

REBUILDING CONFIDENCE
 REIMAGINING EDUCATION RESTORING FUTURES
 IMAGINE
 "A BRIGHTER FUTURE"



First Aid Policy (SEND-Specific)

Document title	First Aid Policy (SEND-Specific)
School / Provision	Imagine Wellbeing School (Independent SEND Primary)
Applies to	All pupils, staff, volunteers, visitors and contractors; on-site and off-site activities
Owner	Headteacher/Principal (Health & Safety Lead / SIRO where applicable)
Lead responsibility	Appointed First Aiders (Paediatric and/or FAW), supported by DSL/SENCo as required
Medical needs lead	Designated member of staff for Supporting Pupils with Medical Conditions
Publication date	January 2026
Review date	September 2026 (or sooner if law/guidance changes or after a significant incident)
Standards/guidance	Health and Safety (First Aid) Regulations 1981; RIDDOR 2013; EYFS first aid requirements; DfE first aid guidance; School Premises Regulations 2012; UK GDPR
Inspection alignment	Independent School Standards (ISS) Part 3 & Part 8; Ofsted safeguarding and welfare expectations; KCSIE information sharing
Related policies	Health & Safety; Supporting Pupils with Medical Conditions; Safeguarding; Risk Assessment; Educational Visits; Behaviour; Accessibility; Intimate Care; Infection Prevention & Control

Contents

1. Purpose and SEND context
 2. Key principles (safety, dignity, trauma-informed practice)
 3. Legal framework and standards alignment (ISS / Ofsted / KCSIE)
 4. Roles and responsibilities
 5. First aid procedures (on-site)
 6. SEND-specific arrangements (individual plans, communication needs, sensory needs)
 7. Medical room, equipment and first aid supplies
 8. Medication, allergies and medical emergencies (anaphylaxis, asthma, seizures, choking)
 9. Off-site visits and transport (trip first aid packs, risk assessment, emergency protocols)
 10. Recording, reporting and information sharing
 11. Serious incidents, RIDDOR, safeguarding and Ofsted notifications
 12. Training, supervision and competence assurance
 13. Monitoring, audit and continuous improvement
- Appendices A–H (templates, checklists, protocols and logs)

1. Purpose and SEND context

Imagine Wellbeing School (IW) is an independent SEND primary provision. Our pupils may have autism, communication needs, sensory processing differences, medical needs, physical disabilities, SEMH needs and/or complex trauma histories. These characteristics can change how children experience pain, communicate symptoms, tolerate touch or medical interventions, and respond to unfamiliar adults or environments. This policy sets out how IW will provide prompt, competent first aid while protecting dignity, reducing distress and maintaining safeguarding practice.

Aims

- To ensure the health and safety of pupils, staff and visitors at all times.
- To provide a clear, consistent framework for responding to illness and injury.
- To ensure that SEND-specific needs (communication, sensory regulation, mobility, behaviour, anxiety) are planned for and responded to appropriately.
- To ensure accidents/illnesses are recorded accurately, parents/carers are informed promptly, and learning is captured to improve systems.
- To meet legal duties and demonstrate a strong leadership, welfare and safeguarding culture in line with ISS and inspection expectations.

2. Key principles (safety, dignity, trauma-informed practice)

- Child-centred and dignity-preserving: privacy, respect and minimum necessary exposure at all times.
- Reasonable adjustments: visual supports, simplified language, communication aids, sensory adaptations and pacing.
- Least intrusive intervention: calm, predictable support; avoid restraint; follow behaviour/positive handling plans if applicable.
- Safeguarding first: never compromise supervision ratios; maintain professional boundaries; record and share concerns appropriately.
- 'No delay' escalation: when in doubt, seek medical advice, call 999 or contact parents/carers promptly.
- Accuracy and accountability: clear documentation, learning from incidents, and governance oversight.

3. Legal framework and standards alignment (ISS / Ofsted / KCSIE)

This policy aligns to the Health and Safety (First Aid) Regulations 1981 (adequate equipment and trained personnel), Management of Health and Safety at Work Regulations (risk assessment), RIDDOR 2013 reporting requirements, EYFS statutory first aid requirements where relevant, DfE guidance on first aid in schools, and the School Premises (England) Regulations 2012 (medical room/suitable space for medical/therapy needs).

Inspection and standards alignment (practical application)

- ISS Part 3 (Welfare, health and safety): safe arrangements, medical room provision, appropriate supervision and record-keeping.
- ISS Part 8 (Leadership and management): leaders ensure policies are implemented, staff trained, and systems monitored and improved.
- Ofsted: a strong safeguarding culture, effective record keeping, and leaders who are reflective and keep systems under continual review.
- KCSIE: information sharing, recording and escalation where a health incident may indicate safeguarding needs (e.g., unexplained injuries, neglect indicators).

4. Roles and responsibilities

4.1 Proprietor/Governance

- Ensures IW has adequate first aid provision (staffing, training and resources).
- Receives termly/annual reporting on incidents, training compliance, themes and improvements.
- Ensures that learning from serious incidents is implemented and resourced.

4.2 Headteacher/Principal (overall accountability)

- Ensures an appropriate number of trained first aiders are available, including paediatric first aid where required.
- Ensures risk assessments are completed and reviewed (site, curriculum activities, individual risk assessments, visits).
- Ensures parents/carers are informed and reporting duties (HSE/Ofsted/LA) are met when applicable.
- Ensures staff are trained and supervised and that SEND-specific needs are embedded (including PEEPs, IHPs and behaviour plans).

4.3 Appointed First Aiders (Paediatric/FAW/EFAW)

- Act as first responders; assess and provide immediate and appropriate care within competence.
- Decide on escalation (parents, NHS 111, emergency services) and remain with the child until handover.
- Maintain first aid supplies and ensure kits are checked and restocked.
- Record incidents and support debrief/learning after significant events.

4.4 All staff and volunteers

- Act promptly to keep pupils safe; summon a first aider and/or emergency services as required.
- Know where first aid kits are and who the first aiders are.
- Follow pupil-specific plans (IHPs, PEEPs, epilepsy/asthma plans) and make reasonable adjustments.
- Record minor incidents if a first aider is not required and inform parents/carers as directed.
- Report any safeguarding concerns linked to injuries/medical needs immediately to the DSL.

5. First aid procedures (on-site)

5.1 Immediate response (the first 60 seconds)

1. Make safe: assess hazards, stop activity, secure the area and supervise other pupils.
2. Send for help: summon a trained first aider and notify the office/leader on duty.
3. Primary survey: check response, airway, breathing, circulation; commence emergency action if needed.
4. Reassure: calm voice, predictable steps, offer sensory supports (ear defenders, fidget, blanket) if helpful.

5.2 Assessment and treatment

- First aider assesses injury/illness and provides care within training/competence.
- Use PPE as needed; follow infection prevention procedures.
- Do not give medication unless authorised in the Supporting Pupils with Medical Conditions procedures and with parent/carer consent (except emergency medicines such as adrenaline auto-injectors when prescribed).
- Do not move the injured person unless necessary for safety; use the recovery position where appropriate.

5.3 Escalation thresholds (when to call parents / 111 / 999)

- Call 999 immediately for: breathing difficulties, suspected anaphylaxis, seizures lasting >5 minutes or repeated seizures, unconsciousness, severe bleeding, suspected head/neck/spinal injury, severe burns, severe allergic reaction, suspected fracture, or any situation where life is at risk.
- Contact parents/carers promptly for: head bumps (with symptoms guidance), significant injury, persistent pain, vomiting, suspected infection/fever, behaviour indicating distress, or when the child cannot safely remain in school.
- Use NHS 111 for clinical advice when the situation is non-life-threatening but uncertain, and record advice given.

6. SEND-specific arrangements (individual plans, communication needs, sensory needs)

IW recognises that some pupils may under-report pain, have delayed responses, or communicate distress through behaviour. We therefore respond to both verbal and non-verbal indicators (changes in presentation, withdrawal, aggression, shutdown, changes to gait, facial expression or breathing).

6.1 Individual Healthcare Plans (IHPs) and emergency protocols

- Where a pupil has a medical condition, IW will co-produce an Individual Healthcare Plan (IHP) with parents/carers and, where appropriate, health professionals.
- IHPs include: triggers, typical presentation, communication strategies, medication, emergency actions, and training needs.
- IHPs are accessible to staff on a strict need-to-know basis and reviewed at least annually or after any significant event.

6.2 Communication-first approach

- Use the child's preferred communication mode (AAC, symbols, Makaton, objects of reference, simple language).
- Offer choices and explain steps before touch/handling; use 'first/then' and visual sequence cards where helpful.
- Where the child cannot communicate, use baseline knowledge from key adults and plans; observe carefully and record objectively.

6.3 Sensory and trauma-informed adjustments

- Offer quieter space, dimmer lighting, reduced demand and familiar adults where possible.
- Minimise crowding; keep language calm and consistent; allow processing time.
- Where touch is required (e.g., dressing), explain, seek assent, and respect refusals unless life-saving action is required.
- Follow Positive Behaviour Support/Handling Plan where a child may become dysregulated during first aid; de-escalate first.

7. Medical room, equipment and first aid supplies

7.1 Medical room/space

- IW maintains a designated medical/therapy space suitable for assessment, first aid and recovery, providing privacy and dignity.
- The room includes a couch/chair, handwashing facilities or sanitiser, locked storage for medicines, and secure storage for records where required.

7.2 First aid kits and locations

First aid kits are located (as a minimum) in the medical room and other key areas (e.g., kitchen, classrooms, vehicles/outdoor learning area). A site map is kept at reception.

7.3 Kit checks and replenishment

- Kits are checked at least half-termly and after any significant use.
- Expiry dates are monitored; sterile items are replaced before expiry.
- Additional SEND-specific items are maintained where appropriate (e.g., sensory supports, ice packs, instant heat packs, communication cards).

8. Medication, allergies and medical emergencies

8.1 Medication (general)

- Medication is administered in line with the Supporting Pupils with Medical Conditions procedures and only by trained/authorised staff.
- All administration is recorded (time, dose, route, staff signature, witness where required).
- Emergency medicines (e.g., EpiPen/adrenaline auto-injector, rescue inhaler, buccal midazolam if prescribed) are stored safely but accessible quickly, as set out in the pupil's plan.

8.2 Allergies and anaphylaxis

- Allergy information is recorded on admission and updated; risk assessments cover food, cooking, sensory materials and trips.
- For pupils at risk of anaphylaxis, an individual anaphylaxis plan is maintained, and staff are trained in recognition and use of prescribed auto-injectors.
- In suspected anaphylaxis: administer prescribed auto-injector immediately and call 999; inform parents/carers; record actions taken.

8.3 Asthma and breathing difficulties

- Asthma plans are maintained; inhalers are accessible as agreed in the plan.
- In breathing difficulty: sit the child upright, reassure, assist with inhaler as per plan; call 999 if not improving or severe symptoms present.

8.4 Seizures/epilepsy

- Epilepsy plans set out typical seizure type, duration, triggers and when to call an ambulance.
- Time seizures; protect from injury; do not restrain; do not put anything in the mouth; place in recovery position when safe.
- Call 999 if seizure lasts >5 minutes, repeated seizures, injury, breathing problems, or per plan.

8.5 Choking

- Choking risk assessments are in place for pupils with dysphagia/chewing/swallowing needs; staff follow SALT advice and feeding plans.

- In suspected choking: follow current first aid guidance (back blows/abdominal thrusts as trained) and call 999 if ineffective.

8.6 Head injuries

- All head bumps are assessed and monitored; parents/carers are informed with straightforward advice about signs to watch for.
- Escalate urgently if: loss of consciousness, repeated vomiting, worsening headache, confusion, seizure, unequal pupils, or concerning behaviour change.

9. Off-site visits and transport

- A suitable number of trained first aiders attend all visits, proportionate to risk and pupil needs.
- Trip leader ensures: portable first aid kit, emergency medication, copies of IHPs/risk assessments, and parent contact details are available securely.
- For pupils with complex medical needs, pre-visit planning includes route mapping, nearest hospital, sensory planning, and transparent role allocation.
- Staff carry a charged mobile phone and know escalation procedures; all incidents off-site are recorded on return, and parents are informed the same day.

10. Recording, reporting and information sharing

10.1 Accident and first aid records

- All incidents are recorded on the same day (or as soon as reasonably practicable).
- Records include: what happened, time/date/location, injuries observed, treatment given, who was informed and any follow-up actions.
- Body maps are used where appropriate (especially for unexplained injuries), and photographs are only taken in line with safeguarding/data protection rules and with appropriate authorisation.
- Records are stored securely and retained in line with the school retention schedule.

10.2 Notifying parents/carers

- Parents/carers are informed of injuries/illness and treatment the same day, as soon as reasonably practicable.
- For SEND pupils, communication may include accessible formats and clear 'what to watch for' guidance.

10.3 Links to safeguarding (KCSIE)

- Any injury pattern, presentation or disclosure that raises concern is reported immediately to the DSL.
- Concerns about neglect (e.g., repeated untreated conditions), unexplained injuries, or frequent accidents are considered within safeguarding systems and multi-agency working.
- Information sharing follows lawful basis and safeguarding principles (share when necessary to protect a child).

11. Serious incidents, RIDDOR, safeguarding and Ofsted notifications

11.1 RIDDOR (HSE reporting)

The Headteacher/Principal keeps a record of any accident that results in a reportable injury, disease or dangerous occurrence under RIDDOR 2013 and reports to the HSE within the required timescales.

11.2 Notifications to Ofsted/LA and safeguarding partners

- IW will notify Ofsted and/or relevant authorities of serious accidents, injury or death in the school's care, as required for the setting type and registration.
- IW will also notify the relevant local authority and/or safeguarding partners (e.g., MASH) where a serious incident raises safeguarding concerns or meets reporting thresholds.
- All notifications are recorded, including date/time, person contacted and reference numbers.

11.3 Post-incident review and learning

- After any significant incident, IW completes a structured debrief (what happened, what worked, what needs improvement).
- Risk assessments, IHPs, staffing and training are updated where required.
- Themes are reported to governance as part of welfare and safeguarding oversight.

12. Training, supervision and competence assurance

- IW maintains a training matrix showing: Paediatric First Aid (PFA), First Aid at Work (FAW/EFAW), anaphylaxis, asthma, epilepsy, manual handling, and choking awareness.
- At least one suitably trained first aider is available at all times; cover is planned for breaks, off-site activities and staff absence.
- New staff receive induction on first aid procedures, medical needs, emergency responses and SEND adjustments.
- Competence is refreshed through scenario practice (including SEND-specific scenarios) and debriefs.

13. Monitoring, audit and continuous improvement

- Half-termly checks: first aid kits, medicine expiry dates, and signage.
- Termly audit: incident trends (by time, location, activity), SEND patterns (e.g., sensory incidents, dysregulation injuries), and any safeguarding links.
- Annual review: policy review, training compliance, medical room suitability, and visit procedures.

Appendix A: List of trained first aiders (template)

Maintain an up-to-date list displayed in key areas and held at reception (include name, role, qualification, expiry date).

Name	Role	Qualification (PFA/FAW/EFAW)	Valid until

Appendix B: First aid kit checklist (template)

- General first aid guidance leaflet
- Assorted sterile plasters and dressings
- Triangular bandages and roller bandages
- Eye pads / sterile pads
- Adhesive tape and safety pins
- Disposable gloves and face shield (CPR)
- Antiseptic wipes
- Scissors and tweezers
- Instant cold packs
- Burn dressings
- Clinical waste bags
- SEND add-ons (as required): visual 'first aid steps' card, sensory item, communication card, spare gloves, spare clothing

Record the check date, checker name, items replaced, and the next review date.

Appendix C: Accident/illness report form (template headings)

- Pupil/staff name; DOB (pupil); class/group; date/time; location; activity
- Description of incident (facts only)
- Injuries observed (use body map where appropriate)
- First aid given and by whom; time of treatment
- Escalation: parents contacted (time/by whom); NHS 111/999 (details); ambulance reference
- Follow-up actions: rest, monitoring, sent home, return-to-school advice, updated risk assessment/IHP
- Safeguarding considerations: DSL informed? (yes/no)
- Signatures and date

Appendix D: Medical emergency quick guides (SEND-aware)

D1. Anaphylaxis (summary)

- Recognise: swelling, breathing difficulty, wheeze, collapse, widespread rash, severe abdominal symptoms.
- Act: give prescribed auto-injector immediately; call 999; keep pupil lying down (or sitting if breathing difficulty); monitor; second auto-injector if instructed/available and symptoms persist.
- Communicate: use calm language/visuals; reassure; assign one adult to supervise others.

D2. Seizure (summary)

- Time the seizure; protect the head; remove hazards; do not restrain; do not put anything in the mouth.
- Recovery position when safe; monitor breathing; follow epilepsy plan; call 999 when criteria met.

D3. Choking (summary)

- Encourage coughing if effective; if ineffective and trained, deliver back blows and abdominal thrusts; call 999 if unresolved.

- For dysphagia risk, follow the SALT feeding plan and prevention measures; record and review.

Appendix E: Off-site visit first aid pack checklist

- Portable first aid kit + PPE
- Emergency medication as per IHP (e.g., inhaler, auto-injector, seizure rescue meds)
- Copies of IHPs and risk assessments (securely)
- Parent/carer contact details + emergency contacts
- Mobile phone and charger/power bank
- Sensory regulation kit (as needed)
- Location of nearest urgent care/A&E and route plan
- Incident recording sheet for use during the visit

Appendix F: Medicine administration record (MAR) template headings

- Pupil name; DOB; medication name; dose; route; times; storage location
- Parent/carer consent and prescribing details
- Date/time administered; staff signature; witness signature (where required)
- Any refusal or adverse reaction; actions taken

Appendix G: Post-incident debrief template (learning capture)

- Incident summary (what/when/where)
- What went well (response, supervision, communication, SEND adjustments)
- What could be improved (equipment, training, environment, plans)
- Actions agreed (who/what/by when)
- Updates required: risk assessment/IHP/PEEP/training matrix
- Safeguarding review required? (yes/no)

Appendix H: Record retention (summary statement)

First aid and accident records are retained in line with the school retention schedule and statutory requirements. Where a record forms part of a pupil's safeguarding record, it is maintained and transferred in line with the guidance and procedures.