



First Aid Policy

Policy rewritten October 2025 – Review date November 2026

1.0 Statement

Bradford Christian School is committed to providing a safe environment to safeguard and minimise risk to staff, pupils, visitors and contractors. We provide a framework for responding to incidents and recording and reporting outcomes in accordance with current legislation.

2.0 Legal Framework

This policy complies with:

- The Health and Safety (First-Aid) Regulations 1981
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- The Statutory Framework for the Early Years Foundation Stage (EYFS) September 2021
- The Education (Independent School Standards) Regulations 2014

3.0 Responsibilities

3.1 First Aid Personnel

The headteacher must appoint someone to be in charge of first aid arrangements. The school has at least one first aider to meet the needs of employees, pupils and visitors. First aiders should receive 'appropriate' training from a competent first aid training provider. First aid qualifications are usually valid for 3 years, with refresher training arranged ideally annually, but at least before the certificate expires.

Staff members appointed and trained in first aid are listed in Appendix 2. All first aid trained staff will be provided with a personal face shield for use in the event that mouth-to-mouth resuscitation is required.

3.2 Early Years Foundation Stage (EYFS) Requirements

We must have at least 1 person with a paediatric first aid (PFA) certificate. This person must be at school and available at all times when children are present and must accompany children on outings.

Emergency PFA courses should be face-to-face and last for a minimum of 6 hours. Full PFA courses should last for a minimum of 12 hours. Certificates must be renewed every 3 years.

3.3 School Trips

A trained first aider carrying a first aid kit will accompany all school trips. For any EYFS trips, a fully trained Paediatric first aider will be present.

3.4 Headteacher Responsibilities

The headteacher is responsible for:

- Ensuring that an appropriate number of trained first aid staff are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Carrying out a first aid needs assessment at least annually
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Ensuring adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary within required timescales under RIDDOR
- Notifying ISI of any serious accident, illness or injury to or death of an EYFS pupil while in the school's care as soon as practicable, and no later than 14 days after the incident
- Notifying Bradford Children's Social Care of any serious accident, illness or injury to or death of an EYFS pupil while in the school's care

4.0 First Aid Provision

4.1 First Aid Needs Assessment

We carry out a first aid needs assessment at least annually to determine how much provision we need, considering: the size of our school, location, layout, any specific hazards or risks on site, the specific needs or disabilities of our pupils and staff, the age range of our pupils, and the number of first aid personnel required.

4.2 First Aid Boxes

First aid boxes are marked with a white cross on a green background and contain at least: a leaflet giving general advice on first aid, individually wrapped sterile adhesive dressings in different sizes (20 pieces), sterile eye pads (2 pieces), individually wrapped triangular bandages (2 pieces), safety pins (6 pieces), individually wrapped sterile unmedicated wound dressings (6 medium and 2 large), and disposable gloves (3 pairs).

First aid boxes are located in: the staff room, kitchen, EYFS, Room 3, Room 5, Room 14 and Science lab. Portable first aid kits are taken on all trips.

All medical kits are checked monthly and checks recorded (see Appendix 3).

4.3 Medical Accommodation

We have medical accommodation that is suitable for medically examining and treating pupils, suitable for the short-term care of sick and injured pupils, has a washing facility, is near a toilet, and caters for pupils with complex needs.

Our medical accommodation includes: a medical inspection room for medical treatment, therapy, and space for sick or injured pupils who need to rest on a bed; a sick bay for ill or injured pupils waiting to be picked up; a store for first aid materials; a source of drinking water and disposable cups; a foot-operated refuse container; a medical/examination couch with waterproof protection

5.0 Procedures for Managing Incidents Requiring First Aid

5.1 On-Site Accidents

In the event of an accident resulting in injury in school:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider
- We aim to gain consent before giving first aid. Consent can be given verbally in the moment. Where there's no time, or if the person is unconscious or choking, implied consent can be assumed.
- The first aider will assess the injury and decide if further assistance is needed from a colleague or emergency services
- The first aider will remain on scene until help arrives
- The first aider will decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child
- If emergency services are called, a member of SLT will contact parents immediately
- The first aider will record the incident on MIS (for students) the date, time and place of the incident, name of the person affected, details of the injury or illness and what first aid was given, what happened after the incident, and the name of the first aider

5.2 Off-Site Accidents

When taking pupils off school premises, staff will ensure they always have:

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils, details on what medication their child needs to take if going on a residential trip, consent for staff to administer medications, contact details, and information about dietary requirements

If bringing information digitally, we keep it safe by encrypting any information stored on a portable electronic device or password protecting any information kept in cloud-based storage. If bringing paper information, we keep it in a locked suitcase or in a safe at the accommodation. Risk assessments are completed by the organising teacher prior to any educational visit.

5.3 Medical Records

Parents complete medical information for their child using the parent portal on the MIS system annually. It is the parent's responsibility to update the portal with any updates relating to their child's medical conditions and needs.

5.4 Medication Storage

All asthma medication is stored in an appropriate place in the child's classroom for Primary, Acorn and Oak students. Middle and Upper students carry their inhalers with them. Any other medication required during school time is stored in the medical cabinets in EYFS and the medical room or the staff cupboard in room 14.

5.5 Accident Recording

- Middle and upper students should see a department first aider or go to the office in the event of a minor accident
- The office team will ensure that a trained first aider administers appropriate first aid
- Details are recorded by the first aider on MIS including: date, time and place of the incident, name of the person affected, details of the injury or illness and what first aid was given, what happened after, and the name of the first aider
- Parents are notified via MIS on the same day where possible, or as soon as reasonably practical after

- A head injury treatment guidance sheet is automatically sent to parents with accident notifications when an accident resulted in a head injury (see Appendix 1)

5.6 Sickness in School

Parents are requested not to send their child to school if they feel unwell or have been sick during the night. Children who have been absent due to sickness may return to school 24 hours after they start to feel better if there are no other symptoms. If there are other symptoms (fever, diarrhoea, headache), they should not return to school for 48 hours.

Class teachers should refer sick pupils to a member of the senior leadership team who will make a decision as to whether the pupil rests in the medical room or goes home. Parents will be called if they are to go home. Any member of SLT has authority to make the final decision and no student should go home without their knowledge.

5.7 Administration of Medicines

Primary Pupils: Staff will not administer medication to Primary pupils other than antibiotics, parents must give permission via MIS parent portal and state the time and dose required. The medicine must come to school in a named bottle with clear instructions for administration. The teacher giving the medication will complete an MIS record stating the time it was taken and return the medicine to the parent or carer at the end of the day.

Primary students can be given a dose of paracetamol within the school day on the instruction of the parent, who will provide the appropriate liquid paracetamol, provided they have given permission through the parent portal on MIS.

Secondary Students: Secondary students are allowed 1 paracetamol if permission has been provided by their parents beforehand through the parent portal on MIS and after checking they have not recently taken other medication. Written permission is requested annually from parents when the annual medical information is completed on MIS. Parents are informed via MIS if a child has been given a paracetamol tablet. Should requests for paracetamol become frequent from a pupil, parents will be contacted.

6.0 Record Retention

We keep accident book records for at least 3 years as required by The Social Security (Claims and Payments) Regulations 1979.

For first aid records, we keep records of injuries until the pupil turns 21. This helps protect the school against personal injury claims made by pupils, as under the Limitation Act 1980, a pupil could make a personal injury claim for up to 3 years after their 18th birthday.

We retain records for medicines administered to children for as long as those children are pupils at the school.

7.0 Related Policies

This policy should be read in conjunction with:

- Health and Safety Policy
- Medical and Intimate Care Policy
- Safeguarding Policy (Child Protection Policy)
- Overarching Risk Assessment Policy
- Educational Visits Policy

8.0 Version Control

Date of Adoption of this Policy	21 October 2025
Date of last review of this policy	December 2024
Date of next review of this policy	November 2026
Policy Owner (SLT)	Hannah Pickles

Head Injury Advice Sheet

Advice for parents and carers of children



How is your child?



RED

If your child has any of the following during the next 48 hours:

- Vomits repeatedly i.e. more than twice (at least 10 minutes between each vomit)
- Becomes confused or unaware of their surroundings
- Loses consciousness, becomes drowsy or difficult to wake
- Has a convulsion or fit
- Develops difficulty speaking or understanding what you are saying
- Develops weakness in their arms and legs or starts losing their balance
- Develops problems with their eyesight
- Has clear fluid coming out of their nose or ears
- Does not wake for feeds or cries constantly and cannot be soothed

You need urgent help

Go to the nearest Hospital Emergency (A&E) Department or phone 999



AMBER

If your child has any of the following during the next 48 hours:

- Develops a persistent headache that doesn't go away (despite painkillers such as paracetamol or ibuprofen)
- Develops a worsening headache

You need to contact a doctor or nurse today

Please ring your GP surgery or call NHS 111 - dial 111



GREEN

If your child:

- Is alert and interacts with you
- Vomits, but only up to twice
- Experiences mild headaches, struggles to concentrate, lacks appetite or has problems sleeping

If you are very concerned about these symptoms or they go on for more than 2 months, make an appointment to see your GP.

Self Care
Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 - dial 111

How can I look after my child?

- Ensure that they have plenty of rest initially. A gradual return to normal activities/school is always recommended.
- Increase activities only as symptoms improve and at a manageable pace.
- It is best to avoid computer games, sporting activity and excessive exercise until all symptoms have improved.

www.what0-18.nhs.uk

This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight

Head Injury Advice Sheet

Advice for parents and carers of children



Concussion following a head injury

- Symptoms of concussion include mild headache, feeling sick (without vomiting), dizziness, bad temper, problems concentrating, difficulty remembering things, tiredness, lack of appetite or problems sleeping – these can last for a few days, weeks or even months. Some symptoms resolve quickly whilst others may take a little longer.
- Concussion can happen after a mild head injury, even if they haven't been "knocked out".
- 9 out of 10 children with concussion recover fully, but some can experience long term effects, especially if they return to sporting activities too quickly. It is really important that your child has a gradual return to normal activities and that they are assessed by a doctor before beginning activities that may result in them having another head injury.
- If you are very concerned about these symptoms or they last longer than 2 months, you should seek medical advice from your doctor.

Advice about going back to nursery / school

- Don't allow your child to return to school until you feel that they have completely recovered.
- Try not to leave your child alone at home for the first 48 hours after a significant head injury.

Advice about returning to sport

- Repeated head injury during recovery from concussion can cause long term damage to a child's brain.
- Expect to stay off sport until at least 2 weeks after symptoms are fully recovered.
- Always discuss with your child's school and sports club to discuss a gradual return to full activity.

For further information:

Rugby: goo.gl/1fsBXz



Football: goo.gl/zAgbMx



For further support and advice about head injuries, contact:



- Call their helpline on 0303 303 2248
- Download factsheet from website: goo.gl/SPv4RJ
- Visit their support page: goo.gl/r9PZth



www.what0-18.nhs.uk

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Record of First Aid Provision

First-aid personnel	Required Yes/no	Number needed
First-aider with a first aid at work certificate (FAW)	Yes	Poppy Virgo (12/9/27)
First-aider with additional training Paediatric First Aid	Yes	Adrienne Hall (exp 3/9/27) Vicky Peckover (exp 5/5/28) Sara Peckover (exp3/9/27) Charlene Curtis (exp 5/5/28) Ella Marsden (exp 3/9/27) Elisha Hutcheson (5/5/28) Claire Aldridge (Exp 5/5/28) Christine Morley (Exp 3/9/27) Poppy Virgo (Exp 29/11/25) Jake Horton (Exp5/5/28) MiriamKaunjika (Exp5/5/28) Jen Cooper (exp 5/5/28) Valerie Grintals (Exp5/5/28) Charlotte Lofthouse (Exp 29/11/25) Sophie Crompton (Exp29/11/25) Marie Oxford (Exp5/5/28) Caleb Kwon (Exp 5/5/28) Rebecca Ryan (5/5/28) Hannah Stockill (5/5/28) Beth Wilson (3/9/27) Virginia Romano (3/9/27)

first Aid Level 3		Poppy Virgo (12/9/27)
First-aid equipment and facilities	Required Yes/no	Number needed
Dust- and damp-proof first-aid container	Yes	
Kit contents	Yes	Sterile Plasters Hypoallergenic plasters Antiseptic wipes Micro pore tape 3 pairs Disposable gloves Face guard 2 x sterile eyepatches 2 x triangular bandages Forehead thermometer 6 x HSE medium dressing 2x large HSE dressing Dressing scissors
		6 safety pins
Additional equipment (specify), eg foil blankets, eye wash bottles, shears, microporous tape	Yes	Cold Packs Eye wash (staff room & lab)
Defibrillator	Yes	In Staff Room
Traveling first-aid kit	Yes	Available from- EYFS, staff room, AP – contents 1 x Large dressing 2 x pairs latex gloves 2 x sterile wipes 10 x assorted plasters 10 x safety pins 1 x face shield 1 x micropore tape 2 x triangular bandage 1 x hand sanitiser
First-aid room	Yes	1 – Sign on door

First aid kits available at: Staff room

Room 2
 Room 3
 Oak classroom

Kitchen
Science Lab
EYFS
Room 5

Appendix 3

Monthly First Aid Kit Checking

Each main first aid kit should contain: Sterile Plasters, Antiseptic wipes, Micropore tape, Disposable gloves, 2 x sterile eyepatches, 2 x triangular bandages, Forehead thermometer, 2 x HSE medium dressing, 2x large HSE dressing, Dressing scissors

Each travel kit should contain: 1 x Large dressing, 2 x pairs latex gloves, 2 x sterile wipes, 10 x assorted plasters, 10 x safety pins, 1 x micropore tape, 2 x triangular bandage, 1 x hand sanitiser

