



KINGDOM
CHRISTIAN SCHOOL

FIRST AID POLICY

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1. Policy Statement

This policy is to ensure that Kingdom Christian School can take action to apply first aid treatment in the event of an accident involving a child or adult. At least one adult with a current first aid certificate is on site at any time. In the Early Years unit there is always one qualified paediatric first aider in the class. At least one currently qualified first aider is to accompany the children if they are on an educational off-site trip. The first aid qualification includes first aid training for infants and young children. We aim to ensure that first aid training is nationally approved and is relevant to adults caring for young children.

The aims of First Aid are to:

- Preserve life
- Prevent illness or injury from becoming worse
- Relieve pain (if possible)
- Promote recovery
- Protect the unconscious

The provision of prompt and appropriate first aid can reduce the severity of an injury or illness; and in extreme cases, could mean the difference between life and death. Every workplace has a legal responsibility for ensuring adequate first aid provision

This policy pays due regard to the following regulations:

[Education Regulations \(Independent School Standards\) \(England\) 2010 \(SI 2010/1997\) Regulation 3](#)
[DfE Guidance on First Aid for Schools](#)
[Health and Safety \(First Aid\) Regulations 1981](#)

2. Responsibilities

Headteacher

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

- Ensuring that an appropriate number of trained first aid personnel are always present in the school.
- 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.
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- Undertaking, or ensuring that staff undertake, risk assessments, as appropriate, and that appropriate measures are put in place.
- Ensuring that adequate space is available for catering to the medical needs of pupils.
- Reporting specified incidents to the HSE when necessary.

School Staff

School staff are responsible for:

- Ensuring they follow first aid procedures.
- Ensuring they know who the first aiders in school are.
- Completing accident reports for all incidents they attend to where a first aider is not called.
- Informing the Headteacher of any specific health conditions or first aid needs.

The person responsible for checking and replenishing the first aid box contents is Lorraine Pooley.

3. Training

First aiders must complete a training course approved by the Health and Safety Executive (HSE). Refresher training is given every three years. We currently have 7 staff members with Pediatric First Aid.

4. First Aid Procedures

All children who feel unwell should, if possible, be brought to the sick bay located on the landing.

First aid kits should be available in all main areas of school, including the landing, nursery, foyer and playground to provide first aid at the point of accident or injury.

In the event of a more serious accident or injury walkie talkies should be used to ask for assistance.

On assessing each situation, the First Aider must decide if it is within their training and competence and act based on this judgment, this includes ringing for emergency services where necessary.

Minor Injuries

These will be assessed and dealt with by the first aider and a note home completed which is passed on to parents at the end of the day, together with a verbal explanation by a member of staff.

If there is even the slightest concern that the injury may be more serious, parents will be contacted immediately.

Major Injuries

If a child requires emergency treatment and an ambulance is called, parents are contacted immediately to inform them of what has happened and where their child has been taken.

Parents sign a consent form at registration allowing a member of staff to take their child to the nearest Accident and Emergency Unit to be examined, treated, or admitted as necessary on the understanding that they have been informed and are on their way to the hospital.

Allergens/Benedict's Law

For the school's procedures on how we protect children with allergies please refer to our **Allergy & Anaphylaxis Policy**.

EYFS Safer Eating

A member of staff who is Paediatric First Aid trained will be present whenever children are eating. Any incidents of choking will be recorded in the **accident report book**.

Location of First Aid Kits

The first aid kits in school are located in the following areas:

1x In the Nursery Classroom inside the locked cupboard
1X upstairs landing

1x travel first aid kit, transferred outside during playtimes.

1X first aid kit in the foyer area

Recording of Incidents:

Staff should report any accident or incident as soon as possible after it has occurred and fill in the **accident report book**.

Reports must contain:

- The date, time, and place of the event
- Details of those involved
- A brief description of the accident and any first aid treatment given

All records are communicated with parents on collection of the child and parents sign to say they have been told. If a child has had a more significant injury the staff member may ring the child's parents to inform them.

If a child has had a bump to the head, a bump head letter is given to parents on collection, containing information about bumps to the head.

The first aid book is kept in the window downstairs outside Rainbows classroom.

5. Procedures for Children Who Are Sick or Infectious

- If a child appears unwell during the school day – for example, if they have a raised temperature, sickness, diarrhoea, or pains (particularly in the head or stomach) – staff will contact parents/carers and ask that the child is collected as soon as possible.
- Children with a temperature will be kept comfortable, with excess clothing removed but away from draughts. They will be supervised in the designated medical area.
- A child's temperature will be taken using a forehead thermometer.
- Medication (such as Calpol/paracetamol) will not normally be administered to reduce a temperature unless this is part of an agreed healthcare plan. Any medication administered will only be given with prior parental consent and recorded in the medication log, in line with school **Administering Medicines Policy**.
- In an emergency, an ambulance will be called and parents/carers informed immediately.
- Children must remain at home for 48 hours after the last episode of vomiting or diarrhoea.
- The school reserves the right to refuse attendance if a child is clearly unwell, has a temperature, vomiting, diarrhoea, or a contagious infection.
- Where children are prescribed antibiotics for an infectious illness, parents are encouraged to keep the child at home for at least 24–48 hours, depending on medical advice and how the child is feeling.

- During outbreaks of infectious illness, certain activities (e.g. sand/water play or shared food activities) may be suspended to reduce the risk of cross-infection.

Head Lice

Head lice are not an excludable condition. Parents/carers will be informed if head lice are identified and asked to treat their child promptly. Children may return to school once treatment has begun.

HIV, Hepatitis and Infection Control

HIV and Hepatitis (A, B and C) are spread through body fluids. Universal hygiene precautions are used at all times, including:

- Staff wear disposable gloves and aprons when dealing with blood, vomit, urine or faeces.
- Soiled clothing is rinsed if appropriate, double-bagged, and returned to parents/carers.
- Spillages are cleaned using appropriate disinfectant and disposed of safely.
- Surfaces, furniture and toys are thoroughly disinfected

6. Guidelines for Pupils with Asthma

Most pupils with asthma will take charge of and use their inhaler from an early age and it is good practice to allow pupils to always carry their inhalers with them, particularly during PE lessons and at lunchtime. If a pupil is too young or immature to take responsibility for the inhaler, staff should ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the pupil's name. Pupils with asthma must have immediate access to their inhalers when they need them.

It would be helpful for parents to provide the school with a spare inhaler for use in case the original inhaler is left at home or runs out.

7. Personal Medicines

Legally, schools are not compelled to administer medication to children because of the risks involved and possible legal consequences. However, it is the school policy, wherever possible, to assist children and parents by administering prescribed medicines in school time only with the written signed consent of the parent/carer with clear guidance on dosage and time and in a named pharmacy prescribed container **IF** the teacher concerned is prepared to do so.

Procedure:

- Parents must ensure that all medicines are clearly marked, with the child's name, dosage and times that the medicine needs to be administered.
- Parents must hand the medicine directly to the teacher.
- The child must be well enough to be at school, as it remains school policy that the best place for children when they are ill is at home.
- Consent forms and records are to be completed.

8. Reporting

Staff Illness/Accidents

The Headteacher should be notified immediately if a member of staff becomes ill or has an accident at work. Any accident regarding a member of staff should be recorded in the **staff accident book**.

In an emergency, the Headteacher has details of employees, and their emergency contact numbers. Staff should inform the Headteacher of any changes to their emergency contact details.

Serious Incidents

Ofsted is notified as soon as possible, but at least within 14 days of any instances which involve:

- food poisoning affecting two or more children looked after on our premises.
- a serious accident or injury to, or serious illness of, a child in our care and the action we take in response; and
- the death of a child in our care.

Local child protection agencies are informed of any serious accident or injury to a child, or the death of any child, while in our care and we act on any advice given by those agencies.

Any food poisoning affecting two or more children or adults on our premises is reported to the local Environmental Health Department.

We meet our legal requirements in respect of the safety of our employees and the public by complying with [RIDDOR](#). We report to the Health and Safety Executive ([HSE](#)):

- Any work-related accident leading to an injury to a member of the public (child or adult), for which they are taken directly to hospital for treatment.
- Any work-related accident leading to a specified injury to one of our employees. Specified injuries include injuries such as fractured bones, the loss of consciousness due to a head injury, serious burns or amputations.
- Any work-related accident leading to an injury to one of our employees which results in them being unable to work for seven consecutive days. All work-related injuries that lead to one of our employees being incapacitated for three or more days are recorded in our accident book.
- When one of our employees suffers from a reportable occupational disease or illness as specified by the [HSE](#).
- Any death, of a child or adult, that occurs in connection with a work-related accident.
- Any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident, but could have done, such as a gas leak.

Any dangerous occurrence is recorded in our incident book.

Notifiable Diseases

Certain illnesses are classified as notifiable diseases under the [Health Protection \(Notification\) Regulations 2010](#). Medical professionals are responsible for notifying Public Health authorities. However, when the school becomes aware of a confirmed case, the Headteacher will:

- Inform the appropriate authorities as required
- Follow advice from the [UK Health Security Agency \(UKHSA\)](#)
- Inform parents/carers where appropriate, while maintaining confidentiality

9. Related Policies

The following school policies are related to this policy:

- Allergy & Anaphylaxis Policy
- Health & Safety Policy
- Administering Medicines Policy

Version control table

Version	Date	Changes	Approval
1	2026	Re-branded to KCS. Formatting. Removed Annex B Allergy and Anaphylaxis – this is now its own policy. Section 4 updated to include EYFS Safer Eating	SO

Appendix A: NHS Guidance – When to Keep Children Off School

Illness	When to Stay Off School
Fever (high temperature)	Until temperature has returned to normal without medication
Vomiting or diarrhoea	48 hours after the last episode
Chickenpox	Until all spots have crusted over
Measles	At least 4 days from onset of rash
Mumps	5 days from onset of swelling
Rubella	5 days from onset of rash
Conjunctivitis	Not usually excluded (if child feels well)
Hand, foot and mouth	Until child feels well enough to return
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotics
Scarlet fever	24 hours after starting antibiotics
Tonsillitis / sore throat	No exclusion unless child is unwell or advised by GP
Head lice	No exclusion – treat promptly

Appendix B – List of Qualified First Aiders

Staff Name	Pediatric First Aid Trained
Mrs Shani Ozenbrook	Yes
Mr Mark Ozenbrook	No
Mrs Rebecca Jennings	Yes
Miss Paige Wistow	Yes
Mrs Chantelle Price	Yes
Mrs Juliana Pointon	Yes
Mrs Naomi Gonzales	Yes
Mrs Emma Povey	Yes
Mrs Lucy Boneham	No

APPENDIX C - General Hygiene Procedures - see also the school Intimate Care Policy

Hand washing (with soap and water)

Always wash and dry your hands

- Before touching food
- After using the toilet
- After taking a child to the toilet
- Before and after giving First Aid

Gloves

Always use disposable gloves if:

- You have an uncovered cut or sore on your hand
- You have eczema
- You are using bleach or other chemicals
- You are cleaning up blood, faeces or urine

Cuts, grazes and scratches

Take care to cover your cuts and grazes with a waterproof dressing until a scab forms.

If a child gets a cut, scratch or bite etc., that breaks the skin:

- wash the cut with warm water or an antiseptic wipe
- dry it
- cover it with a waterproof plaster

Cleaning Up

Always wear gloves

- Wrap any bloodstained dressings in polythene bags and dispose of them in a bin with a liner and cover and take away from the children.
- Other bodily fluids should be disposed of in the same way.

When cleaning up hard surfaces (work tops, tables, floors etc.):

- cover spillage with paper towels, wash area with household bleach (1 part bleach to 9 parts water). If bleach is not available wash with very hot, soapy water.
- pour the bleach gently over spillage - if possible, leave for 30 minutes.
- wipe up with disposable towels. Put in a lined, lidded bin.
- if cleaning up carpets or other material surfaces use hot soapy water instead of bleach

Appendix D -First Aid Kit Contents

Contents
Triangular bandages x 4
Sterile dressings: - Small x 3 - Medium x 3 - Large x 3
Composite pack containing 20 assorted (individually wrapped) plasters x 1
Sterile eye pads (with bandage or attachment) e.g. No 16-dressing x 2
Container of 6 safety pins x 1
Sterile saline wipes / eye wash pods
Guidance card as recommended by HSE x 1
2 x pairs of disposable plastic (PVC or vinyl) gloves
5 x plastic disposable apron
A non-contact digital thermometer
Cool packs
Vomit Pack