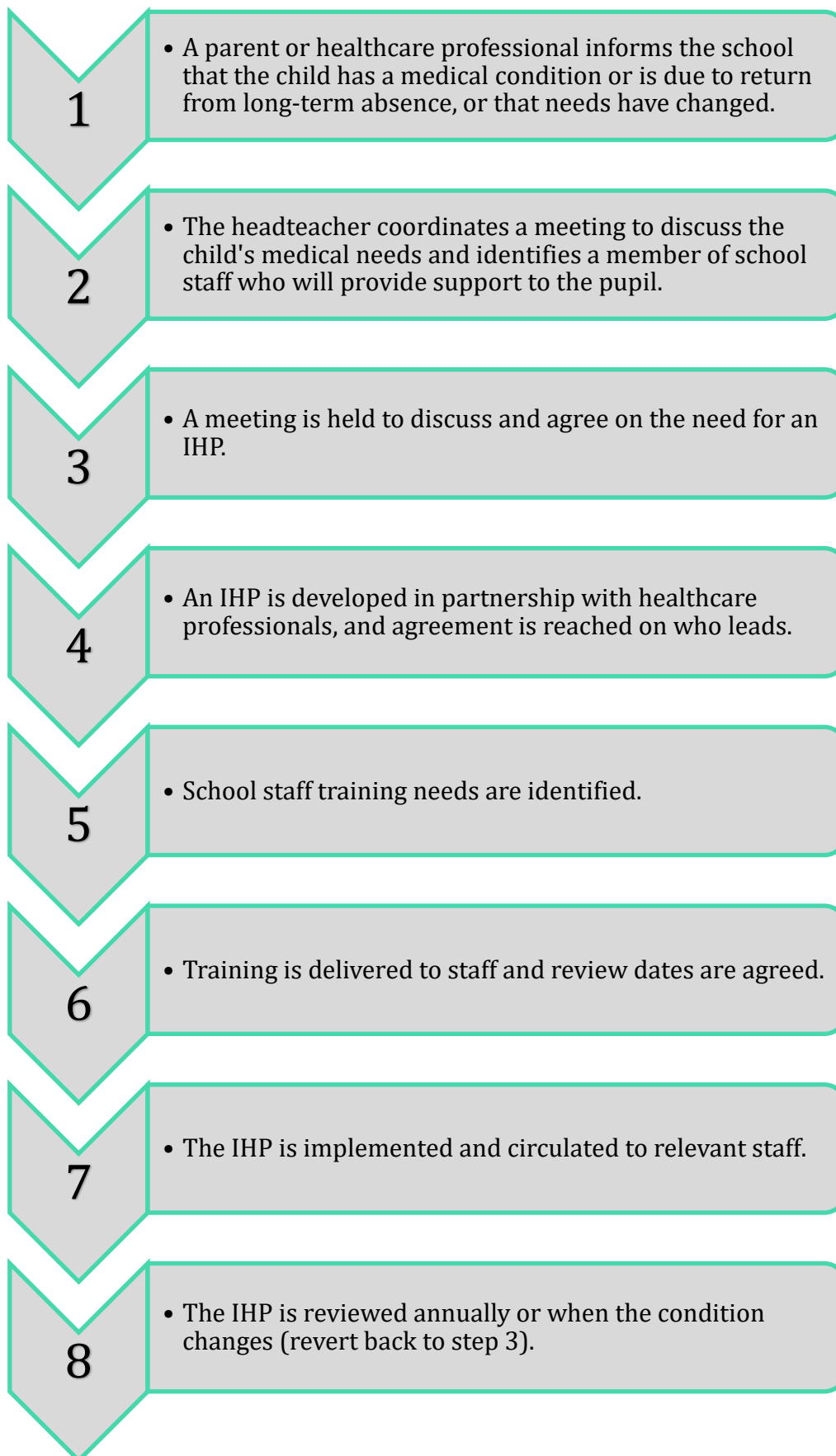
12.1 Concerns regarding this policy should be raised through the school's complaints procedure

13. Monitoring and Review

13.1 This policy will be reviewed annually

13.2 The governing body will monitor its implementation

Appendix 3: Individual Healthcare Plan Implementation Procedure



Appendix 4: Individual Healthcare Plan

Pupil's details

Pupil's name	
Group/class/form	
Date of birth	
Pupil's address	
Medical diagnosis or condition	
Date	
Review date	

Family contact information

Name	
Relationship to pupil	
Phone number	
Name	
Relationship to pupil	
Phone number	
Relationship to pupil	

Hospital contact

Name	
Phone number	

Pupil's GP

Name	
Phone number	

Who is responsible for providing support in school?

Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices and environmental issues
Name of medication, dose and method of administration
Daily care requirements
Arrangements for school visits and trips
Other information
Describe what constitutes an emergency, and the action to take if this occurs

Responsible person in an emergency, state if different for off-site activities
Plan developed with
Staff training needed or undertaken – who, what, when:

Appendix 5

Location of First Aid Boxes

The main first aid box is located in the kitchen on the shelf above the oven.

A separate first aid kit will be located in the EYFS classroom.

First aid kits for off-site activities are located in the kitchen on the shelf above the oven.

First Aiders

The current trained First Aiders (as at January 2026) are:

- Joanna Gulliford (Paediatric) (expires 4th May 2026)
- Mel Walford (Paediatric) (expires 1st October 2028)
- Sarah Bushell (Paediatric) (expires 1st October 2028)
- Jonathan Gulliford (Paediatric) (expires 4th May 2026)
- Jenny Joy (Paediatric) (expires 4th May 2026)
- Andy Joy (expires 9th May 2028)
- Sarah Salkeld (expires 1st October 2028)
- Alan Homersley (expires 1st October 2028)
- Kirsty Judge (expires 1st October 2028)

Appendix 6

Basic First Aid

Knowing what to do in an emergency is vitally important. If someone is injured, the following steps will keep them as safe as possible until help arrives:

- Keep calm
- If people are seriously injured call 999 immediately
- Contact a First Aider
- Make sure you and the injured person are not in danger
- Assess the injured person carefully and act on your findings using the basic first aid steps below
- Keep an eye on the injured person's condition until help arrives

Unconsciousness
If the person is unconscious with no obvious sign of life, call 999 and ask for an ambulance. If you or any bystander has the necessary skills, give them mouth-to-mouth resuscitation while you wait for the emergency services.

Bleeding
Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down, reassure them, keep them warm and loosen tight clothing.

Burns
For all burns put under cool running water for at least 10 minutes. Do not apply dry dressings, keep the patient warm and call an ambulance.

Broken Bones
Movement should be kept to a minimum.

Appendix 7

Contents of First Aid Boxes

The minimum contents of the on-site first aid box will be:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- Two sterile eye pads
- Six individually wrapped triangular bandages
- Six safety pins
- Six medium sized individually wrapped sterile unmedicated wound dressings
- Two large sterile wrapped unmedicated wound dressings
- Disposable gloves
- Plastic disposable bags for soiled dressings

The minimum contents of the first aid kits for off-site activities will be:

- A leaflet giving general advice on first aid
- 6 individually wrapped sterile adhesive dressings (assorted sizes)
- Two individually wrapped triangular bandages
- Two safety pins
- Individually wrapped moist cleansing wipes
- One large sterile wrapped unmedicated wound dressing
- Disposable gloves
- Plastic disposable bags for soiled dressings

Appendix 8 - Serious incident flow-chart

