Approved

First Aid Policy & Procedures

Version	Date	Author	Status	Summary
6.0	November 2025	Lauren English	Approved	Adoption of model policy from The Key with localised information

Review cycle:	Approved by:	Review date:
Annually	R&P	November 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 (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

3.1 Appointed person(s) and first aiders

The school's appointed persons are the Headteacher and the Admin Officer. They 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
- Ensuring that an ambulance or other professional medical help is summoned when appropriate (see Appendix 2).

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
- Making the decision to send 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
- Keeping their contact details up to date

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

3.2 The local authority and governing board

Hampshire County Council 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 headteacher and staff members.

3.3 The headteacher

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

- Ensuring that an appropriate number of trained and competent first aiders are present in the school at all times, including a paediatric first aider
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Ensuring that adequate space is available to meet the medical needs of pupils
- Ensuring that specified incidents are reported to the HSE when necessary (see section 6)

3.4 The Admin team

The Admin team are responsible for:

- Checking first aid equipment is in date and ordering items as needed
- Keeping the accident record up to date and actioned
- Conduct and action first aid kit checks every term

3.5 Staff

All school staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports for all incidents they attend to where a first aider is not called
- Informing the headteacher or admin officer of any specific health conditions or first aid needs they have.

4. First aid procedures

4.1 In-school procedures

In the event of an accident, injury or a child feeling unwell:

- The class teacher, teaching assistant or other nearest member of staff will assess and determine if the child needs first aid treatment, and if so, whether a first aider is required
- If the first aid treatment that is required can be done by the staff member, then they should deliver what is required and then complete a medical slip and return this to the office.

If a first aider has been asked to assess and/or treat a child, then they will also decide if further assistance is needed from a colleague, parents/carers or the emergency services. If emergency services are called, parents/carers are immediately contacted. See Appendix 2 for when the emergency services will be called.

Head bumps: if a child has received any bump to the head, then parents/carers are informed via email or via a telephone call, depending on the severity of the injury.

All accidents, minor injuries and head bumps are recorded on the school system, including information about treatment and whether any next steps need to be taken.

4.2 Off-site and out of hours procedures

The first aid arrangements for all school managed and organised school activities are considered in this policy. On occasions where there may be the need for additional provision the school will carry out a needs assessment for that activity.

Off-site trips

The first-aid arrangements for school organised trips/visits are reviewed for each trip/visit and the level of first-aid provision is reviewed to ensure adequate cover is provided for the trip/visit, and that sufficient cover is retained at the school to cover those who stay at school.

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

- A mobile phone
- A portable first aid kit (items within the kit are listed in the appendix
- Information about the specific medical needs of pupils, staff and volunteers

Out of hours
Where the school have arrangements to let/hire out buildings to external organisations there need to be arrangements in place to co-ordinate the first-aid arrangements with the hirer. First aid arrangements are recorded in the lettings/hire agreement.

After-school school clubs run by staff will send children in need of first aid to the office. Other providers are expected to deal with first aid incidents themselves according to the lettings agreement. All providers including Koosa Kids have access to the AED (defibrillator) and telephone if needed.

5. First aid equipment

No medication is kept in first aid kits.
First aid kits are stored in:

- Rowan Room
- Classrooms
- The school kitchen

Classrooms keep their first aid kits in their blue rucksacks, which are taken whenever the class is going outside or off-site, including playtimes. The blue bags contain:

- A class list, including any information about specific medical needs
- Prescribed asthma medication and equipment (where relevant)
- Accident report slips

The Admin team conduct first aid kit checks every term (see Appendix 3).

6. Record-keeping and reporting

6.1 First aid and accident record book

- An accident form will be completed by the first aider/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:
    - date, time and place of incident
    - name of injured person
    - details of the injury
    - details of what first aid was given
    - what happened immediately after the incident (for example, went home, went back to class, went to hospital)
    - name of first aider or person dealing with the incident
    - any further action that needs to be taken e.g. reporting to H&S Officer/caretaker
- Records held 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 admin officer will keep a record of any accident that results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The admin officer 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 Admin Officer will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- 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/carers

In the event of an accident involving a child, where appropriate, it is our policy to always notify parents of their child's accident if it is a bump to the head and/or is considered to be a serious (or more than minor) injury. See Appendix 1.

Our procedure for notifying parents will be to use email for minor bumps, but for anything significant we will make a telephone call. In the event that parents cannot be contacted and a message has been left, our policy will be to continue to attempt to make contact with the parents every hour. In the interim, we will ensure that the qualified first aider, appointed person or another member of staff remains with the child until the parents can be contacted and arrive (as required).

In the event that the child requires hospital treatment and is taken by ambulance, and the parents cannot be contacted, the qualified first aider/appointed person/another member of staff will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital.

In accordance with the EYFS Framework, the classroom staff and/or Admin Assistant will inform parents/carers of any accident or injury sustained by a pupil in Year R, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

7. Training

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this.
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 that 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 every year.
At every review, the policy will be approved by the Resources and Pay Committee.

9. Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Policy on supporting pupils with medical conditions (including administration of medicines)

Appendix 1:

Parents/carers will be called for the following reasons:

1. **BUMPED HEAD** – large visible bump – parents may want to see and assess
2. **ANY BITE/STING** – parents need to tell us if they have been bitten/stung before. They may want to come in and administer anti-histamine
3. **VOMITING AND DIARRHOEA** – the child needs to go home
4. **NOSE BLEED** – if longer than 30 minutes parents need to come in and assess
5. **SUSPECTED BREAK/SPRAIN/STRAIN** – parents to asses any swelling
6. **DISTRESS AFTER A FALL/ACCIDENT** – if the child is unable to calm and settle after 30 mins
7. **RASHES** – parents need to provide more information to us or assess themselves
8. **BURNS AND SCALDS** – parents must be informed
9. **ASTHMA** – parents informed if inhaler has been used more than three times in a day
10. **EYE INJURY** – inform parents if eye is bloodshot/swollen after injury, including if saline wash has been used
11. **TICKS OR LARGE SPLINTERS** – to be removed with parent permission or parent to come in and remove

Please note: this is not an exhaustive list.

Appendix 2:

Calling 999

1. **HEART ATTACK** – sit casualty on the floor comfortably against a wall in ‘W’ position
2. **SHOCK** – loss of blood/fluid from injury. Pale, cold, clammy. Raise legs
3. **UNCONSCIOUS, BREATHING** – check ABCD
4. **UNCONSCIOUS NOT BREATHING** – check ABCD, start CPR, call for defib
5. **OBVIOUS BREAK** - avoid moving casualty unless airway is compromised
6. **SEIZURE** – if first one or over 5 minutes
7. **RASHES** – if vital signs deteriorate rapidly
8. **BURNS AND SCALDS** – if deep burn/scald and/or casualty is going into shock
9. **ASTHMA** – if no improvement after inhaler treatment or first attack or casualty becomes exhausted
10. **HEAD INJURY** – if casualty vomits
11. **ANAPHYLACTIC SHOCK** – even if adrenaline has been administered

Please note: this is not an exhaustive list.

Appendix 3:

CHILDREN'S SERVICES ASSESSMENT FORM

First Aid Kit Checklist

Alter the contents list to suit what you have assessed as required for your premises and first aid needs.

First Aid Kit Checklist	
Location of First Aid Kit/Box	
Vehicle & Registration No. *(if applicable)*	
Identity No. of First Aid Kit/Box *(if applicable)*	
Date of Initial First Aid Kit/Box Check	
Name of Assessing First Aider	

Contents Check				
No.	**Premises First Aid Box**	**Minimum Required**	**Required Quantity**	**Actual Quantity**
1	Guidance card	**1**		
2	Individually wrapped sterile adhesive dressings (assorted sizes)	**20**		
3	Sterile eye pads	**2**		
4	Individually wrapped triangular bandages (preferably sterile)	**4**		
5	Safety pins	**6**		
6	Medium individually wrapped sterile unmedicated wound dressings	**6**		
7	Large individually wrapped sterile unmedicated wound dressings	**2**		
8	Pair of disposable gloves	**1**		
No.	**Travel First Aid Kit**	**Minimum Required**	**Required Quantity**	**Actual Quantity**
1	Guidance card	**1**		
2	Individually wrapped sterile adhesive dressings	**6**		
3	Individually wrapped triangular bandages	**2**		
4	Large sterile unmedicated dressing (approx. 18cm x 18cm)	**1**		
5	Safety pins	**2**		
6	Individually wrapped moist cleansing wipes (alcohol free)	**2**		
7	Pair of disposable gloves	**1**		

Additional Checks			
1	Are all items of first aid within expiry date?	**YES**	**NO**
2	Are all items of first aid in good, undamaged condition?	**YES**	**NO**
3	Is the first aid kit/box in good condition & undamaged?	**YES**	**NO**
4	Is the location of the first aid kit/box clean and accessible?	**YES**	**NO**
5	Is the first aid location sign present & in good condition?	**YES**	**NO**
6	Is the list/sign of trained first aiders present & up-to-date?	**YES**	**NO**

Summary of Actions		
FIRST AID KIT PASSED (e.g. 3-MONTH) CHECK & NO ACTION REQUIRED	**YES**	**NO**
Actions required if 'NO'		

Name of Assessor		**Signature of Assessor**		**Assessed Date**	

Follow-up Actions					
REQUIRED ACTIONS IMPLEMENTED/SHORTAGES REPLENISHED				**YES**	**NO**
Name		**Signature**		**Date**	

Note: **Minimum Required** – Minimum contents required in any first aid kit under ACOP (legal) guidance
Required Quantity – Your own contents requirements based upon your selected size of first aid kit

Quantities are to be locally inserted before the form is issued or used

Actual Quantity – Actual contents noted at the time of this periodic check of the first aid kit