

# First Aid Policy



<b>Date of Policy:</b>	January 2026
<b>Responsibility:</b>	Elisa Saxon (First Aid Lead) & Danielle Elkin-Ranger (SBM)
<b>Review Date:</b>	January 2027
<b>Consultation:</b>	This policy has been reviewed, following advice and guidance from the DfE, in consultation with staff and governors.

## ETHOS STATEMENT

It is the aim of the Governing Body of Yew Tree Primary School to develop policies and procedures which support the school's vision of:

***“Learning Without Limits”***

### 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 & 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 First aid in schools, early years and further education 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

Full details of the guidance followed can be found at <https://www.gov.uk/government/publications/first-aid-in-schools/first-aid-in-schools-early-years-and-further-education>

### **3. ROLES & RESPONSIBILITIES**

#### **3.1 Appointed persons and first aiders**

The school's appointed persons are listed on the various posters around the school.

They 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 as needed. The First Aid Leader checks the 'main' first aid kits each month or they can be replenished sooner if notified of missing stock. Additional class first aid kits are replenished as necessary, checked prior to trips as well as annually.
- 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). The school has at least two of these staff qualified at any one time. These staff 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, in consultation with SLT, where necessary
- Filling in an accident report and Notification of Minor Accident Form immediately, or as soon as is reasonably practicable, after an incident.

Our school's appointed persons and 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 headteacher and staff members.

#### **3.4 The Headteacher**

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

- Ensuring that an appropriate number of appointed persons and first aiders are always present in the school
- 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)

#### **3.5 Staff**

School staff are responsible for:

- Ensuring they are aware of and follow first aid procedures
- Ensuring they know who the first aiders in school are
- Informing the first aid leader if they notice missing/reduced stock levels
- 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 accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of an appointed person or qualified first aider, if appropriate, who will provide the required first aid treatment. In an emergency, a red 'emergency' card will be used to summon an additional adult for assistance.

- The appointed person or qualified 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 they will, in consultation with a member of the Senior Leadership Team (SLT) where appropriate, contact the pupil's parents to collect their child in order to recover/visit a GP. In an emergency, where it is deemed that an ambulance is required, this should always take place prior to contacting the parent/carer or SLT. Preservation of life and mitigation of injury are always of paramount importance. Upon the arrival of parents/carers, the first aider will outline what has happened, share any paperwork and recommend next steps.
- If emergency services are called, the School Office staff will contact parents/carers immediately
- The appointed person or qualified first aider will complete an accident report form immediately, or as soon as is reasonably practical after an incident resulting in an injury (2 books are available at any one time and are located in the Main Hall Kitchenette and Bottom of Green Block Stairwell). The top copy of the accident form (white) will be passed to the pupil's Class Teacher, who will then pass the copy to the adult collecting the child (or to the club leader in cases where they go to an after school club) to be taken home for parental information, and the carbon copy will remain in the book. **If a child is in Y5 & Y6, and is not usually collected by an adult, a phone call home should be made before the end of the day explaining that an injury or illness has occurred and that a slip will be sent home. This gives parents/carers the opportunity to make arrangements for their child to be collected at the end of the day if they feel it is more appropriate on this occasion (rather than them walking home alone).**
- If there are body spillages (e.g. blood, urine, vomit, faeces) then the first aid leader should close the area off and notify the site team/somebody trained to deal with body spillages immediately. As per the Health & Safety Policy, body spillages should only be cleared by those appropriately trained using the equipment provided and in line with procedures outlined in their training.

#### 4.2 In-school procedures – head injuries

In the event of an accident resulting in a head injury (for example a serious blow to the head)

- Where the child has sustained a serious head injury, this must be indicated in the accident report book (see above for location of these) as well as a Head Bump/Concussion form being issued and added to CPOMS. In these circumstances, the child must be assessed by the appointed person or qualified first aider for signs of concussion (see below). Where signs of concussion are present, either immediately or upon monitoring, the pupil should be taken to a qualified first aider or member of the SLT for immediate assessment
- Where signs of concussion are confirmed, the pupil's parent must be immediately called to pick up the pupil and take them to Accident and Emergency or, where necessary, an ambulance called. The top copy (white) of the accident report book must be provided to the parent to take with them to Accident and Emergency along with the Head Bump/Concussion form, this must be added to CPOMS
- Where signs of concussion are suspected, but a qualified first aider or SLT member are not **immediately** available for referral, the pupil's parents must be immediately called to pick up the pupil to take them to Accident and Emergency. The top copy (white) of the accident report book must be provided to the parent to take with them to Accident and Emergency along with the Head Bump/Concussion form, this must be added to CPOMS
- If a head injury is sustained but signs of concussion are not present, the appointed person, qualified first aider or Class Teacher (where the pupil has been taken back to class and the Class Teacher has received an accident form indicating a head injury) must monitor the pupil for signs of deterioration and concussion (see below) and the office should be notified to inform the parent by telephone. If these become present the above steps should be followed immediately.

#### 4.3 Signs of concussion

Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head. It is the most common but least serious type of brain injury. The medical term for concussion is minor traumatic brain injury.

Symptoms of concussion include:

- loss of consciousness after the head injury, however brief
- periods of memory loss
- disturbances in vision, such as "seeing stars" or blurry vision
- a period of confusion, a blank expression, or a delay in answering questions immediately after the head injury
- memory loss, such as not being able to remember what happened before or after the injury
- persistent headaches since the injury
- changes in behaviour, such as irritability, being easily distracted or having no interest in the outside world – this is a particularly common sign in children under five
- confusion
- drowsiness that occurs when you would normally be awake
- loss of balance or problems walking
- difficulties with understanding what people say
- difficulty speaking, such as slurred speech
- problems with reading or writing
- vomiting since the injury
- loss of power in part of the body, such as weakness in an arm or leg
- clear fluid leaving the nose or ears (this could be cerebrospinal fluid, which surrounds the brain)
- sudden deafness in one or both ears
- any wound to the head or face

Further information about concussion is available from the NHS at <https://www.nhsinform.scot/injuries/head-and-neck-injuries/concussion>

#### **4.4 Off-site procedures**

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

- A nominated mobile phone, e.g. a number agreed with SLT
- A portable first aid kit
- Information about the specific medical needs of pupils (IHP where necessary)

Risk assessments will be completed by the visit leader prior to any educational visit that necessitates taking pupils off school premises. This must be signed and agreed by both the EVC and the headteacher before the children are taken off-site.

There will always be at least one first aider with a current and appropriate first aid training on school trips including somebody with paediatric first aid training on visits involving Early Years pupils, 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 with general first aid advice
- Plasters (variety of sizes and shapes)
- Sterile adhesive dressings
- Sterile gauze pads
- Sterile eye dressings
- Triangular bandage
- Eye wash
- Safety pins
- Scissors
- Alcohol-free cleansing wipes
- Sticky tape
- Conforming bandage
- Disposable sterile gloves

- Sterile unmedicated wound dressings (medium and large)

**No medication is kept in first aid kits.**

First aid kits are stored in:

- Main entrance area
- Bottom of Stairwell A
- Bottom of Stairwell B
- Exit Doors by Learning Zone
- Bottom of Green Block Stairwell
- Back Doors of Green Block
- Bottom of Fire Exit Stairwell – Green Block
- Practical Room
- Staff Room
- Main Hall Kitchenette also (bum bags used for school trips)
- All medical bags (Minimal required first aid supplies)

An Automated External Defibrillator (AED) is located in the main reception front foyer. The device is registered with the national Defibrillator Finder database, and all staff are aware of its location and how to access it. A bleed control kit is also located alongside the AED in the front foyer.

## **6. RECORD KEEPING & REPORTING**

### **6.1 First aid and accident record book**

- The accident report book will be completed by the appointed person or qualified first aider immediately, or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident.
- Accident report books 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, and then securely disposed of.

### **6.2 Reporting to the HSE**

The 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 Business Manager will report these to the appropriate authorities within the Local Authority and the Health and Safety Executive as necessary. This will take place as soon as is reasonably practicable and in any event within 10 days of the incident. The Headteacher must always be immediately informed of any notifiable accidents or injuries so that this can be reported to the appropriate Governing Body committee.

Reportable injuries, diseases or dangerous occurrences could include (as explained on [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 \(legislation.gov.uk\)](#) :

- 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

### **6.3 Reporting to Ofsted and child protection agencies**

The Business Manager, in consultation with 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 Business Manager will also notify the Local Authority of any serious accident, illness or injury to, or the death of, a pupil while in the school's care.

## **7. TRAINING**

All first aiders must have completed an appropriate and accredited training course and must hold a valid certificate of competence to show this. The school will keep a copy of training certificates and will log validity dates of qualifications. A list of first aiders will be displayed prominently throughout the school. Staff are encouraged to renew their first aid training when it is no longer valid.

At all times, at least one 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.

## **8. MONITORING**

This policy will be reviewed by the main First Aider Leader each year. Accident and first aid records are reviewed to identify trends and inform updates to risk assessments, first aid provision and training needs.

At every review, the policy will be approved by the appropriate Governing Body committee.

## **9. LINKS WITH OTHER POLICIES**

This first aid policy is linked to the

- Health, Safety and Wellbeing Policy
- Work life Balance Policy
- Medical Needs and Medications Policy



### Head Bump and Concussion Form

In the event of an accident resulting in a serious head injury (for example a blow to the head) **and where any of the signs of concussion are present** and confirmed by a first aid appointed person or qualified first aider the form below must be completed **as well as a bump note**. The incident should also be added to CPOMS.

This form **should not be completed where the head bump was very minor, there is no mark and/or there are no signs of concussion**. In these instances, a bump note should be completed as normal.

A copy of this form must be given to the child's parent and also placed in the office to be added to the system.

#### IMPORTANT PROCESS NOTES:

Where signs of concussion are suspected, but a qualified first aider or SLT member are not **immediately** available for referral, the pupils parents must be immediately called to pick up the pupil to take them to Accident and Emergency.

Where signs of concussion are confirmed, the pupil's parent must be immediately called to pick up the pupil to take them to Accident and Emergency

If a head injury is sustained but signs of concussion are not present, the appointed person, qualified first aider or Class Teacher (where the pupil has been taken back to class and the Class Teacher has received a bump note indicating a head injury) must monitor the pupil for signs of deterioration and concussion and the office should be notified to inform the parent by telephone. If these become present the above steps should be followed immediately.

<b>Pupil Name</b>		<b>Pupil Class</b>	
<b>Accident time</b>		<b>First Aider</b>	

Are any of the below signs of concussion present? **Tick any sign(s) present.**

loss of consciousness after the head injury, however brief	periods of memory loss	disturbances in vision, such as "seeing stars" or blurry vision	
a period of confusion, a blank expression, or a delay in answering questions immediately after the head injury	changes in behaviour, such as irritability, being easily distracted or having no interest in the outside world – <b>this is a particularly common sign in children under five</b>	memory loss, such as not being able to remember what happened before or after the injury	
Vomiting since the injury	loss of consciousness,	confusion	
drowsiness that occurs when you would normally be awake	loss of balance or problems walking	difficulties with understanding what people say	
difficulty speaking, such as slurred speech	problems with reading or writing	persistent headaches since the injury	
loss of power in part of the body, such as weakness in an arm or leg	clear fluid leaving the nose or ears (this could be cerebrospinal fluid, which surrounds the brain)	sudden deafness in one or both ears	
<b>Description of incident and action taken</b>			

