

Bassett House School

S13 – First Aid Policy

Revised September 2025



Executive Summary

This policy is one of a number of policies concerned with health and safety.

Please also see Health & Safety Policy, Risk Assessment Policy and Trips & Visits Policy.

This policy applies to all staff and pupils, including pupils in the EYFS.

It reflects the statutory requirements in Section 3 of The Statutory Framework for the Early Years Foundation Stage 2021:

<https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

The policy reflects the guidance in First aid in schools, early years and further education, 2022:

<https://www.gov.uk/government/publications/first-aid-in-schools/first-aid-in-schools-early-years-and-further-education>

The policy provides basic information on first aid and medical procedures within the school.

1. Recording and reporting accidents

All accidents, whether or not these result in an injury, should be reported to the School Office Manager. The School Office Manager will complete an entry in the Accident Book. This will also be recorded on CPOMS and the Deputy Head and Head will be alerted automatically.

Staff involved in or witnessing an accident will be asked to write a full report and this placed on CPOMS.

2. RIDDOR – making a report to the Health & Safety Executive

It is a legal requirement that some accidents are reportable to the health and safety executive under RIDDOR.

Details can be found at <http://www.hse.gov.uk/riddor/index.htm> and the 'Injuries in schools' section within <http://www.hse.gov.uk/riddor/do-i-need-to-report.htm>.

RIDDOR reports are completed by the Deputy Head. Where necessary, the Deputy Head may require assistance from Class Teachers to complete the report to the HSE. This is an automatic requirement where it is necessary both to take any pupil for hospital treatment and also that treatment is given and also that it is the fault of the school. Otherwise, there is no obligation to report. If a child were to trip over themselves while running about in the park but the supervision was adequate and it was a perfectly normal and safe place for children to be running about, then even if the child were to need hospital treatment the event would not need to be reported via RIDDOR.



3. First Aid Training

- 3.1 Selected permanent staff (and in some instances temporary staff) are required to undergo first aid training within the first year of their employment.
- 3.2 All qualified staff have refresher training to ensure their qualifications are valid and up to date. Staff need to be aware that this training and further updates may take place at weekends or in the school holidays.
- 3.3 The following staff are required to have the three day 'First Aid at Work' certification:
 - Deputy Head
 - PE staff
 - Office Manager
- 3.4 Many other staff will also have this full qualification. Other staff, at the direction of the Head, will undergo one or two day training sessions leading at the very least to the recognised paediatric first aid certificate. Therefore, all staff will hold a valid minimum paediatric first aid qualification including those working with children under the age of 8 and those working in the EYFS
- 3.5 The Paediatric first-aid training undertaken by staff must be relevant for workers caring for young children. The training must cover the course content as for St John Ambulance or Red Cross paediatric first aid training and be renewed every three years.
- 3.6 At least one person with full first aid qualification is required in school at all times when children are present and on trips when children are offsite.
- 3.7 Staff working in the EYFS of the school must hold a recognised current paediatric first aid certificate. The training must satisfy the specific criteria laid out in Appendix A of the EYFS Statutory Framework.
- 3.8 At least one person who has a current EYFS paediatric first aid certificate must be on the premises, or on an outing, at all times when EYFS children are present.
- 3.9 A list of staff and their training is maintained on the MS Teams Portal under > 1 Governance, Policy & Inspection > Health & Safety with the title "First Aid Record 2025-26". An up to date list is also displayed in the staff room at 60 Bassett Road and 73 St. Helen's Gardens and is included as an appendix to this document. All staff therefore have access to the list for the school.
- 3.10 If the school enrolls a child with a specific medical condition e.g. diabetes or epilepsy additional training will be given to staff.
- 3.11 A number of staff are also trained in Mental Health First Aid (adults and children) to provide support for the mental health and wellbeing of both staff and pupils.

4. First Aid Boxes

- 4.1 First Aid boxes are located as shown in Appendix 1.
- 4.2 With regards to the location of first aid boxes in the setting, and also that in the EYFS, the school will ensure that there is a first-aid box accessible at all times
- 4.3 The member of staff responsible for the maintenance and replenishment of First Aid boxes is also named in Appendix 1. Members of staff must inform that staff member if items need replacing. There are also checklists attached to the First Aid boxes, which must be completed if items are used.
- 4.4 The member of staff responsible for the First Aid Boxes must check the boxes every two weeks.

5. Minor Accidents to Children

- 5.1 Any child with a minor injury, which requires further treatment in school, should be sent to the school office accompanied by another child. A minor injury is one that may safely and with confidence be treated and resolved within the school, using basic and minimal first aid.
- 5.2 Details of the injury and the treatment given will be recorded in the Accident Book. A copy of the accident form must be sent home to the parents of the child. A digital record is also created on CPOMS.
- 5.3 Plasters are not applied routinely but these may be applied to replace an existing plaster or with the parent's permission or if the child is known to have no allergic reaction.
- 5.4 Staff must wear disposable gloves if bleeding is taking place.
- 5.5 A form teacher must be notified if a child in his or her class has had an accident during the day. This will normally be done by the member of the office staff who has treated the child. It is unacceptable for a child to go home with an injury without any explanation being given to the parent. Form teachers must ensure that minor injuries are mentioned to the adult collecting the child at the end of the day.
- 5.6 Children requiring further treatment after a minor accident may be sent home as soon as a parent or other responsible adult (nominated by the parent) is available.
- 5.7 With some minor accidents, it may still be advisable to telephone parents to advise them of the accident even if the child does not need to be sent home.

6. More serious accidents

6.1 In the case of accidents to pupils the following procedure should be followed:

- Keep other pupils away and send a message to the office immediately.
- If unqualified in First Aid, a member of staff who is qualified must be called to assess the situation before the child is moved.
- Never attempt to move anyone who may be seriously hurt.
- If the accident is of a very serious nature an ambulance must be called. Any member of staff may call an ambulance to the school, if it is considered to be necessary. If possible, the Head, or a senior member of staff, should be notified when an ambulance is required.
- Parents must be notified as soon as possible, preferably by a senior member of staff, of any accidents or injuries sustained by a child whilst in the school's care, and of any first aid given.
- A careful note of the time of the accident should be made and the attending member of staff should be prepared to comment on the child's condition during the minutes before the paramedics arrive.
- A member of staff should accompany the child in the ambulance if the parents have not been able to get to the school in time.
- If there has been any form of accident an accident form must be completed as soon as practicable after the accident. This should also be recorded electronically on CPOMS.
- A review of the cause(s) of the accident should take place as soon as practicable and senior staff should consider any changes which may be required to prevent a similar accident in the future.

7. Accidents to staff

- 7.1 The same procedure should be followed with accidents to members of staff as for accidents to children.
- 7.2 Any accident to a member of staff involving personal injury must be reported to the office and must be recorded in the accident booklet. The Head should be emailed with an account of what has happened.
- 7.3 Staff should ensure that the office has the contact details of someone who may be contacted in the event of an emergency.

8. Head injuries

- 8.1 Head injuries are serious and especially so in children.
- 8.2 If there is a head injury of any kind a member of staff, usually the member of staff who witnessed the injury, must, in addition to completing an accident form, promptly make contact with the child's parents. This is to ensure parents are informed of a bump to the head or an injury to the face in order to allow them the opportunity to take their child to their own doctor should they wish so to do and so that they may be vigilant for any signs of concussion in the hours following the incident. The Accident form will also be sent home with the child. This should also be recorded electronically on CPOMS.
- 8.3 Injuries to the head or face should also be reported to the Head or a senior member of staff.

9. Soiling

- 9.1 When soiling accidents occur, it is upsetting for the child and should therefore be dealt with sensitively by members of staff. Preferably, the child should be attended to by staff with whom he or she is familiar. If intimate areas of the child need to be washed there should be more than one member of staff present and permission should be sought from the child to help him or her be cleaned. The child should be encouraged to do as much as possible without staff help.
- 9.2 The child should be given items of spare clothing. When practicable, the child's garments can be washed in the school machine, and sent home in a bag with a request for the school garments to be returned to school, washed and ironed, as soon as possible.
- 9.3 Parents should be informed of the incident.

10. Spillage of body fluids

- 10.1 Single use disposable gloves must be worn when dealing with blood or other body fluids. Basic hygiene procedures must be followed and care must be taken when disposing of equipment/materials contaminated by body fluids. These must be disposed of in sealed bags and placed in an appropriate refuse container.

10. Illness

10.1 When a pupil becomes ill at the school, the following procedure should be followed:

- The sick pupil should go to the office accompanied by another child or a member of staff.
- The School Office Manager will deal with minor complaints and make a judgment as to whether to contact the pupil's parents.
- Parents must be contacted as soon as it is judged that a pupil is too ill to stay at school. If it is impossible to contact parents (or the emergency contacts whom the parents have nominated) immediately, regular efforts to contact them must be continued. The child can lie down on the medical bed, if necessary, until he or she can be taken home.

- Any member of staff may call an ambulance but if possible the Head or a senior member of staff should be consulted.

11. Administration of medicines

- 11.1 The usual advice from doctors is that children who are unwell should not be in school. However, children may need medicine while they are at school to cope with an allergy or chronic illness (such as diabetes or asthma) or because they are recovering from a condition which requires the completion of a course of treatment involving antibiotics.
- 11.2 No medicine must be administered at school without a signed and dated consent form from the child's parents or guardian. These forms are kept in the school's office.
- 11.3 If medicines are to be administered at the school, the following procedures **must** be adopted:
 - No staff should ever give medication of **any** kind (including Optrex eye lotion, throat lozenges, creams, Calpol or similar) to a child without the prior consent of the parent. In almost all instances, the office staff will be responsible for administering medicines.
 - The smallest practicable amount of the medicine should be brought into the school by the parent, with clear written instructions for administration as also recorded on the Administering Medicine form (see Appendix 2). This must be lodged with the School Office Manager who will upload this against the pupil's iSAMS profile. The medicine will then be kept in the school office or segregated in a refrigerator to which children do not have access.
 - The medicine will be self-administered by the child whenever possible, under the close supervision of one of either the school office manager or the Form teacher (who are all either Paediatric First Aid or First Aid at Work qualified).
 - Whenever medicines are administered, the time and the dosage **must** be recorded forthwith on the administering medicines form and the entry countersigned by another member of staff. The administration of the dose **must** be advised in writing by handing over a copy medicine administration form to the parent or carer collecting the child.
 - In the event of a child feeling unwell, the child's teacher can request the school office (or a school secretary may in these circumstances decide) to telephone the parent to discuss the matter and to obtain permission to administer a paediatric analgesic such as Calpol.
 - The Administering Medicines form should be completed to await the parent collecting the child and **must** be signed by the parent when he or she collects the child.
- 11.4 Children who have Type 1 Diabetes may require the administration of insulin during the school day. Where this is necessary, the School Office Manager and the child's form teacher will be trained to administer this and how to monitor the child's blood sugar. Children with epilepsy or other conditions may also require regular medication during the school day. The Administering Medicines form is still required but may be adapted according to the child's condition and needs and with the agreement of the child's parents.
- 11.5 In compliance with Early Years statutory requirements, prescription medicines will not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin will only be given if prescribed by a doctor).
- 11.6 All medications must be in the original container and in date and can be found in a refrigerator in the 60 Bassett Road main office.

12. Anaphylaxis Policy

- 12.1 All medical forms are checked on an annual basis at the start of the September term (or on admission if a child joins the school part way through an academic year) and parents are required to update the school with any new information which arises during the year.
- 12.2 A record of all children who are known to suffer from anaphylactic shock is kept by the school and displayed in appropriate locations. It is the responsibility of all teaching, lunch, office and peripatetic staff to make themselves aware of any child who is at risk of suffering anaphylactic shock and to be aware of the procedure to follow in the event of a child showing symptoms.
- 12.3 Epipens and other medication of known anaphylaxis sufferers must be readily available, at all times, in case of emergencies. For most children there should be one pen kept in the classroom and a second pen kept in the office. They must be clearly labelled with the name of the child. For children with severe allergy it may on occasion be necessary for the child to carry the pen in a 'bum-bag' or similar. Staff **must** ensure that on occasions when children leave the school premises, e.g. sport, field trips, visits etc, the appropriate medication is taken.
- 12.4 The School Office Manager will check the expiry dates of epipens at the beginning of each term and will inform parents if their child's epipens are about to expire and need to be replaced.

13. Prevention of anaphylactic shock

- 13.1 In order to minimise exposure to triggers of anaphylactic shock (e.g. nuts / egg / wasp or bee stings), staff must be vigilant when:
 - Allowing birthday cake/biscuits in class
 - Cooking
 - Supervising lunch
 - Taking children on outings
 - End of term parties are taking place
 - Washing hands: it can take only a trace on a sufferer's lips to produce an allergic reaction.
- 13.2 Any child known to have allergies to food products should have his or her own 'safe' bag of treats in school. These can be used to give the child a treat should birthday cake or other foodstuffs be brought into the classroom. Class teachers should ask parents to provide these.
- 13.3 The school has a strict 'no nuts' policy – however staff should still be vigilant, as parents can forget and may include items such as peanut butter in packed lunches
- 13.4 In the event of anaphylactic shock the following protocol should be observed:
- For known cases of children who are allergic to nuts/eggs/wasp/bee stings:
 - At first signs which may include itchy skin/swelling to tongue/runny nose/ eyes, the **member of staff must take the child to the office**
 - Office staff will notify the Head, or a member of the SLT, **immediately**.
 - Follow the medical protocol outlined for that child which may initially involve the administration of a medication such as Piriton.
 - If the child's face or lips begin to swell or there is any sign of breathing difficulty **DO NOT DELAY – ADMINISTER THE EPIPEN** according to training given. This is in the upper quadrant of the thigh or buttock. The pen must be depressed into the skin for at least 10 seconds.
 - **Call 999**, telling the ambulance service that you have a child in anaphylactic shock. This is the responsibility of a) office, or b) staff in attendance – either way, ensure the call has been made
 - After calling 999, then contact parents/emergency numbers and let them know what has happened and to which hospital the child has been taken (if known).
 - A member of staff must accompany the child to hospital if the parent has not arrived.

- If the ambulance is delayed in arriving and there has been no improvement after 10 minutes, then administer a second EpiPen.
- 13.5 All incidents of anaphylactic shock must be recorded in the Accident Book.

14. Asthma Policy

- 14.1 The check of the medical forms should also reveal those children prone to asthma attacks.
- 14.2 Inhalers belonging to known asthmatics must be supplied to the child's school by his or her parents. Such an inhaler must be readily available, at all times, in case of emergency.
- 14.3 Inhalers are kept in the school's office and a second inhaler for each child may be kept in the child's classroom if necessary. All inhalers must be clearly labelled with the child's name and dosage and upon receipt of an inhaler from a parent, the office staff should check the inhaler is marked prominently with the child's name and that a completed and signed Administration of Medicines form is on file.
- 14.4 Inhalers must be taken to games (in the first aid box) and also on school outings. On residential trips **two** inhalers should be taken, one to be kept in the child's bag and one to be carried by the child's teacher or group leader.
- 14.5 In the event of a **minor attack**, the child should be accompanied to the office by a member of staff or the office staff asked to collect the child. In this event the following symptoms will occur and the child:
 - Will be able to continue with the task in hand
 - Can still concentrate
 - Does not disturb school activities
 - Recognises that he/she is having an attack and may start own treatment, i.e. blue reliever inhaler
 - Gets better quickly
- 14.6 In the event of a **severe attack**, the following symptoms will be evident:
 - Treatment for minor attack does not work
 - Child distressed, unable to talk
 - Breathing fast > 40/min
 - Coughing and wheezing
 - Fast heart rate > 120/min
 - Blue lips
 - **Do not delay: Dial 999 and say that it is an emergency – child with severe asthma attack**
 - Call the child's parents
 - At the same time, stay calm and re-assure the child
 - Keep child in upright position (do not allow the child to lie down, as this restricts breathing further). The child may feel more comfortable sitting with arms resting over the back of a chair
 - Stay with the child until the ambulance arrives
 - If the parent has not arrived, a member of staff must accompany child in ambulance to A&E
- **14.7 NB** Such an attack is a frightening experience for the child, so try to stay calm to prevent panic in the child increasing and thus making the situation worse.
- 14.8 All incidents should be recorded in the Accident Book and digitally on CPOMS.

15. Infectious Diseases

- 15.1 The school follows advice from its health authority. If a member of staff is concerned that a child is suffering from an infectious disease or has returned to school too soon after suffering from such a disease, he or she must notify the Head immediately.
- 15.2 Staff should notify the Head of any infectious disease that comes to their attention, as there may well be members of the school community who may be adversely affected. Similarly, any member of staff who believes herself to be pregnant should inform her Head at the earliest opportunity so that, should the school become aware of any infectious disease, this can immediately be brought to the expectant mother's attention and the situation assessed for risk.
- 15.3 As basic good hygiene practice and also to prevent the spread of disease, staff should be vigilant about washing their hands and should ensure that children also frequently wash their hands, especially before consuming food.
- 15.4 Tissues should be available in classrooms at all times; children should be encouraged to use them and to dispose of these appropriately.

16. Nits/Headlice

- 16.1 If it is suspected that a child has nits or head lice, this should be treated with sensitivity so as to minimise embarrassment to the child. The child should be sent to the office and the School Office Manager will contact the parent.
- 16.2 If the child has live lice, then he or she will usually be sent home and a notification will be sent to the parents of the rest of the children in the class requiring all parents to treat all the children in the class, together with siblings. After any such infestation, the Deputy Head may decide to mount a whole school inspection.

17. Staff medication

- 17.1 If staff are required to take medication which may impact upon their ability to work and care for children they must notify the Head immediately.
- 17.2 All medications must always be stored securely, and out of the reach of children at all times.

18. Medical Information

18.1 Medical Forms

- 18.1.2 The parents of every new child are required to complete a medical form, giving medical information. They are also advised to let the school know of any new medical matters.
- 18.1.3 Within the first week of term all medical forms will be checked by the school's office and a list compiled of the children whose parents have identified medical problems giving information on each child's condition
- 18.1.4 These medical information lists are given to all relevant staff to keep on file, regardless of whether they teach that child.
- 18.1.5 The Medical information lists are updated when necessary and new information given to staff, including kitchen staff.
- 18.1.6 Staff must be aware of all children within the school who suffer from allergies or specific medical issues, not only the children that they teach regularly.
- 18.1.7 Medical forms are kept in the child's file in the office.

Review

Policy reviewed	September 2025
Policy agreed and adopted by governors	September 2025
Next policy review	August 2026

Appendix 1 - Location of First Aid boxes

There are First Aid boxes located

- in the school office
- in each classroom
- in the corridor leading to the science room
- in the staff room at 60 Bassett Road
- in the staff room at 73 St. Helen's Gardens
- in the PE department
- in the art room
- in the kitchen
- in the 73 St. Helen's Gardens Cave Room

The member of staff responsible for First Aid boxes is Mr Russell Friese.

The Accident Book is kept in the school office.

Accident Booklets with the Accident Forms are kept in each classroom and by the PE staff.

Epipens and inhalers accompany those pupils at risk wherever they may go.

Appendix 2

Administering Medicines Parental Request Form

For a child to receive prescribed medicines (e.g. antibiotics), the form below must be completed and signed by the child's parent. Staff cannot administer prescribed medicines without written permission.

All medicines must be clearly marked with the child's full name and the prescribed dosage.

Full Name of Child	
Name of Parent/Guardian	
Full name of prescribed medicine/lotion	
First dose due in school/day care (listing time and amount)	
Second dose due (if applicable)	
I request the school to give the doses of medicines as shown above. Signed:	
Date:	

Appendix 3

Staff name		Date last qualified	Qualification	Renewal date
Friese	Russell	22/9/2023	First Aid for Schools FAW	Sep-26
El Agami Raine	Rania	2/9/2022	First Aid for Schools Paediatric	Sep-25
Holland	Fiona	21/4/2022	First Aid for Schools FAW	Apr-25
Lagesse	Jake	22/9/2023	First Aid for Schools FAW	Sep-26
McEneaney	Alice	2/9/2022	First Aid for Schools Paediatric	Sep-25
Moore	Annalyn	2/9/2022	First Aid for Schools Paediatric	Sep-25
Moulton	Alastair	22/9/2023	First Aid for Schools FAW	Sep-26
Tlak	Agnieszka	31/3/2023	Tigerlily Paediatric First Aid	Mar-26
Zablotna	Ewelina	4/9/2023	First Aid for Schools Paediatric	Sep-26

List of First Aid qualified staff

List of staff enrolled on First Aid qualifications September 2025

First Aid at Work (9 am - 5 pm)

- Russell Friese
- Alastair Moulton
- Manuja Hughes
- Fiona Holland
- Holly Smith

Paediatric First Aid (9 am - 4 pm)

- Ewelina Zablotna
- Rania El Agami Raine
- Jake Lagesse
- Chris Simpson
- Roo Kirk
- Beth Piper
- Annalyn Moore
- Amina Jinova
- Agi Tlak
- Katie Floyd
- Christopher Woodward
- Andreea Masala
- Chevonne Ivors-Read
- Catherine Dembek