



First Aid Policy

Primary Level



Approved by: FGB Primaries

Last reviewed on: 29 January 2025

Next review due: 28 January 2026

1. Aims

- To provide adequate first aid provision and medical care for pupils and school personnel.
- To have in place qualified first aid personnel.
- To have in place adequate first aid equipment.
- To have in place excellent lines of communication with the emergency services and other external agencies, including our Health and Safety Advisor.

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:

- [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 Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. Roles and Responsibilities

a. Welfare Officer

Belmore Primary: Kim Marsh kmarsh@belmore.school.

William Byrd Primary Academy: Melanie Castle-Mason mcastlemason@williambyrd.school

The school's appointed welfare assistant is responsible for:

- i. Taking charge and administering front-line care when someone is injured or ill

- ii. Ensuring all first aid kits are fully equipped and replenishing the contents as needed
- iii. Maintaining up to date and accurate medical files, including accident log, welfare plans, asthma and allergy plans and any other medical care plans
- iv. Calling an ambulance or seeking other professional medical help when appropriate
- v. Contacting parents in the event of illness or accident and sending unwell or injured pupils home to recover, where necessary
- vi. Reviewing periodically the accident reports across the school

b. First Aiders

First aiders are trained and qualified to carry out the role and are responsible for:

- i. 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
- ii. Filling in a bump note or accident report on the same day, or as soon as is reasonably practical, after an incident if required and informing the relevant staff
- iii. A list of all trained first aiders is prominently displayed around the school

c. The Head of School

Belmore Primary Academy: Rose Taunt rtaunt@williambyrd.school

William Byrd Primary Academy: Nicola Edwards nedwards@williambyrd.school

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

- i. Ensuring that an appropriate number of trained first aid personnel are present in the school at all times
- ii. Ensuring all staff are aware of first aid procedures
- iii. Ensuring appropriate risk assessments are completed and appropriate measures are put in place

d. All other School Staff

All school staff are responsible for:

- i. Ensuring they follow first aid procedures
- ii. Attend any appropriate training
- iii. Ensuring they know who the first aiders in school are
- iv. Informing the head of school or their line manager of any specific health conditions or first aid needs
- v. Familiarising themselves of all children with medical conditions

e. The Multi Academy Trust

CEO: Ben Spinks bspinks@mlp.org.uk

The Middlesex Learning Partnership Multi Academy Trust has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school and the Local Governing Body.

4. First aid procedures

4.1 In-school procedures

- In the event of a minor injury the person on duty will deal with the incident and record the incident.
- In the event of a child having an accident or concerns about a child feeling unwell, a First Aider or Welfare Officer will check the child, and where appropriate, treat the child.
- Every time a child says they feel unwell their temperature will be checked.

If there is any concern about a child the parents will be contacted as soon as possible, so that the child can be collected and taken home.

- Parents are contacted if there are any doubts over the health or welfare of a pupil.
- The school will call for an ambulance if they have concerns about an injury and the child's parents will also be contacted straight away. This information will always be given showing consideration for parental stress and anxiety.
- Any child with a bumped head needs to be sent to the Welfare Room to be written in the medical book and to be checked and monitored.

An ambulance will be called in the following cases:

- Any concerning head injuries or concussion
- Serious wounds which the school considers require immediate hospital treatment
- All suspected fractures
- Unconsciousness even for a few seconds
- Anaphylactic shock
- Choking
- Fitting or convulsions
- Severe bleeding
- Asthma attack
- Suspected heart attack
- Suspected stroke
- If a condition suddenly deteriorates or is considered to be life threatening

If a member of staff is asked to call the emergency services, they must be near the child to answer relevant questions regarding the child's condition:

- Advise the location of the school – full address and post code
- State what has happened
- The child's full name
- The child's date of birth
- Whether the casualty is breathing/conscious

If a pupil sustains a serious injury, they should not be moved. All serious accidents should be reported to Head of School.

All relevant staff should familiarise themselves with the names, conditions and treatment of pupils who have specific medical needs such as allergies. Photos of the children and a brief summary of the condition can be accessed in the Welfare room, the Kitchen and in the child's classroom.

Once an ambulance has been called:

- The Head of School or other senior member of staff will be informed.
- A member of staff will wait at the entrance to open the gate and guide the paramedics and emergency vehicle into the school
- If the parents have not arrived at the school a member of the school staff will go with the child to hospital ensuring they have updated pupil information

4.2 Pupils who are unwell in school

Any pupil who is unwell cannot be left to rest in the welfare room. If a pupil becomes unwell, a parent should be contacted as soon as possible by the appointed person.

Anyone not well enough to be in school should be collected as soon as possible by a parent. Staff should ensure that a pupil who goes home ill is signed out at the school office.

Procedure for management of Head Injuries

Minor Closed Head Injury (Reported head injury but no evidence or any marks/slight red mark)

- Cold compress. (cotton wool in soaked in cold water)
- Welfare ensures that staff aware to monitor and send back to Welfare if any changes, and to report to parents/carers of potential head injury.
- Logged in 'Medical Treatment Record'.

Bump/Lump/Bruising

- Ice pack
- Call to parents – Welfare Office will report to parents/carers
 - Where the injury is (forehead, head, nose, lip)
 - Presentation of injury
 - Presentation of child (mood, engagement, level of distress, any sign or symptoms of concern)
 - Time of Incident
 - How the incident occurred
 - Next steps – parent/carer able to collect, close monitoring for next 24-48 hours, monitor in school but parents to keep phone available in case the child's condition shows any signs of deterioration
- If the Welfare Officer has any concerns, they will always act on the 'side of caution' and recommend that the child should be collected.
- Parental decision whether or not if they want to collect from school based on information provided by Welfare Officer.
- If not sent home, Welfare Officer to monitor further for a short length of time to note in any changes in child's presentation.
- Welfare ensures that staff aware and to monitor and send back to Welfare if any changes.
- Bump note sent home with:
 - Where the injury was (forehead, head, nose, lip)
 - Time of Incident
 - How the incident occurred

If child is absent the following day with the reason given being due to the injury, Welfare will do a courtesy call to see how the child is.

Open Wound

Minor (grazes/scratches)

- Clean the wound

- Dress as appropriate – plaster/pad
- Bump note sent home with:
 - Where the injury was (forehead, head, nose, lip)
 - Time of Incident
 - How the incident occurred

Major Wounds

- Compress the bleeding (Welfare Officer).
- If the child has lost consciousness or is showing signs of concussion an ambulance would be called.
- Call the parents as soon as possible (Reception).
- If parents are not contactable or the child's condition deteriorates then an ambulance would be called.
- Bump note completed (if there is time. Treatment will always be the priority, and would not slow the child getting specialised treatment having to wait for the bump note).
- Treatment as appropriate according to the wound:

Small open wounds – steri-strip

Large open wounds – dressing wound bandage

- Inform parents of what has happened and the treatment given.
- Advise parents to go to the hospital as a precaution
- Ask parents to call if possible with an update or school will attempt courtesy call (on the day - dependent on time of incident)
- Following day, Welfare Officer will complete a courtesy call.
- 'Incident Report' completed – uploaded to online system – CPOMS on the child's file.

Loss of consciousness for any length of time

- Ambulance would be called
- Parents contacted as soon as possible

Loss of consciousness/Major Head Injury/Ambulance called

Welfare will complete an Incident Report regarding the incident/treatment given/and information given to the parent when the child is collected/parents response.

If an Ambulance is called – 'Incident Report' completed, log kept of Ambulance involvement and all information logged and uploaded on online system – CPOMS Software.

4.3 Procedures for After School Clubs

After school clubs can be run by external companies or school staff. All coaches must be Pediatric first aid trained. Where appropriate any prescribed medication, Inhaler/Epipens, should be handed to the coach by when the child is brought to the club.

4.4. Procedures for Breakfast Club

At least two Breakfast Club staff are first aid trained. All in-school procedures detailed in section 2.1 will be followed

Procedures for pupils who return to school after an accident or with an injury

Parents should meet with the Welfare Officer upon their return to school after a significant accident and/or injury.

A plan will be developed in agreement with the parents for arrangements and/or adjustments required to ensure the child's safety, and limit the possibility of further injury or harm within school. Where appropriate, the child's input will be taken into consideration when deciding how they would like to spend their break and lunch times.

Such adjustments could include:

- Break time and Lunchtime arrangements – though we would encourage a child to go out for fresh air, this may not be suitable for the child's needs at this time. Arrangements could be made to find a space either outside or inside, where the child can interact with peers and appropriate activities. This will be overseen and supported by the class teacher, Welfare Officer and the Pastoral Team.
- Reduced timetable (though the priority will be to try to integrate the child back in to full time school as soon as reasonably possible to limit the impact on the child's learning)
- Seating arrangements
- Appropriate equipment

This plan will be agreed, written and signed by the parent.

This plan will be uploaded to the schools online system (CPOMS Software) on the child's record.

4.5 Off-site procedures

Procedures for educational visits

- A minimum of one trained First Aider will always accompany any school trips
- A First Aid bag will be taken on all school trips
- Teachers should ensure they have asthma inhalers, epipens and all medication the children in their class may need
- Staff should take the designated school mobile phone or their own mobile phones on trips with the school telephone number programmed in
- A full risk assessment must be completed for all outings and educational visits

5. Record-keeping and reporting

First aid and accident record book

- A minor accident form is completed in the medical book if the injury needs only very minor first aid- a wipe, cold compress, plaster or ice pack for a short time. A note is sent home if there has been a slight head injury
- An accident form will be completed by the relevant member of staff on the same day or as soon as possible after a major incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident.
- A copy of the accident report form will also be added to the pupil's record on the online reporting system (CPOMS software)
- 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, an accident form will be kept until the child is 21 years old.

5.1 Reporting to the HSE

The Head of School 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 of School will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences 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)
 - 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
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- 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

Information on how to make a RIDDOR report is available here:

5.2 Reporting to Ofsted and child protection agencies

The 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 Head of School or DSL will also notify Hillingdon Stronger Families (multi-agency services hub) of any serious accident or injury to, or the death of, a pupil while in the school's care.

6 Personal Safety of pupils and staff

All treatment of wounds and accidents involving bodily fluids must be undertaken wearing gloves and protective equipment. This is for the protection of pupils and staff.

7 School admissions

- Parents are asked to notify the school of any medical information on the admission form.
- Before the child commences placement, this information should be passed onto the Head of School, Teacher, Welfare Assistant and SENDCo.
- If a child develops a medical condition once they are on roll, all staff must ensure this information is also passed to the Head of School, Teacher, Welfare Assistant and SENDCo and put on the child's school SiMs CTF file.
- Any training required to ensure the child's medical needs are fully met and understood will be organised by the Welfare Assistant via the School Nurse, treating hospital, parents or other external agencies as appropriate.

8 Training

- All school staff are able to undertake first aid training if they would like to.
- All school staff will attend annual Asthma and Anaphylaxis training delivered by Hillingdon School Nursing Service.
- 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.
- Staff are encouraged to renew their first aid training when it is no longer valid.
- 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 and is updated at least every 3 years.

This policy is linked to the following school policies:

- Supporting pupils in school with medical conditions policy
- Asthma policy
- Children with health needs who cannot attend school policy
- Health and safety policy
- Risk assessments