First Aid Policy

Approved by:	Vicky Hayes and Shelly King
Last reviewed on:	May 2026
Next review due by:	May 2027

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 (DfE) on first aid in schools and health and safety in schools, guidance from the Health and Safety Executive (HSE) on incident reporting 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

Paediatric First Aid

At least 1 person who has a current paediatric first aid (PFA) certificate must be on the premises at all times.

The school has numerous members of staff who are trained first aiders.

3.1 Appointed person(s) and first aiders

The school's appointed persons are 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 home to recover, where necessary
- Filling in an accident report on the same day as, or as soon as is reasonably practicable after, an incident (see the template in appendix 2)
- Keeping their contact details up to date

Our school's trained 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 responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the executive headteacher and staff members.

3.3 The executive headteacher

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

- Ensuring that an appropriate number of appointed persons 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)

3.4 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 (see appendix 2) for all incidents they attend to where a first aider is not called
- Informing the executive 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. *NB Minor cuts and grazes can be treated by any member of staff. First Aiders will always deal with major injuries.*
- If a pupil sustains a bumped head they will be given first aid which includes a cold compress and a parent/carer will be contacted by phone. The pupil will be given a yellow sticker to wear to alert school staff and parent/carer to the fact that the pupil has had a bump to the head. (see appendix 3)
- 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.

NB: Where an auto-adrenaline pen has been used for a severe allergic reaction, an ambulance must be called, and the word anaphylaxis must be used when calling emergency services.

NB. Where an asthma attack does not abate following treatment with a salbutamol inhaler, an ambulance must be called, and the words asthma must be used when calling the emergency services.

The decision will vary from case to case, but it is strongly advised to administer First Aid and call an ambulance as below.

Call an ambulance if someone:

• Appears not to be breathing.

• Is having chest pain, difficulty breathing or experiencing weakness, numbness or difficulty speaking.

• Experiencing severe bleeding that you are unable to stop with direct pressure on the wound.

• Is struggling for breath, possibly breathing in a strange way appearing to 'suck in' below their rib cage as they use other muscles to help them to breathe.

• Is unconscious or unaware of what is going on around them.

• Has a fit for the first time, even if they seem to recover from it later.

• If they are having a severe allergic reaction accompanied by difficulty in breathing or collapse – get an ambulance to you, rather than risk things getting worse.

• If a child is burnt and the burn is severe enough that you think it will need dressing – treat the burn under cool running water and call an ambulance. Keep cooling the burn until the paramedics arrive and look out for signs of shock.

• If someone has fallen from a height, been hit by something travelling at speed or has been hit with force.

• If you suspect that someone may have sustained a spinal injury – do not attempt to move them and keep them still whilst awaiting an ambulance.

This is guidance, not an exhaustive list.

- 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 SLT or office staff will contact parents immediately
- The relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times.

4.2 Off-site procedures

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

- A mobile phone
- A portable first aid kit including, at minimum:
    - Individually wrapped cleaning wipes
    - individually wrapped sterile adhesive dressings (assorted sizes)
    - triangular bandages – individually wrapped and preferably sterile
    - Single use ice packs
    - Gauze
    - tape
    - 2 pairs of disposable gloves
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the lead member of staff prior to any educational visit that necessitates taking pupils off school premises.

When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15cm × 20 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustproof blunt-ended scissors

Risk assessments will be completed by the year group leader prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least 1 first aider with a current paediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

There will always be at least 1 first aider on school trips and visits in Key Stage 1 and 2.

5. First aid equipment

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

- 20 individually wrapped sterile adhesive dressings (assorted sizes)

- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 5 small individually wrapped sterile unmedicated wound dressings
- 3 medium-sized individually wrapped sterile unmedicated wound dressings
- 1 large sterile individually wrapped unmedicated wound dressings
- 2 medium bandages with pad
- 2 large bandages with pad
- 3 pairs of disposable gloves
- gauze
- tape x2
- Scissors
- Waste bag
- Airflo resus face shield

Cold compresses are also available

No medication is kept in first aid kits.

First aid kits are stored in:

- SLT Office
- Main Office
- EYFS corridor
- Year 1 corridor
- Year 2 POD
- After school club buildings
- Each year group have a smaller ‘Playground’ first aid box with EYFS having 2 smaller boxes

6. Record-keeping and reporting

6.1 First aid and accident record book

- A school accident record and an accident form will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form at appendix 2
- For accidents involving pupils, a copy of the accident report form will also be added to the pupil’s educational record by a member of the administration team.
- Bumped head highlighting – highlighted accident form

- 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.)

6.2 Reporting to the HSE

The Executive Headteacher 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 Executive Headteacher will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

These 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) which:
        - Covers more than 10% of the whole body's total surface area; or
        - Causes significant damage to the eyes, respiratory system or other vital organs
    - 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
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the executive headteacher will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Where an accident leads to someone being taken to hospital
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
    - Carpal tunnel syndrome
    - Severe cramp of the hand or forearm
    - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
    - Hand-arm vibration syndrome
    - Occupational asthma, e.g from wood dust
    - Tendonitis or tenosynovitis of the hand or forearm
    - Any occupational cancer
    - Any disease attributed to an occupational exposure to a biological agent

- 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

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and where the person is taken directly from the scene of the accident to hospital for treatment

*An accident "arises out of" or is "connected with a work activity" if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

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

6.3 Notifying parents (early years only)

The teachers 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. Parents will also be informed if emergency services are called.

If a child has bumped their heads parents will receive a phone call immediately after the incident. (See Appendix 3)

6.4 Reporting to Ofsted and child protection agencies (early years only)

The Executive Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a child 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 Executive Headteacher will also notify Kent Child Protection Services of any serious accident or injury to, or the death of, a pupil while in the school's care.

7. 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 1).

The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

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. The PFA certificate will be renewed every 3 years.

8. Monitoring arrangements

This policy will be reviewed by the First Aid Trainer (Vicky Hayes) and Assistant Headteacher (Shelly King) annually.

At every review, the policy will be approved by the Willesborough Schools Governing Body.

9. Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Risk assessment policy
- Policy on supporting pupils with medical conditions
- Bumped Head Protocol
- Administering medication policy

Appendix 1: list of trained first aiders

NAME	SCHOOL	COURSE	DATE COMPLETED	RENEW BY
Vicky Hayes	WJS	FIRST AID TRAINER	22/01/20 24/02/23 24/03/26	24/03/29
Vikki Bond	WIS	PFA	05/05/26	05/05/29
Rachel Lovewell	WIS	PFA	05/05/26	05/05/29
Karen McGuiness	WIS	PFA	05/05/26	05/05/29
Jan Pentland	WIS	PFA	05/05/26	05/05/29
Samantha Warren	WIS/WJS	PFA	05/05/26	05/05/29
Laura Sutcliffe	WIS	PFA	05/05/26	05/05/29
Becky Head	WIS	EFAW	06/05/25	06/05/28
Claire Fagg	WIS	EFAW	06/05/25	06/05/28
Rebecca Cook	WIS	EFAW	06/05/25	06/05/28
Tracey Scott	WIS	EFAW	06/05/25	06/05/28
Nikita Morton	WIS	EFAW	06/05/25	06/05/28
Emily Sparrow	WIS	EFAW	06/05/25	06/05/28
Julia Gasson	WIS/WJS	EFAW PFA	06/05/25 05/05/26	06/05/28 05/05/29
Louise Draper	WIS	EFAW PFA	06/05/25 11/09/25	06/05/28 11/09/28
Nicola Turner	WIS	PFA	11/09/25	11/09/28
Becca Janes-Leek	WIS	PFA	11/09/25	11/09/28
Vanessa Fung	WIS	PFA	11/09/25	11/09/28
Chris Luckhurst	WJS	FAW	19/06/25	19/06/28
Emma Russell	WJS	FAW	19/06/25	19/06/28
Sarah Gilfillan	WIS	FAW	19/06/25	19/06/28
Fay Miller	WIS	FAW	19/06/25	19/06/28
Kitty Healy	WIS	FAW	19/06/25	19/06/28
Tammy Smith	WIS	EFAW	27/09/24	27/09/27
Louise Head	WJS	EFAW	27/09/24	27/09/27
Naomi Shindi	WJS	EFAW	27/09/24	27/09/27
Katherine Cotsford	WIS	EFAW	27/09/24	27/09/27
Amy Milton	WJS	EFAW	27/09/24	27/09/27
Bev Faithfull	WJS	EFAW	27/09/24	27/09/27
Terri Bingham	WJS	EFAW	21/11/24	21/11/27
Lauren Reed	WIS	EFAW	21/11/24	21/11/27
Lisa Hurst	WIS	EFAW	21/11/24	21/11/27
Lara Hancock	WIS	EFAW	21/11/24	21/11/27
Lucy Turner	WIS/WJS	EFAW	21/11/24	21/11/27

Sarah Holt	WIS	EFAW	21/11/24	21/11/27
Sarah Isaacs	WJS	EFAW	21/11/24	21/11/27

Appendix 2: accident report form and slip

Willesborough Infant School

Name of child	Date	Time	Site of accident	Cause	Treatment	Action taken CT/SLT	Person making entry	Any extra information. (incident form etc)

Name:
Class:
Date/Time:

Parent/Carer informed by:
- ☐ Phone call
- ☐ Verbally from staff

Description of injury:

(Please highlight if head injury)

Description of treatment:

☐ Cleaned ☐ Plaster ☐ Dressing ☐ Cold Compress ☐ Other

Any other information:

Initials:

Following a head injury-
if any of these symptoms are noticed over the following 24 hours, further medical advice should be sought urgently, either by calling 999 for an ambulance or going directly to A&E:

- Any vomiting or sickness.
- Unconsciousness or lack of consciousness (for example problems keeping eyes open or increasing sleepiness).
- Headache that won't go away.
- Problems with understanding, speaking, reading or writing, or any problems with memory.
- A change in behaviour, like being more irritable.
- Numbness or loss of feeling in any part of the body.
- Problems with balance or walking, or general weakness or clumsiness.
- Dizziness.
- Any changes in eyesight - blurred or double vision.
- Any clear fluid running from the ears or nose or bleeding from the ears.
- Any convulsions or having a fit.

Bumped Head Protocol

A minor head injury can be a frequent occurrence in the school playground. Fortunately, the majority of head injuries are mild and do not lead to complications or require hospital admission. However, a small number of children may suffer from a severe injury to the brain, or concussion.

Complications such as bleeding, bruising or swelling can happen inside the skull or inside the brain up to 24 hours after the bump to the head. The presence or absence of a lump at the site of the bump is not an indication of the severity of the head injury.

If a child has a bump to their head at school, they will be given first aid which will include a cold compress, and a parent/carer will be contacted by phone.

The child will be given a yellow sticker to wear to alert school staff and the parent/carer to the fact the child has had a bump to the head.

The child should avoid any activities such as PE which could lead to another bump.

Following concussion guidance from the government for all grassroots sports

' If in doubt, sit them out'

Any child with a suspected head injury or concussion will be managed in line with current UK guidance: if in doubt, sit them out. Staff will recognise the signs, remove the child from activity immediately, and support a gradual return to learning and physical activity.

-making it clear no-one should return to sport within 24 hrs of a suspected concussion.

Players, parents, coaches, teachers and administrators are now asked to read the guidance and familiarise themselves with the necessary steps to:

- RECOGNISE the signs of concussion;
- REMOVE anyone suspected of being concussed immediately and;
- RETURN safely to daily activity, education/work and, ultimately, sport.

The guidelines include a recommendation to call NHS 111 within 24 hours of a potential concussion, to rest and sleep as much as needed for the first 24 to 48 hours and avoid using devices which involve screen time.

Following a head injury-

if any of the following symptoms are noticed over the following 24 hours, further medical advice should be sought urgently, either by calling 999 for an ambulance or going directly to A&E:

- Any vomiting or sickness.
- Unconsciousness or lack of consciousness (for example problems keeping eyes open or increasing sleepiness).
- Headache that won't go away.
- Problems with understanding, speaking, reading or writing, or any problems with memory.
- A change in behaviour, like being more irritable.
- Numbness or loss of feeling in any part of the body.
- Problems with balance or walking, or general weakness or clumsiness.
- Dizziness.
- Any changes in eyesight - blurred or double vision.
- Any clear fluid running from the ears or nose or bleeding from the ears.
- Any convulsions or having a fit.

Please visit the NHS website for more information, and

Landmark concussion guidance for grassroots sport published - GOV.UK (www.gov.uk)