



First Aid Policy

O you who believe, uphold justice and bear witness to Allah, even if it is against yourselves, your parents, or your close relatives. Whether the person is rich or poor, Allah can best take care of both. Refrain from following your own desire, so that you can act justly- if you distort or neglect justice, Allah is fully aware of what you do.

Quran 4:135

Approved by:

Governing Board

Last reviewed: Spring 2025-26

Next review due by:

Spring 2026-27

1. Aims

- 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](#), guidance from the Health and Safety Executive (HSE) on [incident reporting in schools](#), including [The Education \(Independent School Standards\) Regulations 2014](#)

3. Roles and responsibilities

Governing Board has ultimate responsibility for health and safety policy, service and provision in the school and delegates operational matters and day-to-day tasks to the Headteacher and staff members.

The Headteacher and the Senior Leadership Team	School
<p>Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are present in the school at all times</p> <ul style="list-style-type: none"> • 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 managers 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 (Health and safety executive) when necessary 	<ul style="list-style-type: none"> • 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 • Informing the Headteacher or their manager of any specific health conditions or first aid needs • Appointed person(s) and first aiders <ul style="list-style-type: none"> Ms Aysha Khanom responsible for: <ul style="list-style-type: none"> ○ first aid equipment e.g. restocking the first aid container; ○ ensure that an ambulance or other professional medical help is summoned when appropriate. • Those who have completed Paediatric First Aid Training are listed in the school office. First aiders are trained and qualified to carry out the role and are responsible for: <ul style="list-style-type: none"> ○ 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 an accident report on the same day, or as soon as is reasonably practicable, after an incident
<p>Responsible for First Aid: responsible for all record keeping on first aid. Aysha Khanom/Zahida Hussain/Faiza Salahuddin</p>	

First aiders at work

A list of current first aiders has been placed on the school office noticeboard. Early Years Foundation Stage: There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times.

4. Arrangements for First Aid

4.1 Equipment and Facilities

The location of first aid containers in the school are:

Box 1 – In the Medical Room next to the Administration office

Box 2 – In the Hall near photocopier

Box 3 – In the Annexe Downstairs

Box 4 - Upstairs in the Annexe

Box 5 - In the Kitchen

Box 6 - In Reception Classroom above the Sink Area

Box 7 – Outside the Staff Room upstairs in the Main Building

The contents of the first aid box (es) will be checked termly by office staff Aysha Khanom

4.2 Items in first aid boxes and travelling first aid kits

A typical first aid kit in our school will include the following based on the HSE's recommendation for a minimum first aid kit:

	Box	Travelling kit *
Individually wrapped sterile adhesive dressing (assorted sizes)	20	6
Sterile eye pads	2	
Individually wrapped triangular bandages	2	2
Safety Pins	6	2
Medium sized individually wrapped sterile unmediated wound dressings (approx. 12cm x 12cm)	6	2
Large sterile individually wrapped unmediated wound dressings (approx. 18cm x 18cm)	2	1
Individually wrapped moist cleaning wipes Small packet	5	5
Disposable gloves for wear by any personnel handling blood, vomit, excreta, etc	2 pairs	2 pairs

4.3 The school's Medical Room has the following in place:

- sink with running hot and cold water
- a couch or bed (with waterproof cover), pillow and blankets

- soap
- suitable refuse container (foot operated) lined with appropriate plastic bags

5. Information on First Aid arrangements

5.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives
- The first aider will also 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. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the office staff will contact parents immediately
- The first aider, who dealt with the child, will complete an **Accident Record Form** on the same day
- **Note:** early years (Reception) providers are required to notify parents of an accident or injury to their child. Reception staff will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable

5.2 First aid and Accident Book

- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

5.3 Administering Medication

Staff are not obliged to administer medication to pupils. Any medication brought into school for pupils must be handed to the school office, clearly labelled with the child's name, class number and instructions for use.

Parents must also give written authority to the school to administer this. An authorisation form is available from the school office. Even where the medication is to be self-administered the form must still be completed by the parents before administering any medication. The medication must be kept in the medical room, away from pupils. The office will check pharmacy label advice on doses. The school office staff will also need to check the medication is within its valid period of use. The authorisation form will also contain a log of the name of the first aider and the dates, times and dosage of any medication has been administered and by the First Aider.

5.4 Long Term Medical Needs e.g. asthma, allergies

Only where medication has been prescribed to the child would the school consider administering long term medication such as Salbutamol and EpiPen or any other long-term medication. The medication has to have the child's name as prescribed by the pharmacy. The school will not accept any long-term medication without suitable evidence. Parent(s) are responsible to provide medication that is within their expiry date. Although the school will contact the parent when a medication is close to its expiry date, it is solely the parent(s)' duty to ensure the medication is up to date. Any medication that is out of date will not be administered by the school. Medication is reviewed/audited half-termly and parents are given 3 months to acquire new medication before it expires. The school, however, will always check the expiries and will never administer any medication past their expiry date.

5.4.1 Nuts and Allergies – Working Together to Keep Everyone Safe

At Noor Ul Islam, the safety and wellbeing of all our children is a top priority. We understand how serious food allergies can be, particularly those involving nuts and sesame, and we are committed to supporting all families as best as we can.

Guidance from Allergy UK advises that having a completely 'nut-free' school is not recommended, as it's not possible to fully guarantee such an environment. Instead, we focus on promoting awareness, communication, and safe practices throughout the school.

Creating a completely "free-from" environment can sometimes lead to a false sense of security and doesn't always help prepare children for real-world situations where allergens may be present. We also need to be mindful of children with other dietary needs, and so a balanced, inclusive approach is important.

When considering the restriction of high-risk allergens, we take account of how this may apply to different ages and stages of learning, and the needs of different groups of pupils in our school. In consultation with the Senior Leadership Team, we may consider the avoidance of particular high-risk allergens to support overall class wellbeing.

To help us keep every child safe, we ask that parents:

- Inform us of any allergies their child has at the time of enrolment
- Share any known triggers, symptoms, and a clear emergency allergy action plan
- Keep the school updated about any changes to their child's condition or medication
- Remind children not to share food or snacks with others
- Practise safe handwashing at home

We truly value your support and cooperation in creating a safe, caring and inclusive environment for all our students.

5.5 Short term medical needs and non-prescription medication

Pupils suffering from occasional discomfort such as headache or recovering from a flu sometimes may require painkillers e.g. paracetamol which is bought off the counter.

- A) In case of unexpected medical conditions, e.g. headache, raised temperature: with written parental consent (email) only. The school has its own supply of liquid paracetamol and will administer the dose depending on child's age.
- B) In case of ongoing pain, paracetamol can only be given when parents(s) complete the short-term or long-term medical permission form and they need to supply their own paracetamol.

In case A) parent(s) must be contacted every time **before** giving paracetamol to their child and the first aider must wait for their **written** permission (email) before giving the child any paracetamol-containing product. The school then will email the parent with the time and dose of the paracetamol given.

In case of B), the first aider needs to establish when the latest dose of paracetamol was given, and they can administer further dose(s) without contacting the parent(s) after 4 hours. (As we already have a written consent). The day, time and dose must be noted at the back of the medical permission form and the information provided to the parent(s) on request.

5.6 Bodily fluids

If there are any bodily fluids in school as a result of an accident or similar, this will be cleaned, with disinfectant, normally by the caretaker.

5.7 Hygiene and infection Control

Basic hygiene procedures must be followed by staff at all times, single-use disposable gloves must be worn when treatment involves blood or other bodily fluids.

5.8 Accident Reporting

The Governing Board is aware of its statutory duty under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) in respect of reporting the following to the Health and Safety Executive as it applies to employees at work. See *HSE Incident reporting in schools' guidance*. <https://www.hse.gov.uk/pubns/edis1.pdf> For non-employees and pupils an accident will only be reported under RIDDOR:

An accident book is kept recording all accidents that occur to employees, whilst at work.

5.9 Pupil Head Injuries

The Governing Board recognise that an accident involving a pupil's head can be problematic because the injury may not be evident (e.g. internal) and the effects only become noticeable after a period of time.

Where a pupil receives a blow or injury to the head, the **Accident Record Form** will be completed. The form includes a note detailing additional measures required by the parent in the event of the pupil feeling unwell later in the evening/weekend. Teachers should be told about the injury and to monitor the child. Should the injury occur on a trip, parents will be contacted in the first instance. Where parents are not available, emergency contacts will be called should the injury require the use of an ambulance. See **Appendix 2**.

5.10 Supporting pupils with medical needs

A child's health and medical needs are very important for us, and we do our best to administer their medication.

- Every child with severe allergies has an Allergy Action Plan which details what staff must do in case of an emergency and an Asthma Action Plan for those with asthma.
- We have a list of all children with Allergies, Asthma EpiPen and any other significant medical conditions in each class and in important places e.g. in the kitchen and office.
- Children with EpiPen have their photos on the Epi Star list in all classrooms and important places e.g. kitchen and office.
- All our teaching staff and midday assistant staff are made aware of the children with medical needs. Some members of staff are trained periodically in how to administer the EpiPen. In case of emergency, there should always be a member of staff available who is able to administer an EpiPen.
- Each child's medication is kept in individual packets which are clearly labelled and the packets with EpiPens are indicated by green stars to allow easy access to the Epi Pen in an emergency.
- All medications are kept in the medical room and are easily available to all staff.

- Our school caterers are aware of allergies of our children hence have all the allergen key listed on the school dinner menu.
- The children's medication is taken on any relevant trips

6. Off-site procedures

Risk assessments will be completed prior to any educational visit that necessitates taking pupils off school premises. There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

6.1 Transport to hospital or home

a) SLT will determine what a reasonable and sensible action to take in is each case in consultation with the First Aider.

b) Where the injury is an emergency, an ambulance will be called for, after which the parent will be contacted and told what has happened.

c) Where hospital treatment is required but it is not an emergency, then the school will contact the parents for them to take over the responsibility of the child. If the parents cannot be contacted, then the Head Teacher may decide to transport the pupil to hospital.

d) Where SLT makes arrangements for transporting a child then the following points will be observed:

- i) Two members of staff should accompany a child to hospital. No individual member of staff should be alone with a pupil in a vehicle;
- ii) The second member of staff will be present to provide supervision for the injured pupil;

7. Reporting to Ofsted and child protection agencies

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident. 8 The Headteacher will also notify the Governing Board and the Trust any serious accident or injury to, or the death of, a pupil while in the school's care.

8. Training

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until. Staff are required to renew their first aid training when it is no longer valid. At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years and this is monitored through the First Aid training record form.

APPENDIX 1

HEAD INJURY INFORMATION FOR PARENTS

I have to inform you that today your child had an accident which involved an injury to the head.

The nature of the accident was such that it was not necessary to summon an ambulance or call for you to collect your child.

Following the accident your child was closely observed for any signs of any adverse effects but none were seen.

Details as to what to look out for are provided on the reverse side of this letter.

Details of the actual injury was given to the person who collected your child today.

As a precaution you are strongly advised to monitor your child and if you are concerned you should seek medical advice.

Take your child to the nearest hospital A&E department if they have the following symptoms:

- Unconsciousness (or lack of full consciousness (e.g. problems keeping eyes open)
- Dizziness or nausea on recovery
- Any confusion (not knowing where they are)
- Drowsiness (feeling sleepy) for more than an hour when they would normally be awake.
- Difficulty in waking up
- Problems standing or understanding
- Loss of balance or problems walking
- Weakness in one or more arms or legs
- Problems with eyesight
- Painful headache that won't go away
- Any fits (collapsing or passing out suddenly)
- Clear fluid coming out of their ears or nose
- Bleeding from one or both ears
- New deafness in one of both ears

There may be minor symptoms such as mild headache, slight dizziness, and tiredness. If you are unsure, please seek medical advice.

Do ensure that they have plenty of rest and avoid stressful situations. It is advisable that they do not play any contact sports for now. Do not leave them on their own for the next couple of days.

APPENDIX 2

When to call for an ambulance

Adults – call 999 or go to A&E now for any of these:	Children – call 999 or take your child to A&E now for any of these:
<ul style="list-style-type: none">• signs of a heart attack chest pain, pressure, heaviness, tightness or squeezing across the chest• signs of a stroke face dropping on one side, cannot hold both arms up, difficulty speaking• sudden confusion (delirium) cannot be sure of own name or age• suicide attempt by taking something or self-harming• severe difficulty breathing not being able to get words out, choking or gasping• choking on liquids or solids right now• heavy bleeding spraying, pouring or enough to make a puddle• severe injuries after a serious accident or assault• seizure (fit) shaking or jerking because of a fit, or unconscious (cannot be woken up)• sudden, rapid swelling of the lips, mouth, throat or tongue	<ul style="list-style-type: none">• seizure (fit) shaking or jerking because of a fit, or unconscious (cannot be woken up)• choking on liquids or solids right now• difficulty breathing making grunting noises or sucking their stomach in under their ribcage• unable to stay awake cannot keep their eyes open for more than a few seconds• blue, grey, pale or blotchy skin, tongue or lips on brown or black skin, grey or blue palms or soles of the feet• limp and floppy their head falls to the side, backwards or forwards• heavy bleeding spraying, pouring or enough to make a puddle• severe injuries after a serious accident or assault• signs of a stroke face dropping on one side, cannot hold both arms up, difficulty speaking• sudden rapid swelling of the lips, mouth, throat or tongue• sudden confusion agitation, odd behaviour or non-stop crying• Every time EpiPen is used

Medical Details

Doctor's Name _____ Telephone Number _____

Medical Practice Name _____

Practice Address _____

Postcode _____

Do you give permission for the school to call the doctor in an emergency? Yes No

Do you give permission for the school to administer first aid in an emergency? Yes No

Please provide details of any medical conditions that the school should be aware of, and any emergency action that should be taken (e.g. Asthma, Epilepsy, Allergies to bee stings, nuts or particular medicines, etc.)

Use of emergency salbutamol inhaler form

Please read and complete parental consent form for use of emergency salbutamol inhaler. The school emergency salbutamol inhaler will be available to your child and any others who are diagnosed with asthma and have a prescribed inhaler in the rare event that they do not have their own asthma inhaler. Please note that the school emergency salbutamol inhaler will only be used in an emergency with disposable spacers. In the event that your child is administered the school emergency salbutamol inhaler, we will inform you. Please complete the attached form giving consent so that your child may benefit from the emergency salbutamol inhaler should he/she require it. Without consent we will not be able to administer the emergency salbutamol inhaler should your child require it.

“A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life” (Department of Health - Guidance on the use of emergency salbutamol inhalers in schools, March 2015)

- | | | |
|--|-----|----|
| 1. I can confirm that my child has been diagnosed with asthma | yes | no |
| 2. I can confirm that my child has been prescribed an inhaler | yes | no |
| 3. The school currently holds my child's prescribed inhaler | yes | no |
| 4. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies. | Yes | no |

Signed:Date:.....

Name (print).....

Child's name:.....

Year Group:.....

APPENDIX 5

Informing Parents of Emergency Salbutamol Inhaler Use

Child's name: _____

Year group: _____

Date: _____

Assalamu Alaikum,
Dear Parent/Carer

This letter is to formally notify you that (child's name) _____

has had problems with his/her breathing today. This happened when _____

A member of staff helped them to use the school's emergency Salbutamol inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given _____ puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given _____ puffs.

[Tick above as appropriate]

Although they soon felt better, we would strongly advise that they be seen by their own doctor as soon as possible.

Yours sincerely,

School's office

APPENDIX 6

Nuts and allergens – our school guidance

The school has the following procedures in place to minimise risk of an allergic reaction via cross contamination, in line with the statutory guidance ['Supporting pupils with medical conditions'](#):

Staff Training and Awareness

- Staff are trained/educated on how kids describe allergic reactions.
- Staff are given paediatric first aid with anaphylaxis training

- Staff are taught about the emergency response procedures and their role in responding to an allergic reaction
- Ensure all members of staff and volunteers are aware of the child's allergies, medication and managements.
- Pictures of the children at risk of allergic reactions and anaphylaxis are put on the noticeboard in the office and around the school. All staff are made aware.

Medication Management

- The school ensures that the EpiPen medication are kept in date before the term begins
- Medication is stored in an easily accessible location for first aid trained staff.

Pupil Education and Prevention

- Children are educated on allergies in an assembly.
- Children are discouraged from sharing food.
- Children are encouraged to wash their hands before and after eating
- Children with allergies are encouraged to sit at the end of a table next to and opposite a child with 'safe lunches' to minimise the risk of cross contamination and exposure
- Lunch tables are wiped down
- Look out for non-food items that could contain allergens

Catering and Food-Related Events

- Caterers provide alternative food options for children with allergies.
- Teachers avoid using food treats to reward children. If food will be given, parental permission is sought and the food given must not contain any allergens.
- Parents are given advance notice of food-related events

Educational Visits and Activities

- When the school has planned out-of-school activities such as school trips, sports day and residential trips, children bring in a packed lunch on trip days, and caterers provide a list of children with allergies to cater for children with food allergies.
- Risk assessments include allergy considerations

APPENDIX 7

DfE Supporting pupils with medical conditions – Template A

To be completed upon enrolment

Template A: individual healthcare plan



Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Additional questions

How does their allergic reaction normally appear?

Does the student understand what their allergic reaction feels like?

Do they use particular words to describe their allergy?