First Aid Policy

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1.2	04.07.2026	L. Bennett	Adding review date
1.3	15.09.2026	L. Bennett	Updated first aiders and added location of spare EpiPens and asthma pump

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1. Statement of intent

Sandwich Infant School is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting staff, pupils and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the headteacher in regard to all staff, pupils and visitors.

We will take every reasonable precaution to ensure the safety and wellbeing of all staff, pupils and visitors.

This policy aims to:

- Ensure that the school has adequate, safe and effective first aid provision for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor
- Ensure that staff, Trustees and Governors are aware of their responsibilities with regards to health and safety
- Ensure that staff and pupils are aware of the procedures in the event of any illness, accident or injury
- Ensure that medicines are only administered within school when express permission has been granted for this
- Ensure that all medicines are appropriately stored
- Promote effective infection control
- Provide a framework for responding to an incident and recording and reporting the outcomes.

Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

2. Legal framework

This policy is based on advice from the Department for Education on first aid in schools and health and safety in schools, and the following legislation:

- The Health and Safety (First Aid) Regulations 1981
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2019) 'Automated external defibrillators (AEDs)'
- DfE (2022) 'First aid in schools, early years and further education'

The policy is implemented in conjunction with the following policies:

- Health and Safety Policy
- Administering Medication Policy
- Supporting Pupils with Medical Conditions Policy
- Behaviour Policy
- Child Protection and Safeguarding Policy
- Lone Working Policy
- Educational Visits and School Trips Policy

3. Roles and responsibilities

3.1 The Headteacher

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

- Ensuring that all staff and parents are made aware of the Trust's policy and arrangements regarding first aid
- Ensuring that an appropriate number of appointed persons and/or 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 including the locations of first aid equipment and how it can be accessed, particularly in the case of an emergency
- Ensuring that all pupils and staff are aware of the identities of the school first aiders and how to contact them if necessary
- Making pupils aware of the procedures to follow in the event of illness, accident or injury
- Ensuring appropriate risk assessments are completed and 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 9.3)
- Ensuring that the relevant risk assessments and assessments of the first aid needs of the school specifically, have been conducted

- Ensuring that there are a sufficient number of appointed first aiders within the school based upon these assessments
- Ensuring that there are procedures and arrangements in place for first aid during off-site or out-of-hours activities, e.g. educational visits or parents' evenings
- Ensuring that appropriate and sufficient first aid training is provided for staff and ensuring that processes are in place to validate that staff who have undertaken training have sufficient understanding, confidence and expertise in carrying out first aid duties
- Ensuring that adequate equipment and facilities are provided for the school site
- Ensuring that first aid provision for staff does not fall below the required standard and that provision for pupils and others complies with the relevant legislation and guidance
- Ensuring that an 'appointed person' is selected from amongst staff to take the lead in first aid arrangements and procedures for the school.

3.2 Appointed person

Each School must have at least one 'appointed person' to oversee first aid provision. The appointed person is not a first aider and must not conduct any first aid unless they are appropriately trained. The appointed person should, however, be trained in emergency procedures as outlined below so that they can provide emergency cover if a first aider is unexpectedly absent.

The appointed person is responsible for:

- Overseeing the school's first-aid arrangements
- Looking after the first-aid equipment, e.g. restocking the medical room
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Partaking in emergency first aid training, and refresher training where appropriate, to ensure they have knowledge of:
    - What to do in an emergency.
    - How to assess and monitor a casualty.
    - Cardiopulmonary resuscitation.
    - First aid for the unconscious casualty.
    - First aid for someone who is having a seizure.
    - First aid for the wounded or bleeding.
    - Maintaining injury and illness records as required.

- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits including those for use on school trips – auditing and checking dates
- Ensuring that the parents and carers are contacted if a pupil needs to be sent home and that the Class teacher is also informed.
- Ensuring that next of kin are informed if the incident involves a member of staff and they are unable to contact their next of kin themselves.
- Ensuring that an accident report is completed on the same day, or as soon as is reasonably practicable, after an incident and that all relevant staff know where the accident report log is kept.

3.3 First Aiders

A first aider is someone who is trained and qualified to give first aid treatment in the event of an injury or illness.

First aiders are located across the school to ensure easy access and rapid response.

The main duties of first aiders will be to administer immediate first aid to pupils, staff or visitors, and to ensure that an ambulance or other professional medical help is called when necessary.
First Aiders are responsible for:

- They will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Ensuring that parents are contacted to inform them of the incident, in consultation with the school's appointed person, if it involves a pupil and to provide details of action taken and recommended follow up actions. (For example, in the case of a head injury)
- Recording the incident in the accident/incident log
- Keeping their contact details up to date
- Completing and renewing training as required
- Ensuring that they are comfortable and confident in administering first aid
- Ensuring that they are fully aware of the content of this policy and any procedures for administering first aid, including emergency procedures.

Each first aider, alongside the responsible person (Jennifer Cross) will be responsible for ensuring that the first aid kit in their area is properly stocked and maintained. The first aid appointed person will be responsible for maintaining supplies.

First aid notices will be clearly displayed throughout the school with information on the names and locations of first aiders to ensure that pupils and staff know who they must contact in the event of illness or injury. The school's First Aider staff list can be found in Appendix 1.

Early Years Foundation stage only: For the EYFS and Ofsted requirements you should have at least one fully paediatric first aid qualified member of staff closely available at all times, including cover for breaks, sickness, holidays and trips. The fully paediatric first aid trained staff can be supported by one-day Emergency Paediatric First Aid trained staff. This should take into consideration staff: child ratios. We currently have three members of staff fully trained in paediatric first aid.

All staff members will be made aware that agreeing to become a first aider for the school is strictly on a voluntary basis and that they should never feel pressured to take on this role.

When selecting first aiders, the school will follow the criteria laid out in government guidance, considering the individual's:

- Reliability and communication skills
- Aptitude and ability to absorb new knowledge and learn new skills
- Ability to cope with stressful and physically demanding emergency procedures
- Normal duties – a first aider must be available to go immediately when there is an emergency.

3.4 All School Staff

School staff are responsible for:

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

4 First aid procedures

4.1 In-school procedures

In the event of an incident or 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, who will provide the required first aid treatment
- The first aider 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 responder & subsequent First Aider will prioritise the treatment of an illness or injury and leave the management of others involved in the 'incident' to other members of staff, e.g. resolving disputes, behaviour management, discipline measures
- The first aider will 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, they will inform the appointed person who will ensure that the person witnessing the injury/ incident contact parents, asking them to collect their child. Upon their arrival, the first aider and person witnessing the injury/ incident will give details of the incident/injury and will recommend next steps to the parents
- If emergency services are called, the Appointed Person will contact parents immediately. Where the appointed person is not available, the Headteacher or Assistant Headteacher will be responsible.
- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury. It is the responsibility of the person witnessing the incident to ensure that all details on the form and stickers are correct.

4.2 Off-site procedures

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

- A mobile phone
- A fully stocked portable first aid kit
- Information about the specific medical needs of individual pupils
- Parents' contact details for all pupils on the trip/visit

- Risk assessments will be completed by the trip organiser and approved by the Headteacher, prior to any educational visit that necessitates taking pupils off school premises.

5. First aid provision and equipment

The school will routinely re-evaluate its first aid arrangements, through a risk assessment, at least **annually**, to ensure that these arrangements continue to be appropriate for hazards and risks on the school premises, the size of the school, the needs of any vulnerable individuals onsite, and the nature and distribution of pupils and staff throughout the school.

The school will have suitably stocked first aid boxes in line with the assessment of needs. Where there is no special risk identified, a minimum provision of first aid items will be as follows:

A typical first aid kit will include the following:

1. a leaflet giving general advice on first aid [1]
2. 20 individually wrapped sterile adhesive dressings of assorted sizes
3. 2 sterile eye pads
4. 4 individually wrapped triangular bandages (preferably sterile)
5. 6 safety pins
6. 6 medium-sized individually wrapped sterile unmedicated wound dressings
7. 2 large sterile individually wrapped unmedicated wound dressings
8. 1 pair of disposable gloves.
9. Adhesive tape
10. Antiseptic wipes
11. Scissors
12. Cold compresses
13. Burns dressings

NB: No medication is kept in first aid kits.

First aid kits will be kept in the medical room.

All first aid containers will be identified by a white cross on a green background.

The appointed person will examine the contents of first aid box routinely but at least once a term, including any mobile first aid boxes for offsite use – these will be checked and restocked as soon as possible after use. Items will be safely discarded after the expiry date has passed.

First aid notices will be clearly displayed throughout the school with information on the names and locations of first aiders, and the locations of first aid equipment to ensure that pupils and staff know who they must contact in the event of illness or injury.

6. Training

The school will ensure that all designated first aiders hold a valid certificate of competence, issued by an HSE-approved organisation, and that refresher training and retesting of competence is arranged for first aiders within the school before certificates expire.

The school will be mindful that many standard first aid at work training courses do not include resuscitation procedures for children and will consequently ensure that appropriate training is secured for first-aid personnel where this has not already been obtained.

First aiders will ensure that their first aid certificates are kept up to date through liaison with the school's appointed person. The staff member should contact the appointed person two months before the end of the certificate expiration if they have not already been contacted.

All school staff are able to undertake basic first aid training if they would like to.

The school will keep a register of all trained first aiders, what training they have received and when this is valid until.

All staff members will be made aware that agreeing to become a first aider for the school is strictly on a voluntary basis and that they should never feel pressured to take on this role unless it is part of their agreed job description.

Reminder: Early Years Foundation stage only: For the EYFS and Ofsted requirements you should have at least one fully paediatric first aid qualified member of staff closely available at all times, including cover for breaks, sickness, holidays and trips. The fully paediatric first aid trained staff can be supported by one-day Emergency Paediatric First Aid trained staff. This should take into consideration staff:child ratios.

7. Automated external defibrillators (AEDs)

Where schools have provided AEDs the locations will be clearly communicated to all staff and displayed on the first aid notices around the school. At Sandwich Infant School, the AED is kept in the medical room.

Where the use of the AED is required, individuals will follow the step-by-step instructions displayed on the device. A general awareness briefing session, to promote the use of AEDs, will be provided to staff on an annual basis, and usually during the first INSET session of the academic year.

8. Emergency procedures

If an incident, illness or injury occurs, the first responder in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a first aider. Where a responding staff member calls 999, they will follow the instructions of the operator on the phone – this may include the administering of emergency first aid.

If called, a first aider will assess the situation and take charge of first aid administration. If the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they will arrange for the injured person to access appropriate medical treatment without delay.

Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, or the individual has become seriously unwell, 999 will be called immediately.

Where necessary, the first aider will administer emergency help and first aid to all injured persons. The purpose of this is to keep the victim alive and, if possible, comfortable, before professional medical help arrives. In some situations, immediate action can prevent the incident from becoming increasingly serious, or from involving more victims.

Where the seriously injured or unwell individual is a pupil, the following process will be followed:

- Where an ambulance is required, a staff member accompanies the pupil in the ambulance and calls the pupil's parent as soon as possible to inform them of the course of action taken.
- The staff member remains with the pupil at the hospital until a parent arrives. The school will ensure that no further injury can result from any incidents that occur, either by making the scene of the incident safe, or (if they are fit to be moved) by removing injured persons from the scene. Responding staff members will support pupils who may have witnessed the incident or its aftermath and who may be worried or traumatised, despite not being directly involved.
- These pupils will be escorted from the scene of the incident and supported. Younger or more vulnerable pupils may need parental support to be called immediately.

Once the above action has been taken, details of the incident will be reported promptly to:

- The Headteacher.
- The parents/carers of the child

9. Reporting accidents and record keeping

9.1 Reporting to Parents

In the event of incident or injury to a pupil, the first aider or person dealing with the incident is responsible for ensuring that parents are contacted to inform them of the incident, in consultation with the school's appointed person. In the event of a serious injury or an incident requiring emergency medical treatment, the pupil's parents will be called as soon as possible. Parents will be called straight away of any injury to the head, whether minor or major, and be given guidance on the action to take if symptoms develop. At least two emergency contacts will be kept by the school for each pupil.

Sandwich Infant School will record any injury where a pupil is given a sticker. For more serious injuries, such as nose bleeds, the parents are called and a more in-depth written note is given.

9.2 First aid and accident record book

An accident form will be completed by the first aider on the same day after an incident resulting in an injury.

As much detail as possible should be supplied when reporting an accident, including the date, time and place of the incident.

- The name and year group/class of the injured or ill person
- Details of the injury or illness and how the injury was sustained
- Date and time of injury
- What first aid was given (actions)
- Whether hospital was attended
- Name and signature of the first aider or person dealing with the incident.

A copy of any accident report form, due to head injury or more serious injury, will be kept on file. Where hospital admission/attendance is required, these will be recorded on Work Nest.

Records held in the first aid and accident book will be retained by the school for a minimum of three years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

9.3 Reporting to the HSE

It is the Headteacher's responsibility to ensure that there is 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 ensure that these are reported 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:
http://www.hse.gov.uk/riddor/report.htm

9.4 Reporting to the Trust

The Headteacher will notify the Trust Head Office of any serious accident, illness or injury to or death of a pupil, member of staff or visitor while in the school's care. This will happen as soon as practicably possible. This will also be added on to Work Nest.

10. Offsite visits and events

Before undertaking any offsite visits or events, the member of staff organising the trip or event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the visit or event and the persons involved.

For more information about the school's educational visit requirements, please see the Educational Visits and School Trips Policy.

11.Storage of medication

Medicines will be stored securely and appropriately in accordance with individual product instructions.

Medicines will be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration, and properly labelled, showing the name of the patient, the date of prescription and the date of expiry of the medicine. At Sandwich Infant School, these are in transparent boxes that can be easily identified. They are all stored in the cupboard within the main office.

Medicine brought in by pupils will be returned to their parents for safe disposal when they are no longer required or have expired.

Parents will advise the school when a child has a chronic medical condition or severe allergy so that an individual healthcare plan (IHP) can be implemented and staff can be trained to deal with any emergency in an appropriate way. Examples of this include epilepsy, diabetes and anaphylaxis. A disclaimer will be signed by the parents in this regard.

12.Illnesses and allergies

When a pupil becomes ill during the school day, their parent will be contacted and asked to pick their child up as soon as possible, or give permission to let their child leave school and return home. A quiet area will be set aside for withdrawal and for pupils to rest while they wait for their parent to pick them up. Pupils will be monitored during this time.

13.Head Injuries

Where a pupil has suffered a head injury, the guidance outlined in **Appendix 3** will be followed by all staff. The parents/carers of the pupil suffering the head injury will be given NHS information to ensure appropriate follow up care.

14. Consent

Parents will be asked to complete and sign a medical consent form when their child is admitted to the school, which includes emergency numbers, alongside details of allergies and chronic conditions – parents will be reminded to update these details as soon as they are aware of any changes.

Staff do not act 'in loco parentis' in making medical decisions as this has no basis in law. Staff will always aim to act and respond to accidents and illnesses based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the pupil in mind.

15.Monitoring and review

This policy will be reviewed annually and any changes communicated to all members of staff. Staff will be required to familiarise themselves with this policy as part of their induction programme.

Staff will be informed of the arrangements that have been made in connection with the provision of first aid, including the location of equipment, facilities and personnel.

<u>Appendix 1</u>: List of appointed person for first aid, trained first aiders and locations of first aid equipment

Name of School	Sandwich Infant School
Name of school appointed person(s)	Jennifer Cross
Location (room/building)	School Office
Name of school First Aiders (full First Aid at Work qualification holders)	None
Name of school First Aiders (Emergency First Aid at Work qualification holders)	Dobrinka Dimova Carolyn Carter Samantha Buckland Amy Lawrence Helen Lejeune Jackie Nelson Rachel Jephcott Victoria Grant Jen Cross
EYFS Paediatric First Aiders (full paediatric first aid qualification holders)	Sarah Broun Dobrinka Dimova Carolyn Carter Samantha Buckland Amy Lawrence Helen Lejeune Jackie Nelson Rachel Jephcott Victoria Grant Jen Cross

Equipment (first aid box/AED/wheelchair/stretcher)	**Locations**
Full first Aid kit	Medical Room
AED	Medical Room
First Aid bum bags	Medical Room
Spare EpiPen	Office
Spare asthma pump	Office

Appendix 2: Guidance for Managing Head Injuries in Children

A minor head injury can be a frequent occurrence in school, for example on the playground and in the summer garden. Fortunately, most head injuries are mild and do not lead to complications or require hospital admission. However, a very small number of children do suffer from a severe injury to the brain.

Complications such as swelling, bruising or bleeding can happen inside the skull or inside the brain. How much damage is done depends on the force and speed of the blow. Any injury involving the head that occurs during recreational or sporting activities requires the child to cease play immediately and sit out for the rest of that lesson/break or the duration of the match.

All children who suffer a head injury at our school should initially be seen by a qualified First Aider for assessment and to plan ongoing care. After any head injury, even when none of the worrying signs are present, it is important that the child's parents or carers are informed about the head injury and given written information about how to monitor their child using the NHS Information Sheet.

Staff should consider whether referral to a medical practitioner is required using the information in this document. This guidance is to help staff to treat head injuries when they happen and recognise signs which mean that a child requires further medical assessment or hospital treatment following a head injury.

In rare cases there may be a serious head injury and staff should look out for the following danger signs:

SIGNS THAT MEAN AN AMBULANCE SHOULD BE CALLED (DIAL 999)

- Unconsciousness or lack of consciousness (for example problems keeping eyes open)
- Problems with understanding, speaking, reading or writing
- Numbness or loss of feeling in part of body
- Problems with balance or walking, general weakness
- Any changes in eyesight
- Any clear fluid running from either or both of the ears or nose
- Bleeding from one or both ears
- New deafness in one or both ears
- A black eye with no associated damage around the eye
- Any evidence of scalp or skull damage, especially if the skull has been penetrated
- A forceful blow to the head at speed (for example a pedestrian struck by a car, a car or bicycle crash, a diving accident, a fall of less than 1 metre or a fall down any number of stairs)
- Any convulsions or having a fit

If the child does not have any of the problems listed above but has any of the problems in the following list, there is the possibility of complications and the child should be taken by a responsible adult to the nearest Accident and Emergency department straight away.

SIGNS THAT A CHILD SHOULD BE TAKEN TO AN A+E DEPARTMENT STRAIGHT AWAY

- Any loss of consciousness (being 'knocked out') from which the child has now recovered
- Any problems with memory
- A headache that will not go away
- Any vomiting or sickness
- Previous brain surgery
- A history of bleeding problems or taking medicine that may cause bleeding problems (for example Warfarin)
- Irritability or altered behaviour such as being easily distracted, not themselves, no concentration or no interest in things around them, particularly in infants and young children (younger than 5 years)

PE and Sport - Graduated Return to Play after Concussion

Concussion in PE and sport must be taken seriously to safeguard the short- and long-term health and welfare of young players. The majority of concussions will resolve in 7-10 days although a longer period of time is recommended for children. During this recovery time the brain is vulnerable to further injury. If a player returns to play too early then they may develop prolonged concussion symptoms or long-term health consequences such as brain degenerative disorders. During the recovery time a further episode of concussion can be fatal due to severe brain swelling (second impact syndrome).

Graduated return to play should be undertaken on an individual basis and with the full cooperation of the player and their parents / carers. If symptoms return then the child must stop play immediately and be seen by a doctor or attend A&E the same day.

NB: Earliest return to play after concussion in a child under 19 years of age is 23 days.

Before they can return to graduated play the child MUST:

- Have had two weeks rest
- Be symptom free
- Have returned to normal academic performance
- Be cleared by a doctor (it is the parent/carers' responsibility to obtain medical clearance)

If any symptoms occur while progressing through this protocol then the player must stop for a minimum period of 48 hours rest and during this time, they must seek further medical advice. When they are symptom free, they can return to the previous stage and attempt to progress again after 48 hours if they remain symptom free.

First Aid

This is a detailed description of the first aid given to a child. It should clearly show what happened and who/ how this was dealt with. Please be specific with where the injury occurred.

Child	Class	Incident/ injury	How it happened	Date	Time	Actions	Hospital?	Initial