



First Aid in Schools Policy

November 2025

Approved/Adopted

Governing Body/Policy Approval Panel

Statutory/Non-Statutory

Frequency of Review: Annual/Bi-annual

Our vision states:

For you are all one in Jesus Christ' Galatians 3:28

Our inclusive church school celebrates each person and makes sure that everyone is known and valued. An ambitious and engaging curriculum strives to lay strong foundations to prepare pupils for their lives now and in the future. In the spirit of ubuntu we travel together, discern possibilities and act in hope so that each person flourishes.

First Aid in Schools Policy

Aims

The main aims of this policy are:

- 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 (DfE) 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
- [The 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

Roles and Responsibilities

In schools with Early Years Foundation Stage provision, at least one person who has a current paediatric first aid certificate must be on the premises at all times when children are present and must accompany children on outings.

Beyond this, in all settings, employers must usually have a sufficient number of suitably trained first aiders to care for employees in case they are injured at work. The number of trained first aiders you'll need will depend on your assessment of first aid needs that will need to take into account:

- The number of employees and the nature of their work
- The layout and location of the school

Appointed person(s) and first aiders:

The school's appointed person is Mrs Liz Moore (Lead First Aider). She is 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, or as soon as is reasonably practicable, after an incident and informing appropriate parents including parents.

At Brant Broughton Church of England and Methodist School, our policy is that all staff are Pediatric First Aid trained on induction. The training is renewed every three years, and the status of that training can be found on our system overview document on the w:drive. This is monitored by our Safeguarding Governor at least once a year on their monitoring visits as part of our overall safeguarding culture for children.

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 Head Teacher.

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 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 person or first aiders in school are.
- Completing accident reports for all incidents they attend to where a first aider/appointed person is not called.
- Informing the headteacher or their manager of any specific health conditions or first aid needs.

First Aid Procedures

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. If the injury falls under a minor injury, the staff member will administer first aid and record as laid out below.
- 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 or a representative nominated by the parent will be contacted and asked to collect their child.
- Upon their arrival, the first aider will update parents/representative and give suggestions of potential next steps. It is for the parents/representative to decide on the next course of action.
- If emergency services are called, the appointed person will contact the parents or emergency contacts as soon as possible.
- The first aider/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 always be at least one person on site with a full paediatric first aid qualification.

Minor First Aid Incidents

- Dealing with minor first aid such as cuts, grazes and falls will be part of the school day. All staff are trained to deal with this type of injury without informing the appointed first aider and should administer first aid if they can. If the staff member is unsure about carrying out first aid, they should seek support from another member of staff. If staff feel uncomfortable administering first aid even after training, they should inform the appointed person as soon as possible afterwards.

- Children should receive the appropriate first aid from a trained member of staff and the incident should be logged onto the school first aid form. The Blue copy should go home to parents, and the White copy should stay in the book. The books should remain in a secure place alongside the first aid equipment. The child's reading diary should also show a record that first aid has taken place.
- If the first aid incident happens at lunchtime, the child's class teacher or adult in charge of the classroom should be informed first aid has taken place.

Head Injuries

Head Injuries can be very serious and even if the injury is small, this can still escalate into something very serious or life threatening. A head injury can include any bump or mark to the head or face area including the nose.

If a child has any head injury the following actions should be taken:

- The head bump should be assessed by a first aider, and a cold compress should be applied.
- The child should receive a head bump sticker so that all staff are aware a head injury has taken place.
- The incident should be recorded in the first aid record. (see appendix 1)
- A head injury letter should be given to the child to take home. (see appendix 2) This includes informing parents of signs and symptoms to look out for following a head injury. This includes:
 - Headaches
 - Dizziness or feeling off balance
 - Nausea or vomiting
 - Blurred vision
 - Confusion or difficulty concentrating
 - Unusual tiredness
 - Changes in sleep patterns
 - Irritability or mood swings
- Parents should be informed by phone by the appointed person that their child has had a head injury, and the course of action school will take in relation to the injury, and a decision should be made about whether the child needs to be collected.
- If the Head injury happens outside of the care of the class teacher (for example lunchtime), they should be verbally informed that an injury has taken place.

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
- Parents' contact details
- Risk assessments will be completed by the relevant individual prior to any educational visit that necessitates taking pupils off school premises.
- There will always be at least one pediatric first aider on school trips and visits.

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
- Cold compresses
- Burns dressings
- No medication is kept in first aid kits. This is kept out of the way but accessible for a child who needs emergency medication. See individual care plans for personal medical needs.

Record-Keeping and Reporting

All first aid that has been undertaken will be recorded as follows:

- An accident form will be completed by the first aider/relevant member of staff on the same day or as soon as possible after an incident resulting in an injury.
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form provided by the first aider.
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years for adults, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.
- Under the Limitation Act 1980, the time limit for making a personal injury is three years from the date of the incident. However, when a child is injured, the 3 years only begin when they turn 18 meaning the retention period for first aid records should be 21 years.

Reporting to the HSE

The relevant school nominated member of staff 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 relevant school nominated member of staff 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. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

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
- 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, Liz Moore 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

The relevant school nominated member of staff 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. For minor injuries, this will be done through the reading diaries. For more serious injuries, parents will be informed by telephone.

Reporting to Ofsted and Child Protection Agencies

The relevant school nominated member of staff 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 relevant school nominated member of staff will also notify any relevant child protection agencies of any serious accident or injury to, or the death of, a pupil while in the school's care.

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 (saved in first aid folder).
- Staff are encouraged to renew their first aid training when it is no longer valid at least every three years.
- There will always be at least one paediatric first aider on site at school or on school trips.
- Monitoring Arrangements

This policy will be reviewed by the Senior Leadership Team annually. At every review, the policy will be approved by the Full Governing Body.

This first aid policy is linked to the:

- Safeguarding policy
- Health and safety policy
- Our risk assessments
- Medical Conditions Policy
- Educational Visits Policy

Appendix One

School accident / illness report

Completed by:		Time:	Date:	Class:
		Student Name:		
Location and details of events:				
Physical Injury	Health concern or illness	Action Taken	Treatment / Action taken and additional comments:	
<input type="checkbox"/> Head injury <input type="checkbox"/> Bruise / Swelling <input type="checkbox"/> Cut / Graze <input type="checkbox"/> Nosebleed <input type="checkbox"/> Twist / Strain <input type="checkbox"/> Other: _____	<input type="checkbox"/> Breathing difficulty / Asthma <input type="checkbox"/> Headache or high temperature <input type="checkbox"/> Vomiting or feeling sick <input type="checkbox"/> Stomach pain / upset tummy <input type="checkbox"/> Mouth or tooth injury	<input type="checkbox"/> Reassured and monitored <input type="checkbox"/> Fit to return to class <input type="checkbox"/> Parent / Carer contacted <input type="checkbox"/> Parent / Carer not available <input type="checkbox"/> Collected from school	Reported to HSE (if applicable) <input type="checkbox"/> Online <input type="checkbox"/> Phone Date / Time: _____	
IMPORTANT: If your child experiences drowsiness, blurred vision, vomiting or severe pain after going home, please contact your doctor or local hospital			Staff signature:	

GDPR: Once completed, remove all copies and file according to your data policy

Appendix Two



Brant Broughton C of E and Methodist Primary School
Mill Lane
Brant Broughton
LN5 0RP

Dear Parent/Carer

Child's name.....

Date.....

Your child has sustained a head injury today at approximately am / pm, and has been monitored since the incident and we have not identified anything that caused concern up to the time of them going home.

Details of the accident and treatment given :

Although there appear to be no further problems, if any other symptoms listed below present themselves, you should call for immediate help (999 or 112) or seek advice from NHS 111 service :

- Lasting headache that gets worse or is still present over 6 hours after the injury.
- Extreme difficulty in staying awake or still being sleepy several hours after the injury. It is fine to let children go to sleep after a slight bump to the head, but you should check on them regularly (ideally hourly for the first 24 hours) and make sure you are able to wake them.
- Nausea and vomiting several hours after the injury.
- Unconsciousness.
- Unequal pupil size.
- Confusion, feeling lost or dizzy, or difficulty making sense when talking.
- Pale yellow fluid or watery blood coming from ears or nose.
- Bleeding from the scalp that cannot be quickly stopped.
- Weakness in part of the body, such as an arm or leg.
- Difficulty seeing or doubled vision.
- Slurred speech.
- Having a fit or a seizure.

Please do contact school if you have any questions.

Thank you.