ODYSSEY HOUSE SCHOOL

First Aid Policy

Odyssey House School is part of Odyssey Education Services.
Odyssey Education Services is Registered in England and Wales, company number 1162321, registered at 329 Doncastle Road, Bracknell, RG12 8PE.

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Date: July 2026

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Review: July 2027

This policy applies to the Odyssey Education Group of Schools –

Odyssey House School, Bloomsbury;

Odyssey House School, Wokingham

- hereafter referred to as "the School".

Contents

1. Purpose and Aims

This policy explains how Odyssey House School Wokingham provides first aid, responds to accidents and illness, records and reports incidents, and monitors first aid arrangements. It is written for a specialist independent school context where pupils may have SEND, SEMH, autism, anxiety, EBSA, trauma histories, communication needs, medical needs or complex risk profiles.

- Provide adequate and appropriate first aid equipment, facilities and trained personnel for pupils, staff and visitors.
- Ensure staff know how to respond promptly and safely when a pupil, staff member or visitor is injured or becomes unwell.
- Ensure first aid arrangements reflect the needs of individual pupils, including individual healthcare plans, EHCPs, risk assessments, medication needs and off-site activities.
- Ensure accidents, injuries, head injuries, illness and near misses are recorded, communicated, monitored and reported where required.
- Use accident and first aid information to identify patterns, reduce risk and improve pupil welfare.

2. Legal and Guidance Framework

This policy has been prepared with regard to the following current requirements and guidance:

- 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).
- Social Security (Claims and Payments) Regulations 1979.
- Education (Independent School Standards) Regulations 2014, including Part 3 welfare, health and safety, and Part 5 premises and accommodation.
- Department for Education: First aid in schools, early years and further education.
- Department for Education: Supporting pupils at school with medical conditions.
- UK Health Security Agency: Health protection in children and young people's settings, including education.
- Keeping Children Safe in Education, where first aid records or injuries may indicate a safeguarding concern.
- SEND Code of Practice, where medical needs interact with SEND, EHCP provision or reasonable adjustments.

3. First Aid Needs Assessment

The Headteacher must ensure that a written first aid needs assessment is completed for the Wokingham site and reviewed at least annually. The assessment must also be reviewed following a serious accident, RIDDOR report, significant premises change, significant staffing change, substantial change in pupil cohort or identified pattern in accident data.

The first aid needs assessment must consider:

- the number, age, needs and risk profile of pupils, including SEND, SEMH, autism, anxiety, EBSA, trauma histories, medical conditions and communication needs;

- individual healthcare plans, EHCPs, risk assessments, care/crisis plans and emergency medication requirements;
- staffing levels, lone working, breaks, absence cover, transport, off-site activities and educational visits;
- site layout, medical accommodation, high-risk areas, outdoor space, practical activities and access for emergency services;
- first aid kit locations, contents, checking frequency and portable first aid provision;
- the number, qualification level and deployment of first aiders needed throughout the school day and during off-site activities;
- whether paediatric first aid, emergency first aid at work, first aid at work, anaphylaxis, asthma, epilepsy, diabetes, mental health first aid or other specialist training is required;
- arrangements for visitors, contractors and lettings where applicable.

The completed needs assessment is Appendix 4 of this policy and must be retained as inspection evidence.

4. Roles and Responsibilities

4.1 Proprietor / Governance

The proprietor has ultimate responsibility for ensuring that suitable first aid arrangements are in place and effectively implemented. The proprietor must receive assurance that first aid provision is adequate, records are monitored, and required improvements are completed.

4.2 Headteacher

The Headteacher is responsible for operational implementation of this policy. This includes:

- ensuring a current first aid needs assessment is completed and acted on;
- ensuring an appropriate number of suitably trained first aiders are available at all times pupils are present;
- ensuring the medical room or accommodation for sick or injured pupils is suitable, supervised when in use, includes or has ready access to washing facilities, and is near a toilet facility;
- ensuring staff understand first aid procedures, emergency arrangements and pupil-specific medical needs relevant to their role;
- ensuring first aid records are completed, stored securely, monitored and followed up;
- ensuring reportable incidents are reported to HSE under RIDDOR and that safeguarding concerns are referred to the DSL.

4.3 School Administrator / Appointed Person

The School Administrator is the appointed person unless leaders record an alternative arrangement. The appointed person is responsible for:

- maintaining the first aid kit checklist and replenishing supplies;
- maintaining the first aider and training register;
- ensuring accident and first aid forms are available and filed securely;
- supporting parent/carer communication after accidents or illness;
- maintaining accessible emergency contact and medical information in line with confidentiality requirements;
- alerting the Headteacher when records show repeat injuries, missing information, low stock or training expiry risks.

4.4 First Aiders

First aiders must hold a valid certificate appropriate to the role identified in the first aid needs assessment. First aiders are responsible for:

- responding promptly when a person is injured or becomes unwell;
- assessing the situation and providing first aid within the limits of their training;
- summoning emergency medical help when required;
- remaining with the injured or unwell person until they are safe, collected or handed over to medical professionals;
- ensuring accident and first aid records are completed on the same day or as soon as reasonably practicable;
- ensuring the Headteacher, DSL or relevant senior leader is informed where the injury, explanation, pattern or context may indicate safeguarding, behaviour, restraint, bullying or premises concerns.

4.5 All Staff

All staff must know how to summon a first aider, where first aid kits and emergency medication are located, how to call emergency services, and how to report accidents or concerns. Staff must not act beyond their training except in an emergency where reasonable action is needed to preserve life or prevent serious deterioration.

4.6 Designated Safeguarding Lead

The DSL must be informed where an injury, disclosure, body map, delay in seeking treatment, pattern of accidents, unexplained injury or concern about supervision may indicate a safeguarding issue. First aid records do not replace safeguarding records.

5. Medical Accommodation

The school must provide suitable accommodation for the short-term care of sick and injured pupils. The accommodation must be available when needed, supervised when occupied, include a washing facility or have ready access to one, and be near a toilet facility. The room must be appropriate for pupils with SEND, sensory needs, anxiety, trauma histories and communication needs.

The Headteacher must ensure that the suitability of medical accommodation is checked at least annually and following premises changes. The check should confirm cleanliness, privacy, supervision arrangements, access to water and toilet facilities, emergency communication, infection control supplies and safe storage of records or medication.

6. In-School First Aid Procedure

1. The nearest member of staff must assess immediate risk, make the area safe if possible and summon a first aider.
2. The first aider must assess the injured or unwell person, provide first aid and decide whether further support, emergency services or parent/carer collection is needed.
3. If emergency services are required, staff must call 999 without delay. The Headteacher or senior leader must ensure parents/carers are contacted as soon as possible.

4. A pupil must not be left unsupervised while unwell or injured. Supervision must be sensitive to the pupil's communication, regulation, dignity and safeguarding needs.
5. If a pupil is too unwell to remain in school, parents/carers must be asked to collect them. Staff must record the advice given and the collection arrangements.
6. Where a pupil is taken to hospital by ambulance and a parent/carer is not present, a suitable member of staff should accompany the pupil where possible and remain until a parent/carer or appropriate adult takes over.
7. An accident/incident record must be completed on the same day or as soon as reasonably practicable.

7. Head Injuries

All head injuries must be treated seriously, including apparently minor knocks. The first aider must assess the pupil, monitor them, record the incident and inform parents/carers on the same day. The Head Injury Parent/Carer Letter in Appendix 3 must be provided.

Parents/carers must be contacted by telephone promptly where there is any concern, including loss of consciousness, vomiting, dizziness, confusion, severe or persistent headache, seizure, unusual sleepiness, change in behaviour, visible swelling or cut, repeated head injury, anticoagulant medication, or where the pupil's SEND or communication needs make symptoms harder to assess.

Staff must continue to monitor the pupil while they remain in school and record any change in presentation. Where symptoms indicate possible serious injury, emergency medical advice must be sought immediately.

8. Pupils with Medical Conditions, SEND and Specialist Needs

First aid arrangements must be integrated with each pupil's individual healthcare plan, EHCP, risk assessment, behaviour support plan, care/crisis plan and medication arrangements where relevant. Staff who work with a pupil must know the essential actions required in an emergency while respecting confidentiality.

For pupils with known medical needs, the school must identify:

- the condition, triggers, signs, symptoms and emergency actions;
- medication, dosage, storage, expiry checks and who is trained or authorised to administer it;
- reasonable adjustments and communication approaches needed during illness, distress, injury or dysregulation;
- arrangements for trips, transport, PE, outdoor learning and alternative timetables;
- who will communicate with parents/carers, health professionals and placing authorities where needed;
- how plans are reviewed after an incident, change in need or new professional advice.

The school must not wait for a formal diagnosis before making proportionate support arrangements where there is evidence that a pupil needs medical or health-related support.

9. Emergency Medication and Administering Medicines

First aiders may assist a pupil to take their own medication where appropriate, but prescription-only emergency medication must only be administered by staff who are trained and authorised

to do so, except where emergency action is necessary to save life and is consistent with law and guidance.

Emergency medication, including inhalers and adrenaline auto-injectors, must be stored so that it is secure, accessible in an emergency, checked for expiry, and taken off site when the pupil participates in an educational visit or local walk. Medication arrangements must be recorded in the pupil's individual healthcare plan and the school's medication records.

10. Off-Site Activities and Educational Visits

Educational visit risk assessments must consider first aid provision, individual pupil needs, medication, emergency contact details, staff training, travel time, activity risk, communication coverage and access to emergency services.

Staff must take:

- a portable first aid kit appropriate to the activity and pupil group;
- a charged school mobile phone or agreed emergency communication method;
- current emergency contact details;
- relevant pupil medical information, individual healthcare plans or emergency action summaries;
- required medication, inhalers, adrenaline auto-injectors or other emergency equipment;
- a list of pupils and staff present.

At least one suitably trained first aider must accompany educational visits unless the first aid needs assessment and visit risk assessment clearly justify a different arrangement. Where EYFS children are present, paediatric first aid requirements must be met.

11. First Aid Equipment

First aid kits must be clearly marked, accessible to staff, secure from misuse, and checked at the frequency set by the first aid needs assessment. The School Administrator must keep records of checks and replenishment.

A typical kit should include:

- first aid guidance leaflet;
- individually wrapped sterile dressings and bandages;
- sterile eye pads;
- triangular bandages;
- adhesive tape and safety pins or clips;
- disposable gloves and other infection control items;
- individually wrapped plasters, where suitable for the pupil group;
- sterile wipes or cleansing wipes where appropriate;
- scissors, cold packs and burns dressings;
- resuscitation face shield where required by the needs assessment.

Medication must not be kept in first aid kits unless this is part of a documented healthcare or emergency medication arrangement.

12. Infection Prevention and Bodily Fluid Spills

Staff must follow infection prevention procedures when dealing with blood, vomit, faeces, urine or other bodily fluids. Disposable gloves and appropriate cleaning materials must be used. Waste must be bagged and disposed of safely. Hands must be washed thoroughly after removing gloves. Where there is a risk of exposure to blood-borne infection, needle injury, biting or significant contamination, the Headteacher must seek appropriate health advice and record follow-up action.

The school must follow UKHSA guidance for infections and outbreaks in education settings. Staff must seek advice from the local UKHSA health protection team where an outbreak, serious infection or public health concern is suspected.

13. Recording and Parent/Carer Communication

A first aid or accident record must be completed for all incidents requiring first aid attention, all head injuries, all injuries where parents/carers are informed, all staff injuries, all visitor injuries, all near misses requiring follow-up, and any incident where safeguarding, premises or behaviour concerns may arise.

Records must include:

- date, time and place of the incident;
- name and role/class of the injured or unwell person;
- what happened, including pupil/staff account where relevant;
- injury or symptoms observed;
- first aid or action taken;
- name and signature of the first aider or staff member completing the record;
- parent/carer communication, including method, time and person contacted;
- whether further medical advice, emergency services, RIDDOR consideration, safeguarding referral or risk assessment review is required;
- follow-up action and completion date.

Parents/carers must be informed of any accident, injury or first aid treatment involving their child on the same day or as soon as reasonably practicable. A copy of the accident form may be shared with parents/carers where appropriate, but the original record must remain on school premises and be stored securely.

Body maps must be used where the location, pattern, explanation or nature of an injury requires precise recording. Body maps must be factual and must not include assumptions.

14. Safeguarding Links

First aid records may provide safeguarding evidence. Staff must inform the DSL immediately where:

- an injury is unexplained, inconsistent with the account given, unusual in location or presentation, repeated, delayed in being reported, or appears non-accidental;
- a pupil makes a disclosure during first aid treatment;
- there are concerns about neglect, supervision, bullying, peer-on-peer abuse, restraint, self-harm, fabricated or induced illness, or harmful sexual behaviour;

- a parent/carer response to an injury gives rise to concern;
- a staff injury or pupil injury may indicate unsafe practice, behaviour support concerns or use of reasonable force requiring review.

The accident form must still be completed, but safeguarding concerns must also be recorded and managed through the school's safeguarding system.

15. RIDDOR Reporting

The Headteacher is responsible for ensuring that reportable incidents are reported to the Health and Safety Executive under RIDDOR. The School Administrator must support record collation. Leaders must record decisions where RIDDOR has been considered, including decisions not to report.

Incidents may be reportable where they arise out of or in connection with work and include:

- death resulting from a work-related accident, excluding suicide;
- specified injuries to workers, such as fractures other than fingers, thumbs and toes; amputations; serious burns; scalping requiring hospital treatment; loss of consciousness caused by head injury or asphyxia; or other specified injuries;
- over-7-day incapacitation of a worker, reportable within 15 days of the accident;
- injuries to pupils, visitors or other non-workers where the accident is work-related, results in an injury, and the person is taken directly from the scene to hospital for treatment to that injury;
- certain dangerous occurrences and occupational diseases where the criteria are met.

A pupil or visitor being taken to hospital purely as a precaution, or for examination or diagnostic tests only, is not automatically reportable. Leaders must check current HSE guidance before submitting a report.

Reportable incidents must be reported as soon as reasonably practicable. Fatalities, specified injuries and qualifying non-worker injuries are normally reported within 10 days. Over-7-day worker incapacitation is normally reported within 15 days. Records of reportable incidents must be retained securely.

16. Notifiable Diseases and Health Protection

Registered medical practitioners report notifiable diseases to UKHSA. The school's role is to follow UKHSA education-setting guidance, seek advice from the local UKHSA health protection team where an outbreak or significant public health concern is suspected, follow exclusion and infection control advice, and communicate appropriately with parents/carers and relevant authorities.

The school must not rely on outdated Public Health England arrangements. UKHSA guidance and local health protection team advice must be used.

17. Staff Injuries and Visitor Injuries

Staff and visitor injuries must be treated by a first aider where required and recorded using the accident/incident record. Staff must inform their line manager of any injury at work. The Headteacher must consider whether the incident requires risk assessment review, RIDDOR consideration, occupational health advice or health and safety action.

18. Training and Competence

The Headteacher must ensure that first aid training matches the first aid needs assessment. The school must keep a training register showing staff name, role, training type, provider, certificate date, expiry date and additional specialist training.

Training and briefing must include, as relevant:

- first aid qualification appropriate to the role;
- paediatric first aid where required by the pupil age range or EYFS requirements;
- anaphylaxis and adrenaline auto-injector use;
- asthma and inhaler procedures;
- epilepsy, diabetes or other pupil-specific emergency responses;
- head injury response and monitoring;
- infection control and bodily fluid spill response;
- recording, parent/carer communication, safeguarding escalation and RIDDOR awareness;
- mental health awareness or mental health first aid where identified by the needs assessment.

Online basic first aid awareness may support induction but does not replace the need for appropriately certified first aiders where the needs assessment requires them.

19. Monitoring, Review and Quality Assurance

The Headteacher must ensure first aid records are reviewed at least termly. The review must identify patterns, repeat locations, repeat pupils, injury types, behaviour-linked injuries, restraint-related concerns, bullying indicators, off-site incidents, staff injuries, kit or training issues, and any safeguarding or premises implications.

A summary of findings and actions must be reported to SLT and proprietor/governance at least termly. Actions must be tracked to completion. The policy, needs assessment and training plan must be updated where monitoring identifies a gap.

20. Record Retention and Confidentiality

First aid and accident records must be stored securely and handled in line with data protection requirements. Records relating to pupils must be retained in line with the school's records retention schedule and should be accessible for safeguarding, insurance, health and safety, inspection and parental communication purposes where lawful. Statutory accident book records required under social security law must be retained for at least three years.

21. Sources Used for Compliance

- DfE: First aid in schools, early years and further education - https://www.gov.uk/government/publications/first-aid-in-schools
- HSE: Incident reporting in schools - https://www.hse.gov.uk/pubns/edis1.htm
- HSE: RIDDOR types of reportable incidents - https://www.hse.gov.uk/riddor/types-of-reportable-incidents.htm
- Education (Independent School Standards) Regulations 2014 - https://www.legislation.gov.uk/uksi/2014/3283

- DfE: Supporting pupils at school with medical conditions - https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
- UKHSA: Health protection in children and young people's settings, including education - https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities
- UKHSA: Notifiable diseases and how to report them - https://www.gov.uk/guidance/notifiable-diseases-and-how-to-report-them

Appendix 1: Accident / Incident Record

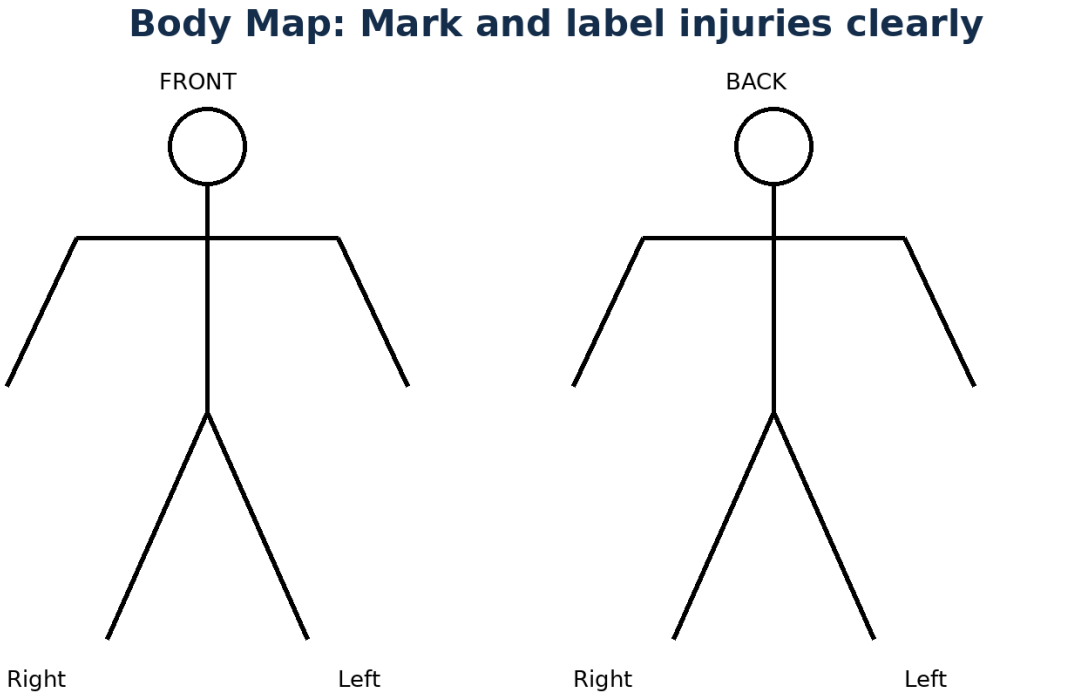
Complete on the same day or as soon as reasonably practicable. The original record must remain on school premises and be stored securely.

Field	Record
Name of pupil / staff member / visitor	
Class / role / organisation	
Date and time of incident	
Location	
First aider / staff member attending	
What happened? Include account given and witnesses	
Injury, illness or symptoms observed	
First aid / action taken	
Was a body map completed?	[ ] Yes [ ] No Reason:
Was this a head injury?	[ ] Yes [ ] No If yes, Appendix 3 letter issued: [ ] Yes
Emergency services called?	[ ] Yes [ ] No Time called:
Parent/carer informed?	[ ] Yes [ ] No Method/time/person contacted:
Further medical advice or collection required?	
Safeguarding concern considered?	[ ] Yes [ ] No DSL informed if needed: [ ] Yes
RIDDOR considered?	[ ] Yes [ ] No Reported: [ ] Yes [ ] No Reason:
Immediate action to prevent recurrence	

Field	Record
Follow-up action and completion date	
Signature, name and date	

Appendix 2: Body Map

Use where precise recording of an injury is required. Record only factual observations and the account given. Do not speculate.



Observation field	Record
Name of pupil	
Date and time observed	
Observed by	
Location of mark / injury	
Description: size, colour, shape, swelling, bleeding, tenderness	
Pupil explanation or communication	
Staff action taken	
DSL informed?	[ ] Yes [ ] No Reason:
Parent/carer informed?	[ ] Yes [ ] No Reason:

Appendix 3: Head Injury Parent / Carer Letter

Date: _____

Dear Parent/Carer,

Your child sustained a head injury at school today. They were assessed by a first aider and monitored in school. Details of the incident and first aid given are recorded on the accident/incident form.

Please seek urgent medical advice, or call 999 in an emergency, if any of the following occur:

- vomiting;
- persistent or worsening headache;
- unusual sleepiness or difficulty waking;
- confusion, dizziness, weakness, blurred vision or unusual behaviour;
- seizure or convulsion;
- loss of consciousness, however brief;
- bleeding or fluid from the ear or nose;
- you are worried that your child is not themselves.

If you would like to discuss the incident or your child's presentation in school, please contact us.

Yours sincerely,

Name: _____ Job title: _____

Appendix 4: First Aid Needs Assessment Record

This assessment must be completed for the Wokingham site, reviewed annually, and updated when pupil needs, staffing, premises, activities or accident patterns change.

Assessment area	Local evidence / decision	Action required / owner / date
Pupil numbers, age range and attendance patterns		
SEND, SEMH, autism, anxiety, EBSA, trauma and communication needs affecting first aid		
Known medical conditions and individual healthcare plans		
Emergency medication, inhalers, adrenaline auto-injectors and storage/access arrangements		
Premises layout, high-risk areas and access for emergency services		
Medical room suitability: washing facility, near toilet, supervision, privacy, sensory needs		
Required number and type of first aiders during the school day		
Cover for absence, breaks, transport, off-site activities and educational visits		

Appendix 4 continued: training, equipment and sign-off

Assessment area	Local evidence / decision	Action required / owner / date
Training needed: first aid, paediatric, anaphylaxis, asthma, epilepsy, diabetes, mental health		
First aid kits, portable kits, bodily fluid spill kits and checking arrangements		
Accident trends and monitoring findings from previous term/year		
Assessment completed by / date / next review		

Review triggers: serious accident; RIDDOR report; new or changed pupil medical need; significant staff or premises change; educational visit pattern change; accident trend; statutory guidance update.

Appendix 5: First Aider and Training Register

Name	Role	Training type	Provider	Certificate date	Expiry date	Additional pupil-specific training

Appendix 6: First Aid Kit and Emergency Medication Check

Location / item	Check date	Checked by	Stock / expiry concerns	Action taken
Main first aid kit				
Portable trip kit				
Bodily fluid spill kit				
Emergency medication storage				
Inhalers / asthma arrangements				
Adrenaline auto-injectors				
Other pupil-specific emergency equipment				