



Barrow CEVC Primary School

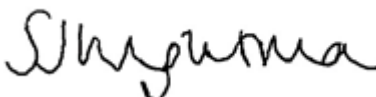
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First Aid Policy	
Originated by:	Helen Ashe
Reviewed by:	Nadine Fairweather
Review date:	March 2026
Distributed to:	All Staff
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Signature of Chair of Governors:	
Next review date	March 2027

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

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](#) (Updated guidance was issued in February 2022.) <https://www.gov.uk/government/publications/first-aid-in-schools/first-aid-in-schools-early-years-and-further-education>.

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

Roles and Responsibilities

Appointed Persons and First Aiders

Miss Fairweather and Mrs Woodland are the two members of staff in the school responsible for First Aid.

- Mental Health First Aider – Mrs Woodland
- A list of members of staff holding a current First Aid in the Work Place certificate can be found in the school office.
- Posters around the school highlight individual staff members who hold a current Paediatric First Aid certificate.

- A member of staff holding a current Paediatric First certificate will be onsite at all times, including during after school provision.
- All staff attend regular First Aid in The Work Place Training.
- Key named staff complete Paediatric First Aid Training to ensure cover at all times of the school day and all days of the week.
- Paediatric First Aiders: Joanne Woodland, Nadine Fairweather, Hayley Houston, Heeyoung Barrett, Philippa MacMillen, Jazmin Smith & Ysabelle Grovesmith, Karen Flsk

First Aiders 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 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.

The Local Authority

Suffolk 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.

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.

The Headteacher

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

- Ensuring that an appropriate number of First Aiders 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

Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the appointed persons in school are
- Completing accident reports on Evolve for all incidents they attend to
- Informing the headteacher or their manager of any specific health conditions or first aid needs

Parent/carers responsibilities

- It is parents' responsibility to ensure that they have provided the school with up-to-date contact names and telephone numbers in case of an emergency.
- Two emergency numbers must be provided.
- Parents must inform school if their child has any allergies e.g. allergic to plasters.
- It is parents' responsibility to inform the class teacher if their child has experienced a bump to the head before school, so that staff can monitor for signs of concussion.

First Aid Equipment

- The first aid kits in the Y5/6 block, the main office & First Aid cupboard.
- Additional supplies can be found in the cupboards in the adult cloakroom
- Cupboards containing First Aid kits are clearly marked with a green cross.
- All First Aid stock equipment is clearly labelled.
- When items need replacing Nadine Fairweather she will then ask Anne Martin to order supplies.
- No medication is kept in First Aid kits.

Accidents

In the case of a pupil accident, the procedures are as follows:

- The member of staff on duty calls for a first aider; or if the person can walk, takes him/her to a first aid post, outside the Headteacher's office, and calls for a first aider.
- If the child cannot be moved and assistance is required; a nominated child will take a message to the front office to raise the attention that assistance is required. The administration staff will be aware of which first aider is available to assist and will expedite support to the casualty as fast as possible.
- The first aider administers first aid and records the details on the child's individual First Aid record on Evolve Accident Book.
- An email will be sent to parents informing them of the place of the injury.
- Parents will be informed by the class teacher, or Headteacher, of significant accidents and the treatment given.

Head Injuries (see Appendix 1 for NHS Advice)

- If a child reports a head injury staff will always act on this.
- A cold compress will be given.
- Children will be initially checked for signs of concussion using Head Injury Assessment guidelines (HIA) See appendix 2. Children will be carefully monitored for the rest of the day.
- If the child receives a bump on the head, parents will receive an email notifying them of the head bump via Evolve Accident Book and a copy of the email will be passed on to the class teacher and Barrow Extra staff if appropriate.
- If a child has received a significant bump to the head, parents will be phoned immediately and asked to come and collect the child.
- If a child is attending Barrow Extra then staff must be informed of the head bump and will be reminded to continue monitoring the child for signs of concussion.

If the First Aider believes hospital treatment is required, that person will, in consultation with the Headteacher or nominated deputy:

- Arrange for the emergency services (999) to be summoned if necessary or advice from NHS 111 when you need medical help fast but it's not a 999 emergency.
- Arrange for parents to be informed
- Arrange for the child/adult to be transported to the Accident and Emergency department by car, taking another adult as the driver.

Recording and Reporting Procedures of Accidents

- The school uses Evolve Accident Book, a digital platform, to record all First aid administered in school.
- All incidents relating to a child must be recorded on their individual record on Evolve Accident Book which all staff can access.
- Children's first aid incidents, administered medicines log and Individual Health Care Plans (if appropriate) can be found on Evolve Accident Book.
- All first aid treatments and administered medicines must be recorded with the correct date, time and dosage on Evolve Accident Book.
- Serious accidents that require hospital treatment will be reported to the LA using the relevant forms.

Reporting to the HSE

The Head Teacher 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 Head Teacher 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 Head Teacher 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)
<http://www.hse.gov.uk/riddor/report.htm>

Notifying parents

A First Aider 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.

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

The 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 Headteacher will also notify Customer First at the Multi Agency Safeguarding Hub (MASH) of any serious accident or injury to, or the death of, a pupil while in the school's care.

School Visits

- In the case of any off-site visits, fully equipped portable First Aid kit will be taken.
- Staff will carry a mobile phone.
- Permission from the pupils' parent/guardian to administer first-aid wherever necessary.
- A First Aider will accompany the group.
- A Paediatric First Aider will accompany Reception children during an off-site visit.
- The nominated first aider on a school trip will wear the first aider lanyard with their school ID badge clearly displayed.
- In the case of a residential visit, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.
- Risk assessments will be completed by the class teacher prior to any educational visit that necessitates taking pupils off school premises.

Staff Medicines

- All staff medicines must be kept out of the reach of children; either in the staffroom or the fridge, dependent upon storage instructions.

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.
- 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.

Monitoring arrangements

This policy will be reviewed by the appointed First Aider (Nadine Fairweather) annually.

At every review, the policy will be approved by the headteacher and governing body.

Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Risk assessment policy
- Managing Medical Conditions in School



Helen Ashe (Head Teacher)

Appendix 1 – NHS advice on Head Injuries

Go to A&E if:

You or your child have had a head injury and have:

- been knocked out but have now woken up
- vomited (been sick) since the injury
- a headache that does not go away with painkillers
- a change in behaviour, like being more irritable or losing interest in things around you (especially in children under 5)
- been crying more than usual (especially in babies and young children)
- problems with memory
- been drinking alcohol or taking drugs just before the injury
- a blood clotting disorder (like haemophilia) or you take medicine to thin your blood
- had brain surgery in the past

You or your child could have concussion. Symptoms usually start within 24 hours, but sometimes may not appear for up to 3 weeks.

Call 999 if:

Someone has hit their head and has:

- been knocked out and has not woken up
- difficulty staying awake or keeping their eyes open
- a fit (seizure)
- fallen from a height more than 1 metre or 5 stairs
- problems with their vision or hearing
- a black eye without direct injury to the eye
- clear fluid coming from their ears or nose
- bleeding from their ears or bruising behind their ears
- numbness or weakness in part of their body
- problems with walking, balance, understanding, speaking or writing
- hit their head at speed, such as in a car crash, being hit by a car or bike or a diving accident
- a head wound with something inside it or a dent to the head

Also call 999 if you cannot get someone to A&E safely.

Head Injury Assessment (HIA)

HEAD INJURY ASSESSMENT FOR SCHOOLS

ADVICE AND GUIDANCE

Was the incident witnessed?

Initial assessment includes the ABCs, and risk of a spinal injury.

- Bled a lot from its head?
- Was the child knocked out?

Call 999

No symptoms other than a small bump or minor cut to the head.

Keep in school, note the time of injury and watch out for symptoms developing. Time given to carer and advice to monitor for 2-3 days.

Asses for the following?

- Persistent headache since the injury
- Less willing to take part in physical activity
- Is irritable or 'not themselves', no concentration or interest in things around them?
- Fallen more than 1 metre in height?
- Fallen down the stairs? Was it from top to bottom? (Bumping down the stairs poses less of a risk)
- Have a blood clotting disorder

Call 111, the parent.
Or go to A&E of Urgent Treatment Centre

Assess for the following?

- Clumsier than usual, problems balancing
- Lack of energy, lethargic, unable to wake
- Having difficulty understanding what the parent/carer is saying or speaking to you?
- Become suddenly deaf?
- Complained of tingling/numbness in their legs or arms?
- Shown weakness in their legs or arms? Had a fit or convulsion since the head injury?
- Had clear fluid dribbling out of their nose, ears, or mouth?
- Had blood coming from inside one or both ears?
- Vomited more than once
- Sleepy and cannot wake easily

Call 999

First Aid Guidelines

- Observe child closely for the next 2-3 days.
- Check that they can respond to you normally and can move their arms and legs.
- Give your child children's liquid paracetamol if they are in pain. (Always follow the manufacturers instructions for the correct dose and do not give any other pain relief unless you have spoken to a health care professional).
- If the area is swollen or bruised, try placing a cold facecloth over it for 20 minutes every 3-4 hours.
- Ensure they drink enough, water is best, and lukewarm drinks can also be soothing.
- Keep the room they are in at a comfortable temperature, but well ventilated.
- Give them plenty of rest and make sure they avoid any strenuous activity for the next 2-3 days.

www.surreyfirstaid.com →

Appendix 3

Splinters

In line with the advice from the British Health Foundation, First Aiders are able to remove splinters from a child if there is protruding wood from the wounded area following the training guidelines. Splinters that are fully embedded somewhere in the child's body are not to be removed at school. Instead they are to be cleaned and covered with a suitable dressing to minimise further discomfort. Parents are to be told of the child has had a splinter removed, or if they have had an embedded splinter cleaned and covered at the end of the day by the class teacher.

