

FIRST AID POLICY

This policy was approved by Governors on 12th March 2026 and will be reviewed annually.

Introduction:

All staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury, and ensure this policy is followed in relation to the administration of first aid. All staff will use their best endeavours, at all times, to secure the welfare of the pupils. Anyone on the school premises is expected to take reasonable care for their own and others' safety.

1. LEGAL FRAMEWORK

This policy has due regard to statutory legislation, including, but not limited to the following:

- The Health and Safety (First Aid) Regulations 1981 and approved code of practice and guidance.
- Health and Safety at Work Act 1974 and subsequent regulations and guidance

2. AIMS

2.1. The aim of this policy is to:

- Ensure that the school has adequate, safe and effective first aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.
- Ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- Ensure that medicines are only administered at the school when express permission has been granted for this.
- Ensure that all medicines are appropriately stored.
- Promote effective infection control.

2.2. Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 or 112 for the emergency services in the event of a medical emergency before implementing the terms of this policy, and make clear arrangements for liaison with ambulance services on the school site.

3. ADMINISTERING FIRST AID

3.1 Any first aid will follow the four priorities in delivering first aid:

1. Preserve life
2. Alleviate suffering
3. Prevent a situation from getting worse
4. Promote casualty recovery

3.2 First Aid Boxes

To achieve the aims of this policy, the school will have suitably stocked first aid boxes. Where there is no special risk identified, a minimum provision of first aid items would be:

- First Aid guidance leaflet;
- Contents list
- 1 foil blanket adult size;
- 1 eye pad dressings with bandage sterile
- 1 pair of shears for cutting clothing;
- 2 single use triangular bandages (90cm x 127cm);
- 20 alcohol free moist cleaning wipes;
- Sterile finger dressing
- 1 conforming bandage (7.5cm x 4m);
- 1 mouth to mouth resuscitation device;
- 3 pairs of nitrile or vinyl disposable gloves;
- 1 medium sterile dressing (12cm x 12cm);
- 1 large sterile dressing (18cm x 18cm);
- wash proof assorted plasters; *if a child is allergic to plaster, parents provide their own alternative
- 1 burn relief dressing (10cm x 10cm)
- 1 transpore adhesive tape
- 1 aspirin
- Plastic tweezers
- Pen light
- 4 (5cm x 5cm) low adherent dressings
- 4 (10cm x 10cm) low adherent dressings
- sterile eye wash

There may be more of these items accessible depending on the size of the first aid box and contents may vary slightly (e.g. burn spray rather than a dressing).

First aid boxes are located in the following areas:

- First Aid room
- Classrooms

One of the trained lead first aiders is responsible for examining the contents of first aid boxes. For the year 2025 – 2026 this is Miss Reeder and Mr Elliott. These should be checked frequently and restocked as soon as possible after use. Items should be discarded safely after the expiry date has passed.

4. FIRST AIDERS

- 4.1. The main duties of first aiders are to give immediate first aid to pupils, staff or visitors and to ensure that an ambulance or other professional medical help is called, when necessary.
- 4.2. First aiders are to ensure that their first aid certificates are kept up-to-date through liaison with the Bursar and Headteacher.
- 4.3. The current first aid appointed person(s) are:
 - Miss Fran Reeder, trained 17th/18th January 2024
 - Mr Craig Elliott, trained 17th/18th January 2024

In addition, the following staff have received pediatric first aid training:

- Mrs Julie Tizard, trained January 2026
- Mrs Sarah Roberts, trained January 2026
- Miss Danielle Camp, trained
- Mrs Mandy Gumley, trained

All other staff have received the basic 2-hour first aid training; training is valid for 3 years and is refreshed on a rota basis

All new staff receive basic training.

5. EMERGENCY PROCEDURE IN THE EVENT OF AN ACCIDENT, ILLNESS OR INJURY

- 5.1. **Hygiene:** When dealing with first aid, nitrile disposable gloves should be used and hands should ideally be washed before and after. Any cuts to the skin should be covered and any workplace disinfection rules should be followed.
- 5.2. If an accident, illness or injury occurs, the member of staff present will assess the situation and take charge of first aid administration. This will follow the DR(S)ABC Primary Survey process:

Assess for **DANGER** to ensure no further injury will be sustained and it is safe to act; Check for a **RESPONSE** from the casualty; **SHOUT** for assistance; Check the person's **AIRWAY** for any instructions; Check for **BREATHING** and check for **CIRCULATION**.
- 5.3. In the event that the first aider does not consider that he/she can adequately deal with the presenting condition by the administration of first aid, then he/she should arrange for the injured person to access appropriate medical treatment without delay.
- 5.4. Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, one or more of the following actions will be taken:
 - Administer emergency help and first aid to all injured persons. The purpose of this is to keep the accident casualty(ies) alive and, if possible, comfortable, before professional medical help can be

called. Also, in some situations, action now can prevent the accident from getting more serious, or from involving more casualties.

- Call an ambulance or a doctor, if this is appropriate. Moving the victim(s) to medical help is only advisable if the person doing the moving has sufficient knowledge and skill to make the move without making the injury worse.
- Make sure that no further injury can result from the accident, either by making the scene of the accident safe, or (if they are fit to be moved) by removing injured persons from the scene.
- See to any children who may have witnessed the accident or its aftermath and who may be worried, or traumatised, in spite of not being directly involved. They will need to be taken away from the accident scene and comforted. First aiders will be prepared to treat the casualty for shock. Younger or more vulnerable children may need parental support to be called immediately.

6. RECORDING AND REPORTING

- 6.1 When the above action has been taken, the incident must be recorded. For clarity, the term 'child' relates to anyone who is 12 months or older to puberty or is upto 8 years old and 5 ft tall. The term 'adult' relates to anyone older than 8 or bigger than 5 ft tall.
- 6.2 Any serious incident where emergency services have been called should also be reported to the Headteacher via CPOMS and to the parents/carer of the casualty(ies)
- 6.3 Parents will be informed of **any** injury to the head, minor or major. This will be done by a Head Injury form being filled in by the person who treated the child, scanned and then emailed to the parent. The child will be given appropriate first aid for the injury and monitored in school as further symptoms could develop.
- 6.4 In the event of incident or injury to a pupil where extensive first aid is given, parents will be contacted by phone as soon as is practicable. The child will be monitored for other symptoms and further first aid applied (if necessary) until the child is collected.
- 6.5 In the event of a lesser injury or incident requiring basic first aid, the parents will receive a text stating the following: 'Basic first aid has been given to your child for a MINOR injury. They are fine and back in class. Please check the injury when they arrive home. Thank you.'
- 6.6 Parents will be advised by staff to monitor any injury sustained as some symptoms may not yet have materialised. Parents should always seek further medical advice following any accident as staff can only deal with the symptoms they see.
- 6.7 A list of emergency contact details is kept at Reception office (register folder).

7 VISITS AND EVENTS OFF-SITE

- 7.1 Before undertaking any off-site events, the teacher organising the trip or event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the event and persons involved. This will be reviewed by the Educational Visits Coordinator (Miss Sheardown) before the event is organised.
- 7.2 Please see the separate Educational Visits Policy for more information about the school's educational visit requirements.

8 STORAGE OF MEDICATION

- 8.1 Medicines are always securely stored in accordance with individual product instructions.
- 8.2 All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration, and properly labelled, showing the name of the patient, the date of prescription and the date of expiry of the medicine. If the child needs doses three times a day we will encourage parents to administer these before and after school and in the evening. Where this is not possible, parents will complete a medical consent form giving staff the authority to do this on their behalf.
- 8.3 All medicines will be returned to the parent to arrange for safe disposal when they are no longer required.
- 8.4 An emergency supply of medication should be available for pupils with medical conditions that require regular medication.
- 8.5 Parents should advise the school when a child has a chronic medical condition, so that staff can be trained to deal with any emergency in an appropriate way. Examples of this include epilepsy and diabetes. A disclaimer will be signed by the parents in this regard.

9 ILLNESS

- 9.1 When a child becomes ill during the day, the parents/carer will be contacted and asked to pick their child up from school as soon as possible.
- 9.2 A quiet area will be set aside for withdrawal and for pupils to rest while they wait for their parents/carer to arrive to pick them up. Pupils will be monitored during this time.

10 CONSENT

- 10.1 Parents will be asked to complete and sign a student data form when their child is admitted to the school, which includes emergency numbers, details of allergies and chronic conditions, and consent for the administration of emergency first aid – these forms will be updated periodically.

10.2 Staff do not act 'in loco parentis' in making medical decisions as this has no basis in law – staff always aim to act and respond to accidents and illness based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the child in mind.

11 MONITORING AND REVIEW

11.1 This policy is reviewed annually by the Head Teacher in conjunction with the Governing Body; any changes made to this policy will be communicated to all members of staff.

11.2 All members of staff are required to familiarise themselves with this policy as part of their induction programme.

Policy Approved: Full Governors meeting 12th March 2026

Signed:

Chair of Governors: Mr J Kirby

Head Teacher Mr. C Elliott