First Aid Policy

St Barnabas CofE Primary School

Approved by:	St Barnabas LGB
Last reviewed on:	March 2026
Next review due by:	March 2027

This policy supersedes all previous First Aid policies

Fioretti Trust
Aspiration Wisdom Compassion

Contents

"Through Jesus we encourage one another and build each other up,
to be our best selves"

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
- Ensure consistent, safe practice across the school in line with current statutory requirements and best practice guidance.

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, guidance from the Health and Safety Executive (HSE) on incident reporting in schools, and the following legislation:

- Statutory framework for the Early Years Foundation Stage (2025 update)
- Department for Education (DfE)guidance on first aid in schools and health and safety in schools
- 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 requires employers to make assessments of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999 requires employers to carry out risk assessments, plan 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 Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils

This policy complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 Responsible person(s) and First Aiders

The Head Teacher is responsible for overseeing First Aid in school. Day-to-day, trained Pediatric First Aiders and Workplace First Aiders are named in school. These trained staff 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, or as soon as is reasonably practicable, after an incident
- Keeping their contact details up to date

Our school's first aiders are displayed prominently around the school.

3.2 The Governing Body

The Governing Body has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Head Teacher and staff members.

3.3 The Head Teacher

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

- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are always present in the school
- 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 first aid boxes are checked weekly in their own classes / areas
- Ensuring they know who the first aiders and/or appointed person(s) in school are
- Completing accident reports (see appendix 2) for all incidents they attend where an appointed person is not called
- Informing the Head Teacher or their manager of any specific health conditions or first aid needs
- Office staff audit first aid boxes half-termly

4. First aid procedures

4.1 In-school procedures

In the event of an accident resulting in injury:

- The closest members 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 the 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, office staff / SLT will contact parents immediately
- The first aider/relevant member of staff will complete an accident report form on Medical Tracker on the same day or as soon as is reasonably practical after an incident resulting in an injury
- The school will use Medical Tracker to record all First Aid incidents and accidents.

There will be at least 1 person who has a current Pediatric First Aid certificate on the premises at all times.

4.1A Head Injury (Head Bump) Protocol

When a head bump MUST be seen by a first aider

A trained first aider should assess the child if:

- **The bump was significant**

- Collision at speed (running into a wall, hard fall, hit by sports equipment)
- Any impact that causes the child to cry in sudden distress, appear shocked or winded
- Any impact to the forehead, temple, back of head or side of head with force
- Fall from a height
- Obvious swelling, bruising, graze or cut

- **The child shows ANY symptoms**
  - Headache
  - Feeling sick or actually vomiting
  - Dizziness or appearing dazed
  - Sensitivity to light
  - Tiredness or unusual behaviour
  - Complaining of pain
- **There is concern about safeguarding or wellbeing**
  - The child cannot describe what happened clearly
  - The incident could involve another child and requires follow-up
  - Staff have any concerns at all

When a head bump does NOT always require a first aider

A very minor bump can be monitored in class first if:

- The child lightly knocked their head (e.g. gently bumped on a table)
- No force, no fall, no symptoms
- The child is calm, talking normally, and shows no sign of pain
- There is no visible injury

"Monitor for 10–15 minutes. If symptoms develop, send to First Aid." This avoids unnecessary disruption and allows first aiders to prioritise genuine medical need.

- **Assessment**

When a head bump is assessed by a qualified first aider, the first aider will check for:

- Loss of consciousness
- Vomiting
- Headache (severe or worsening)
- Dizziness or balance problems
- Drowsiness or confusion
- Vision problems
- Behaviour changes
- Bleeding, swelling or visible injury

- **First Aid Treatment**
  - Child will be monitored for 20–30 minutes.
  - A cold compress (ice pack or cold pack wrapped in cloth) will be applied if swelling or pain is present.
  - Wet paper towels are not used for head injuries as they are not an approved cold compress.

Red-Flag Symptoms – Call 999 Immediately

- Emergency services must be called if any of the following occur:
  - Loss of consciousness (even briefly)
  - Repeated vomiting
  - Seizure / fit
  - Slurred speech
  - Unequal pupils
  - Severe headache or worsening headache
  - Clear fluid or blood from ears or nose
  - Severe neck pain
  - Difficulty waking
  - Weakness/numbness in arms or legs
  - Confusion or unusual behaviour
- Parents are informed immediately after emergency services have been called.

Communication With Parents

- Parents/carers must be contacted for all head bumps, including those without a visible mark.
  - Office staff will phone home for every head bump.
  - Medical Tracker will also send a written record.
  - If symptoms worsen or new symptoms appear after initial monitoring, a second phone call will be made and the child may need collecting.

When to Call Home

- Immediately if:
  - The child loses consciousness (even briefly).
  - There is vomiting, severe headache, dizziness, confusion, or unusual behaviour.
  - There are signs of serious injury (e.g., fluid from ears/nose, bleeding from ears, unequal pupils, seizures).
  - The injury involved a significant fall or forceful blow (e.g., fall from height, collision at speed). [schs.gdst.net], [sjcs.co.uk]
- A fall from height generally means falling from a level above ground, such as:
  - Off playground equipment (climbing frame, slide, monkey bars)
  - From a chair, desk, or table
  - Down stairs
  - From a stage or raised platform
  - Any fall where the child's head hits the ground from a noticeable elevation (not just tripping while walking)

As soon as possible for:

Any bump to the head that requires first aid (ice pack, observation).

- If the child is upset, dazed, or reports headache, nausea, or blurred vision.
- Even if symptoms seem mild, parents should be informed so they can monitor for delayed signs.

PE and Activity Restrictions for bumps with pain, swelling or a mark

- No PE, active play, or sport for 24 hours following any head bump.
- If concussion is suspected, follow a gradual return-to-play protocol.

Cold Compress Definition

- A cold compress is defined as a cold pack or ice pack wrapped in a protective cloth. Wet paper towels are not acceptable as they do not maintain temperature and do not meet first aid standards.

4.2 Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:
- A school/personal mobile phone
- A portable first aid kit including, but not limited to:
    - A leaflet giving general advice on first aid
    - 6 individually wrapped sterile adhesive dressings
    - 1 large sterile unmedicated dressing
    - 2 triangular bandages – individually wrapped and preferably sterile
    - 2 safety pins
    - Individually wrapped moist cleansing wipes
    - 2 pairs of disposable gloves
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the lead teacher and checked by the School Business Manager prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least 1 first aider with a current Pediatric first aid (PFA) 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:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings

- 3 pairs of disposable gloves

No medication is kept in first aid kits.

First aid kits are stored in:

- All Classrooms
- The School Office
- The School Kitchen
- Before and After Club

6. Record-keeping and reporting

6.1 First aid and accident recording

- 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- this will be done on Medical Tracker.
- As much detail as possible should be supplied when reporting an accident.
- The accident report form will be recorded against the pupil's personal profile on Medical Tracker.
- Records held on Medical Tracker 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 Ofsted and child protection agencies (Early Years only)

The Head Teacher 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 Head Teacher will also notify CASS of any serious accident or injury to, or the death of, a pupil while in the school's care.

6.3 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 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 leading 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 School Business Manager 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 is 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 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 organized (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

6.4 Notifying parents

Medical tracker will inform parents of any minor accident or injury sustained by a pupil, and any first aid treatment given on the same day by email.

In the event of a Head bump resulting in a visible mark, Office staff will call Parents to inform them. Parents will also receive a notification from Medical Tracker by email.

Office staff will call Parents in the event of a serious injury, accident or medical emergency or illness and will be advised to collect the child and seek further medical advice or treatment. They will also receive a notification from Medical Tracker if this relates to a First Aid incident.

Parents will be informed immediately if emergency services are called.

6.5 Reporting to Ofsted and child protection agencies (Early Years only)

The Executive Head Teacher / Head of School 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 Executive Head Teacher / Head of School will also notify CASS 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.

All first aiders must have completed a training course and must have 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 Pediatric 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 Lead DSL annually.

At every review, the policy will be approved by the Head Teacher.