



First Aid Policy



Staff Responsible:	SBM
Governor Committee:	Resources
Status & Review:	Annual
Next Review Date:	Summer 2026

1. Aims

The aims of our first aid policy are to:

- 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](#), and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. Roles and responsibilities

3.1 Appointed person(s) and first aiders

The school's appointed person is the Home School Link Worker/Welfare Officer. She is responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- 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 to the Welfare Office where the decision will be taken if the pupil goes home to recover.
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident

Our school's first aiders are listed in appendix 1. Their names will also be displayed prominently around the school

3.2 The governing board

The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Headteacher and staff members.

3.4 The Headteacher

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

- Ensuring that an appropriate number of trained first aid personnel are present in the school at all times
- 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 when necessary (see section 6)

3.5 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 (forms located in the Welfare Office) for all incidents they attend to where a first aider is not called
- Informing the Headteacher or their manager of any specific health conditions or first aid needs

4. First aid procedures

4.1 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 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, a member of the Leadership Team will contact parents immediately
- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury
- Procedures for head injuries are included in Appendix 1 of this policy

4.2 Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the lead Teacher 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.

5. First aid equipment

A typical first aid kit in our school will include the following:

- Regular and large bandages
- Eye pad bandages
- Triangular bandages

- Adhesive tape
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Cold compresses (instant ice packs – trip First Aid kits only)

No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room
- The classrooms
- First Aid Staff also have mobile kits

The First Aid kits are checked by the HSLW/Welfare Officer at the start of each school year and then half-termly. Teaching Assistants in the classrooms can contact the HSLW/Welfare Officer if they become aware that the First Aid kit in their classroom is running low on any item.

6.1 First aid and Medical Tracker

- Any children who attend the welfare room for any reason will have a form completed on Medical Tracker by the HSLW/Welfare officer and parents will receive an alert informing them of the incident.
- An accident form will be completed by the first aider on duty in the playground on the same day or as soon as possible afterwards for any minor injuries on the playground. This is then returned to the HSLW/Welfare Officer to keep on file.
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form
- Records for leavers are archived but are held on Medical Tracker until the child turns 25.

6.2 Reporting to the HSE

The School Business Manager will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The School Business Manager will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)

- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>

6.3 Notifying parents

The HSLW/Welfare Officer or Class Teacher 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.

6.4 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.

The Headteacher will also notify Local Education Officer of any serious accident or injury to, or the death of, a pupil while in the school's care.

6. Training

All school staff are able to undertake first aid training if they would like to.

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 (see appendix 3).

Staff are encouraged 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.

7. Monitoring arrangements

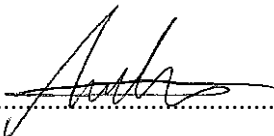
This policy will be reviewed by the School Business Manager every year.

At every review, the policy will be approved by the Headteacher

8. Links with other policies

This first aid policy is linked to the

- Health and safety policy
- Policy on supporting pupils with medical conditions

Policy Signed by:.....(Headteacher)

Policy Signed by:.....(Chair of Governors)

Date: July 2024

Review Date: July 2025

Appendix 1: Head Injury Guidance

Guidance for managing head injuries in children

A minor head injury is a frequent occurrence in the school playground and on the sports field. Fortunately, the majority of head injuries are mild and do not lead to complications or require hospital admission. However, a small number of children do suffer from a severe injury to the brain. Complications such as swelling, bruising or bleeding can happen inside the skull or inside the brain. How much damage is caused depends on the force and speed of the blow.

Any injury involving the head that occurs during sporting activities requires the child to **cease play immediately**.

Any child who suffers a head injury or suspected head injury (i.e. unwitnessed) at school should be seen as soon as possible after injury by the HSLW/Welfare Officer for assessment and plan of ongoing care e.g. injury to scalp or skull or injury to the face.

First aid administered is required to be recorded.

The child's parents or carers must be informed after a head injury, as soon as practicably possible. Staff should consider whether referral to a medical practitioner is required using the information in this document.

Symptoms of Potential Serious Head Injury

SIGNS THAT MEAN AN AMBULANCE SHOULD BE CALLED (DIAL 999)

- Unconsciousness or lack of consciousness (for example problems keeping eyes open)
- Problems with understanding, speaking, reading or writing
- Numbness or loss of feeling in part of body
- Problems with balance or walking, general weakness
- Any changes in eyesight
- Any clear fluid running from either or both of the ears or nose
- Bleeding from one or both ears
- New deafness in one or both ears
- A black eye with no associated damage around the eye
- Any evidence of scalp or skull damage, especially if the skull has been penetrated
- A forceful blow to the head at speed (for example a pedestrian struck by a car, a car or bicycle crash, a diving accident, a fall of less than 1 metre or a fall down any number of stairs)
- Any convulsions or having a fit
- Any loss of consciousness (being 'knocked out') from which the child has now recovered
- Any problems with memory
- A headache that won't go away
- Any vomiting or sickness
- Previous brain surgery
- A history of bleeding problems or taking medicine that may cause bleeding problems (for example Warfarin)
- Irritability or altered behaviour such as being easily distracted, not themselves, no concentration
- After a head injury, concussion must be taken seriously to safeguard the short and long term health and welfare of children. The majority of concussions will resolve in 7-10 days although a longer period of time is recommended for children. During this recovery time the brain is vulnerable to further injury. If a child returns to play too early then they may develop prolonged concussion symptoms or long-term health consequences such as brain degenerative disorders. During the recovery time a further episode of concussion can be fatal due to severe brain swelling (second impact syndrome). Graduated return to play should be undertaken on an individual basis and with the full cooperation of the child and their parents / guardians. If symptoms return then the child must stop any play immediately and be seen by a doctor or attend A&E the same day.

If concussion has occurred, before they can return to graduated play the child **MUST**:

- Have had two weeks rest
- Be symptom free
- Have returned to normal academic performance
- Be cleared by a doctor (it is the parent's responsibility to obtain medical clearance)

If any symptoms occur while progressing through this protocol then the player must stop for a minimum period of 48 hours rest and during this time they must seek further medical advice. When they are symptom free they can return to the previous stage and attempt to progress again after 48 hours if they remain symptom free.

SUMMARY OF GRADUATED RETURN TO PLAY FOLLOWING A CONCUSSION

Stage	Rehabilitation	Exercise allowed	Objective
1	Rest	Complete physical and cognitive rest without symptoms	Recovery.
2	Light aerobic exercise	Walking, swimming < 70% maximum predicted heart rate. No resistance training	Increase heart rate and assess recovery.
3	Sport specific exercise	Running drills, no head impact activity.	Add movement and assess recovery.
4	Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training	Add exercise and coordination and cognitive load. Assess recovery.
5	Full contact practice	Normal training activities	Restore confidence and assess functional skills by coaching staff. Assess recovery.
6	Return to play	Player rehabilitated	Safe return to play once fully recovered.

Before a player can commence the exercise elements at Stage 2 they must be symptom-free for a period of 48 hours. The player can then progress through each stage as long as no symptoms or signs of concussion return, taking 48 hours for each stage.

Reference: Head injury: Triage, assessment and early management of head injury in infants, children and adults, National Institute for Health and Clinical Excellence (Nice Guidelines CG56, September 2007). Head injury: assessment and early management, National Institute for Health and Clinical Excellence (Nice Guidelines CG176, January 2014)

Appendix 2: list of trained first aiders

Town Farm Primary School & Nursery First Aiders



Full Name		Course	Expiry Date
Sharon	Assi	Paediatric First Aid	3rd Nov 2027
Kate	Barnes	Paediatric First Aid	3rd Nov 2027
Diane	Bennett	Paediatric First Aid	3rd Nov 2027
Roxanne	Catchpole	Emergency Paediatric First Aid	31st Aug 2026
Amy	Chilton	Paediatric First Aid	26th Feb 2027
Lynn	Dredge	Emergency Paediatric First Aid	3rd Nov 2027
Kaylee	Goddard	Emergency Paediatric First Aid	3rd Nov 2027
Tina	Goddard	Emergency Paediatric First Aid	31st Aug 2026
Claire	Gosling	Emergency Paediatric First Aid	3rd Nov 2027
Billy	Hadley	Emergency Paediatric First Aid	3rd Nov 2027
Jan	Hawkes	Emergency Paediatric First Aid	31st Aug 2026
Charley	Kimber	Emergency Paediatric First Aid	3rd Nov 2027
Janet	Latimer	Emergency Paediatric First Aid	31st Aug 2026
Gemma	Lawrence	Paediatric First Aid	3rd Nov 2027
Michelle	Loveridge	Paediatric First Aid	31st Aug 2026
Sadaf	Memon	Emergency Paediatric First Aid	3rd Nov 2027
Shaifali	Nagpal	Emergency Paediatric First Aid	3rd Nov 2027
Debbie	Petre	Emergency Paediatric First Aid	31st Aug 2026
Akesa	Phillips	Paediatric First Aid	3rd Nov 2027
Charlotte	Wilde	Emergency Paediatric First Aid	3rd Nov 2027
Harry	Winch	Emergency Paediatric First Aid	3rd Nov 2027