

LUNSFORD PRIMARY SCHOOL FIRST AID POLICY



Ratified: September 2025 – to be reviewed annually

Date: September 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 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 has 2 trained paediatric first aiders and 13 first responders as well as 2 Mental Health First Aiders (Please see Appendix 1) They are responsible for:

- Taking charge when someone is injured or becomes ill
- 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 as, or as soon as is reasonably practicable after, an incident (see the template in appendix 2)

3.1.1

The Office Manager / Office Administration Assistant are responsible for:

- 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
- Keeping their contact details up to date

3.2 The local authority and governing board

Kent 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 first aid personnel 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 (see section 6)

3.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports (see appendix 2) for all incidents they attend to where a first aider is not called
- Informing the Headteacher of any specific health conditions or first aid needs

4. First aid procedures

4.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member 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 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, the Headteacher or if not available the School Administrator team will contact parents immediately
- The relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.

There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all time.

4.2 Off-site procedures

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

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Access to parents' contact details
- Risk assessments will be completed by the lead member of staff prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

There will always be at least one first aider on school trips and visits in Key Stage 1 and 2

5. First aid equipment

A typical first aid kit in our school will include the following:

- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves

- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- No medication is kept in first aid kits.
- I bumped my head today bracelets

First aid kits are stored:

- Outside Year 6 in the corridor by the back exit of the school
- Outside the Office by the exit door to the reception area
- A portable first aid kit is kept in class by all Teaching Assistants

6. Record-keeping and reporting

6.1 First aid and accident record book

A minor accident form is completed if the injury needs only very minor first aid- a wipe, cold compress, plaster or ice pack for a short time and sent home with the child. If a child bumps their head (any injury above the neck) a "I bumped my head today" bracelet is put on the child, and a phone call is made to the parents to inform them and potentially invite them into school to check their child. Finally, a note is sent home and a copy of this note is made and stored in the Accident file in the school office.

An AIRS 1 accident form (Accident/Near Miss/Violence at Work Reporting Form (1.05)) 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.

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 AIRS 1 form will be kept until the child is 21 years old.

6.2 Reporting to the HSE

The Headteacher 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 Headteacher 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) 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 Headteacher 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>

6.3 Notifying parents

The class teacher or teaching assistant 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, that is via an incident form and or verbally.

6.4 Reporting to Ofsted and child protection agencies

The Headteacher 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 Headteacher will also notify local authority child protection agencies 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 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.

8. Monitoring arrangements

This policy will be reviewed by the Headteacher annually.

At every review, the policy will be approved by the full governing board.

9. Links with other policies

This first aid policy is linked to the

Health and safety policy

Risk assessment policy

Policy on supporting pupils with medical conditions

Appendix 1:

Staff training and support

The following staff have received general training.

School first aiders (full certificate) are:

Bev Anderson – TA

Gary Anscombe – Headteacher

Emma Barton – TA

Tammy Bruckin – TA

Julie Coster – TA

Mell Cripps – TA

Claire James – TA

Elizabeth Lomax – Deputy Headteacher

Louise McDonald – Office

Kate Mead – Office Manager

Ian Murray – TA

Amy Taylor – Office/FLO

Carol Webb – TA

Paediatric First Aiders:

Gill Benton – TA

Paula Birchard – TA

Named people for administering medicines:

Kate Mead – Office Manager

Amy Taylor – Office/ FLO

Louise McDonald - Office

Mental Health First Aiders:

Elizabeth Lomax – Deputy Headteacher

Sarah Beckett – SENCO/ SLT

Tara Graves – Teacher



Lunsford Primary School

Injury/Illness Information Sheet

Childs name.....

Year Group.....

Date..... and time of accident.....

Nature of Accident/Illness

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(for head injuries please see over)

Treatment

- ☐ Ice Pack
- ☐ Cold Wet Paper Towel
- ☐ Cleaned wound
- ☐ Applied Plaster
- ☐ Contacted Parent/s Sent Home Yes/ No
- ☐ Kept child quiet and under observation
- ☐ Other

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Please tick relevant box/es

Name of first aider

Signature

Advice for head bumps

Bumps and knocks to the head are quite common in children. Fortunately the vast majority of children with a head injury only have minor injuries. As long as the child is conscious (responding normally), and there is no deep cut or damage to the head, then there is usually no damage to their brain.

However, with any head injury there is a chance that a blood vessel in the brain could have been damaged. This may cause bleeding in the brain (haemorrhage) and it can take a long time for any noticeable symptoms to develop. Head injuries can cause symptoms hours or days later, so children who have a head injury will need to have close attention paid to them.

You might like to consider the following advice for treating head injury in children:

- Observe your child closely for the next 2 – 3 days. During the first night, wake them gently every 2 hours when they are sleeping, and check that they can respond to you normally and can move their arms and legs normally.
- Regularly give your child children's liquid paracetamol or ibuprofen if they are in pain. Always follow the manufacturer's instructions for the correct dose. Read NHS Direct's information on [Can I give my child painkillers?](#), or ask your local pharmacist for advice.
- If the area is swollen or bruised, try placing a cold facecloth over it for 20 minutes every 3 - 4 hours, for the first 24 hours. This should help to reduce the swelling.
- Make sure your child is drinking enough fluid – water is best, and lukewarm drinks can also be soothing.
- Keep the room they are in at a comfortable temperature, but well ventilated.
- Keep your child at home, allow them to get plenty of rest and make sure they try to avoid any strenuous activity for the next 2 - 3 days.

However, you should call **NHS Direct** on **0845 4647 or 111** if:

- your child seems to be having trouble moving their limbs,
- your child seems to be more irritable than normal,
- your child seems confused,
- your child's memory or speech is not normal,
- your child is vomiting (being sick),
- your child still has a headache more than 6 hours after the injury, or their headache is becoming worse, or
- this self-help guide does not address your child's symptoms.

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