First Aid Policy

September 2026

1. Policy Statement

This policy forms part of the School's Health and Safety arrangements. Birtley House Independent School is committed to providing appropriate first aid so that pupils, staff and visitors who become ill or are injured receive prompt and suitable assistance.

The School will maintain first-aid arrangements that reflect the needs of its pupils, staff, premises and activities. There will be at least one nominated person responsible for delivering first aid on site during the School day, 8.30am to 3.30pm, with sufficient trained cover arranged to meet the School's assessed needs.

2. Aims

- to provide prompt and appropriate first aid for illness and injury
- to ensure suitable numbers of trained first aiders are available
- to maintain accessible first-aid equipment and emergency arrangements
- to ensure accidents, injuries and treatment are recorded and parents/carers are informed when appropriate
- to support pupils with medical conditions and emergency medication safely
- to meet applicable health and safety requirements

3. Legal and Guidance Framework

This policy has been reviewed with regard to current requirements and guidance in force in England at September 2026, including:

- Health and Safety at Work etc. Act 1974
- Health and Safety (First-Aid) Regulations 1981
- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Education (Independent School Standards) Regulations 2014
- Department for Education guidance
- Health and Safety Executive guidance on first aid at work and incident reporting in schools

This policy should be read alongside the School's Health and Safety, Safeguarding and Child Protection, Administration of Medicines/Supporting Pupils with Medical Conditions, Educational Visits and Risk Assessment procedures.

4. Responsibilities

4.1 Proprietor / School Leadership

The Proprietor and Head Teacher are responsible for ensuring that appropriate first-aid arrangements are in place, informed by a first-aid needs assessment. The Head Teacher may delegate operational duties while retaining oversight.

4.2 First Aiders

First aiders will provide assistance within the limits of their training, seek emergency medical help where necessary, maintain appropriate records and follow infection-control procedures.

4.3 All Staff

Minor complaints are dealt with in the first instance by the adult on duty. During class time this will normally be the teacher; at break and lunchtime this will normally be the member of staff or midday supervisor on duty. Staff should summon a qualified first aider whenever the injury or illness is beyond minor first aid or causes concern.

5. First-Aid Provision and Locations

- First-aid boxes are available in every classroom. Teachers should know their location and contents. During break times and lunchtimes, staff on duty should have access to an outdoor first-aid bag.
- A defibrillator (AED) is kept in the conservatory. Staff should know how to summon emergency assistance and access the AED promptly.
- 2 Spare emergency EpiPens are kept in the School Office.
- Emergency Asthma Kits are kept in every classroom.
- If an incident is considered an emergency, help should be sent for to the School Office and a first aider will attend the child.
- First-aid kits will be checked regularly and replenished after use. Their contents will reflect the School's first-aid needs assessment.

6. Qualified First Aiders

6.1 Qualified Paediatric First Aiders

Lisa Walker	Annie Gaughan-Jeynes
Marc Hewitt	Grace Quirk
Dan Cook	Nathalie Snelgrove
Lavanya Karthik	Emily Connor
Lisa New	Susanne West

Paediatric first-aid training last took place on 1 September 2025 and the recorded certificates expire on 1 September 2028. Certificates must be renewed within the applicable period and the School will maintain sufficient current cover.

6.2 First Aid at Work

Ellie Austin and Sarah Whelan are qualified First Aid at Work first aiders, including to provide cover for staff. The current policy records training in May 2025 with expiry in May 2028.
The School will keep an up-to-date central training record and will arrange refresher or renewal training as required.

7. Pupils Requiring Special Medical Awareness

Relevant staff will have access to appropriate information about pupils who may require special medical awareness, for example asthma or serious allergies. Information must be handled confidentially and only shared with staff who need it to keep the pupil safe.
Where required, an individual healthcare or emergency plan will set out the pupil's needs, medication and emergency response. Emergency instructions should be readily accessible to relevant staff.

8. General Procedure for Illness or Injury

- Make the area safe and assess the pupil or other person
- Provide minor first aid if competent to do so, or summon a qualified first aider
- If the situation is serious or potentially life-threatening, call 999 immediately. Do not delay an ambulance call while attempting to contact parents/carers
- Supervise the pupil and keep them appropriately comfortable while awaiting further help
- Inform the parent/carer where required
- Record the accident, illness and first-aid treatment in accordance with Section 15

9. Head Injuries

All suspected head injuries will be taken seriously. A trained first aider should assess the pupil. In accordance with the School's existing procedure, a head-bump sticker/notification is given to the child, a record is retained and the parent/carer is informed.

Emergency medical assistance must be sought where symptoms indicate a potentially serious head injury. A pupil with suspected concussion must not return to sport or another potentially hazardous activity until this is considered safe in accordance with appropriate medical advice.

10. Medicines

Medicines required during the School day must be supported by written information/consent from a parent or guardian stating the required dose and other necessary instructions, in accordance with the School's medicines procedures.
The School Office administers routine medicines under the School's existing arrangements. Each dose administered must be recorded. Emergency medication may be administered by appropriately trained/authorised staff in accordance with the pupil's healthcare or emergency plan.
Medicines must be stored securely while remaining appropriately accessible in an emergency.

11. Asthma

Children with asthma must have appropriate reliever medication available in School. The School's current arrangement is for a pupil's inhaler to be kept in the child's classroom, unless an individual healthcare plan specifies otherwise.
If a child has an asthma attack, they should be kept calm, seated comfortably and given their prescribed reliever medication in accordance with their healthcare plan or medication instructions. The administration must be recorded.
For a mild episode, the pupil may resume activities when fully recovered and the parent/carer should be informed. If symptoms are severe, worsening, not responding to the reliever medication, or otherwise cause serious concern, call 999 immediately.

12. Severe Allergies and Adrenaline Auto-Injectors

The School maintains information about pupils at risk of serious allergic reactions. Where a pupil is prescribed adrenaline auto-injectors, the School's current arrangement is for an individual emergency pack containing relevant medical information and two prescribed devices to be kept in the child's classroom, unless the pupil's individual plan specifies otherwise.
In suspected anaphylaxis, follow the pupil's emergency plan, administer the prescribed adrenaline auto-injector without delay and call 999. Parents/carers must be informed as soon as practicable.

13. Serious Injury and Calling an Ambulance

Call 999 where someone is seriously ill or injured, their life may be at risk, or urgent professional medical assessment is required. Examples include, but are not limited to:

- chest pain or suspected cardiac emergency
- serious difficulty breathing or a severe asthma attack
- unconsciousness or significantly altered consciousness
- severe or life-threatening bleeding
- severe burns or scalds
- choking
- a prolonged or serious seizure
- suspected serious concussion, head, neck or spinal injury
- drowning or near drowning
- a severe allergic reaction / suspected anaphylaxis

Where hospital treatment is required but the situation is not urgent, a parent/carer may be asked to collect the child and take them for assessment. Where an ambulance is called, the parent/carer will be informed. An appropriate member of staff will accompany the child where necessary and remain until responsibility is transferred to the parent/carer or healthcare professional.

14. Infection Prevention and Control

When treating cuts, wounds or where contact with blood or bodily fluids is possible, staff should use disposable gloves. Hands should be cleaned before and after treatment where practicable. Contaminated materials must be disposed of safely in accordance with School procedures.

15. Reporting and Record Keeping

A record must be made of significant accidents and first-aid treatment. Records should include the date, time and place of the incident; the person affected; what happened; treatment/action taken; the first aider or member of staff involved; parental contact; and any follow-up.
The School Office will retain accident/first-aid records securely and in accordance with the School's record-retention and data-protection arrangements. Records relating to pupils or staff should also be placed on the relevant file where required by School procedure.
The School's existing seven-year retention practice should be applied unless the School's current retention schedule or legal advice requires a longer period for a particular record.

16. RIDDOR and External Reporting

The School will assess serious accidents, specified injuries, occupational diseases and dangerous occurrences against the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

For employees, reportability includes specified injuries and certain work-related injuries resulting in more than seven consecutive days of incapacity for normal work duties (excluding the day of the accident). Work-related injuries causing more than three consecutive days of incapacity must still be recorded even where they are not reportable under the over-seven-day rule.

For pupils and other non-workers, an incident is reportable where it arises out of or in connection with a work activity and results in death or the person being taken directly from the scene to hospital for treatment, subject to the detailed RIDDOR criteria.

Fatalities, specified serious incidents and dangerous occurrences will be notified without delay where required. Reports will be made using the current HSE reporting arrangements. The Head Teacher is responsible for ensuring required reports are made and may delegate this responsibility to the Director, Paul Mortimer-Lee.

17. Educational Visits and Off-Site Activities

First-aid requirements must be considered as part of the risk assessment and planning for educational visits and off-site activities. The trip leader will ensure that suitable first-aid supplies, relevant medical information, emergency medication and appropriate trained cover are available.

18. Paediatric First Aid

Where Birtley House provides for children, at least one person with a current full paediatric first-aid certificate must be on the premises and available at all times when children are present, and must accompany children on outings, in accordance with the current statutory framework.

19. Staffing Ratios

The current School policy records the following operational staff-to-pupil ratios:

- Pupils aged 5–7: 1 adult to 8 pupils
- Pupils aged 8–17: 1 adult to 10 pupils
- Pupils with special educational needs and/or disabilities may require a separate risk assessment specifying a higher staffing ratio. These are School operational arrangements and must be considered alongside any statutory ratios that apply to particular provision

20. Safeguarding and Confidentiality

Staff must remain alert to safeguarding concerns when providing first aid. An unexplained injury, an injury inconsistent with the explanation given, repeated injuries or any other safeguarding concern must be reported promptly to the Designated Safeguarding Lead in accordance with the School's Safeguarding and Child Protection Policy.

Medical information and first-aid records are confidential personal information and will be shared only where necessary to safeguard health, safety or welfare.

21. Monitoring and Review

The Head Teacher will monitor implementation of this policy, including first-aid staffing and training, equipment, accident trends, significant incidents and lessons learned. The first-aid needs assessment will be reviewed when circumstances change and at appropriate intervals.

This policy will be reviewed at least annually, or sooner following a significant incident or a material change in legislation, statutory guidance, School provision or identified need.

22. School-Specific Summary

Head Teacher	Ms P Rahman
First-aid cover during School day	At least one nominated person; 8.30am–3.30pm
Classroom first-aid provision	First-aid box in every classroom
Asthma Emergency	Asthma Kits in every classroom
Break/lunchtime provision	Outdoor first-aid bags with staff on duty
AED	Conservatory
EpiPen's	School Office
Paediatric first-aid training recorded	1 September 2025; expiry 1 September 2028
First Aid at Work training recorded	May 2025; expiry May 2028
Policy date	September 2026
Next review	September 2027