"Rooted in Love"
Ephesians 3:17

First Aid & Accident Policy
St. Luke's C of E Primary School

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Approved by:	Head of School Miss S Dean
Last reviewed on:	November 2025
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Contents:

1. Statement of intent

The Governors and Head teacher accept their responsibility under the Health and Safety (First Aid) Regulations 1981 and acknowledge the importance of providing first aid for employees, children and visitors (non-employees) within the school.

The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school in regard to all staff, pupils and visitors.

The school's Head of School has overall responsibility for ensuring that the school has adequate and appropriate first aid equipment, facilities and personnel, and for ensuring that the correct first aid procedures are followed.

This policy has due regard to legislation and statutory guidance, including, but not limited to, the following:

- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Management of Health and Safety at Work Regulations 1999
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on First Aid for Schools'
- DfE (2018) 'Automated external defibrillators (AEDs)'
- Public Health England guidance 'Health Protection in Schools and Other Childcare Settings' 2017: *https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities*

2. What is First Aid?

Definition of First Aid Treatment:

First aid refers to medical attention that is usually administered immediately after the injury occurs and at the location where it occurred. It often consists of a one-time, short-term treatment and requires little technology or training to administer.

For the purpose of this policy it is necessary to state the term "treatment" does not include the use of wet paper towels/cold compress.

Treatment means that a trained first aider has had to be called and has had to use resources above and beyond a wet paper towel e.g plaster, bandage.

Minor incidents to pupils (no first aid "treatment" required)

Those resulting in no / insignificant injury AND having no potential for more significant injury. e.g. Playground collision requiring no first aid treatment etc**.**

For these minor bumps, scrapes, a first aider will not be required. Clean up using water/ wet paper towel/ TLC may be done/provided by any staff member; this does not constitute 'treatment'.

Following any incident, the person who has witnessed it or nearest to it, may be required to use their judgement to determine if a first aider is required to further assess the situation. The decision to administer first aid should be made by the trained first aider (if in any doubt, request assistance from a colleague to agree what happens next).

2. Aims

All staff will read and be aware of this policy, know who to contact in the event of any illness, accident or injury and ensure that this policy is followed.

Staff will always use their best endeavours to secure the welfare of pupils.

Anyone on the school premises is expected to take care for their own and other's safety.

The aims of this policy are to:

- Ensure that school has adequate, safe and effective first aid provision for every pupil, member of staff and visitor
- 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 at the school when permission has been granted and in writing
- Promote effective infection control

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 the ambulance service on the school site.

3. Assessing First Aid Needs and Training

The Health and Safety (First Aid) Regulations 1981 (as amended) and their approved code of practice relate to the provision of first aid facilities for employees if they are injured or become ill at work. The regulations do not directly apply to non-employees, however when assessing the overall risk, we take account of all persons, including pupils, who have access to the premises and consider them when deciding on the number of first aiders required.

The responsibility for deciding the particular first aid needs of the school rests with the Governors and Head of School. Our risk assessment includes:

- the distance of the school from the nearest medical centre e.g. doctor, hospital, health centre etc. where professional medical assistance will be available and remoteness from emergency services;
- type and level of risk of activities being undertaken and any specific hazards on site (e.g. DT machinery, hazardous substances);
- if employees work in relative isolation;
- whether it is a split site and distance between the sites;
- size of the school in terms of staff and pupil numbers;
- any specific health needs or disabilities of pupils or staff and the age range of pupils;
- previous injuries / illnesses experienced;
- members of the public visiting the site.

When determining the level of first aid cover, consideration was given to staff absences and cover staff who may leave the premises as part of their role if they are the first aider. Similarly, consideration was also given to the need for first aiders to be present on site during out of hours activities.

Based on our risk assessment, First Aid Provision at our School is supplied as follows:

Workplace First Aiders

A first aider is an adult who has successfully completed and holds a current certificate of one of the following first aid qualifications:

- 3-day **first aid at work** certificate (approved by the HSE). Re certification 2-day course every 3 years.
- a certificate in first aid issued by a recognised organisation whose training and qualifications are approved by the HSE, the certificate being proof that the duration and coverage of the course is substantial.
- registration as a practising medical practitioner or practising nurse whose name is entered on part 1, 2 or 7 of the Single Professional Register maintained by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting.

The role of the first aider is to administer first aid to staff, pupils and visitors to the premises when required. Where possible first aid treatment should only be administered by trained persons.

We have 1 Qualified Workplace First Aider:

Name	Location/Extension	Date of Expiry of Certificate
Mrs Ahmed	KS2	16/6/26

Emergency First Aiders in the Workplace

An 'emergency first aider in the workplace' is an adult who will take control in a situation when a first aider is not available and holds a current, one-day Emergency First Aider in the Workplace certificate. Refresher training is required every 3 years.

Emergency First Aiders in the Workplace (EFAW) can administer limited first aid treatment (learning only resuscitation, control of bleeding, treatment of unconscious casualties, contents of first aid boxes and communication in an emergency) until the emergency services or a fully qualified first aider is called to assist the injured person.

We have 1 Emergency First Aider in the Workplace:

Name	Location/Extension	Date of Expiry of Certificate
Mrs Kefford	Mid-Day	31/01/28

Appointed Person(s)

The appointed person's role includes looking after the first aid equipment and facilities and calling the emergency services when required. The appointed person may be given responsibility to ensure children and onlookers are kept away from the scene and obtain details from the ambulance crew regarding where the injured person will be taken.

We have 3 Appointed Persons:

Name	Location/Extension	Date of Expiry of Certificate
Miss Dean	Reception	November 2026
Mrs Dickerson	EYFS Corridor	November 2026
Mrs Heywood	KS2	November 2026

Paediatric First Aiders

Paediatric first aid training teaches first aid skills that are designed to be used on children.
They can be applied to anyone under the age of 16. It's a specialised form of first aid that is designed to be used in environments where there are children present.

We have 15 Paediatric First Aiders: -

Name	Location	Date of Expiry of Certificate
Mrs Robinson	KS2	11/09/27
Ms Copeland	EYFS	03/07/26
Mrs Fisher	EYFS	03/07/26
Miss Sharpe	KS1	03/07/26
Miss Fox	EYFS	19/09/27
Mrs Shafiq	EYFS	19/09/27
Mrs Smith	KS2	03/07/26
Miss McGrath	KS1	03/07/26
Mrs Green	EYFS	11/09/27
Miss Latham	EYFS	11/09/27
Miss Robinson	EYFS	16/05/27
Mrs Junaid	KS2	16/05/27
Mrs Akram	EYFS	16/05/27
Miss Callaghan	EYFS	10/10/28
Mrs Ivings	EYFS	10/10/28

1. Training / Annual Skills Update

Training for all First Aid personnel is arranged by the School Business Manager who is responsible for ensuring that recertification training is arranged where necessary before existing certificates expire and ensuring that new persons are trained should first aiders leave.

First Aiders and Emergency First Aiders in the Workplace complete a three hour annual basic skills update in line with HSE Recommendations

The HSE strongly recommends that it is good practice for first aiders to complete annual 'refresher' courses during any three year First Aid at Work or Emergency First Aider in the Workplace certification period. It is important that employers make sure qualified first aiders attend these courses to help maintain their basic skills and keep up-to-date with any changes to first aid procedures". It is therefore recommended that Head teachers and Managers ensure that all first aiders holding the FAW certificate or the EFAW certificate complete a three hour annual basic skills update.

First aiders will ensure that their first aid certificates are kept up-to-date through liaison with the School Business Manager.

First Aid Equipment

To achieve the aims of this policy, the school will have suitably stocked first aid boxes in line with the assessment of needs. Kits are clearly identifiable with a white cross on green background.

First aid equipment is kept at the following points in the school:

Location of First Aid Equipment
Nursery Disabled Toilet
Year 1 Shared Area
Year 2 Shared Area
Outside Year 3
Outside Year 4

Travelling first aid boxes are kept at the following points in the school. These are available for off-site activities and are stocked appropriately for the circumstances in which they are to be used. The group leader for each off-site visit is responsible for ensuring the kit is adequately stocked

Location of Travelling First Aid Box	**Location of Travelling First Aid Box**
Caretaker Corridor in First Aid Cupboard 7x black drawstring bags and a full green kit.	

A termly check on the location and contents of all first aid boxes will be made by:	School Business Manager

Medical Accommodation

In accordance with the School Premises Regulations 2012, suitable accommodation is provided in order to cater for the medical and therapy needs of pupils, including accommodation for:

- the medical examination and treatment of pupils; and
- the short term care of sick and injured pupils, which includes a washing facility and is near to a toilet facility.

The accommodation provided may be used for other purposes (apart from teaching) however it is always readily available to be used for the purposes above.

There is an area designated to provide first-aid (Currently Year 1 shared area) and contains the following as a minimum:

- sink with running hot and cold water
- drinking water and disposable cups
- soap
- paper towels
- smooth-topped working surfaces
- a range of first aid equipment (as provided in first aid box) and storage

- a chair
- a couch or bed (with waterproof cover) pillows and blankets
- clean protective garments for first aiders
- suitable refuse container (foot operated) with disposable yellow plastic bags i.e. marked for clinical waste
- an appropriate record keeping facility

- **Record Keeping**

School will keep a record of any first-aid treatment given by first-aiders and appointed persons using the school's recording system – Medical Tracker

This will include:

- the date, time and place of the incident;
- the name (and class) of the injured or ill person;
- details of the injury/illness and what first-aid was given;
- what happened to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital);

Automated external defibrillators (AEDs)

The school has procured an AED, which is located in the main office.

Where the use of the AED is required, individuals will follow the step-by-step instructions displayed on the device.

- **General First Aid Procedures**

  - First aid must be administered by ADULTS ONLY, i.e. teaching staff, non-teaching assistants, senior midday supervisor and assistant supervisors. Pupils are not permitted to give first aid.
  - Minor bumps can be treated with a cold water compress. It is not generally recommended that ice-packs be used on head injuries in case the symptoms of a more serious injury are inadvertently masked.
  - Minor cuts or grazes can be washed with clean water.
  - If a dressing is required a first aider must be consulted.
  - Parents will be informed about all injuries/accidents to children and of any first aid given.
  - In line with the Statutory Framework for Early Years and Foundation Stage, we will inform parents of any accidents or injuries sustained by any EYFS children whilst in our care and of any first aid treatment that was given.
  - Parents will be informed about all bumps to the head via Medical Tracker, a telephone call and a purple wristband will be placed on the child.
  - Staff should use their professional judgement when reporting to parents in the cases of minor injuries.
  - A certificated first aider must check any pupil that causes concern and in all cases to a significant bump on the head.
  - If there are concerns, the parents/carers must be informed and the pupil sent home.
  - All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff must wear single-use disposable gloves and make use of hand washing facilities and should take care when dealing with blood or other body fluids and disposing of dressings or equipment. In any event, it is good practice to ensure that individuals treating colleagues/pupils ensure that their own cuts/grazes are covered to reduce the risk of transmission of infection.

See Appendix B for further information.

1. Head Injuries

Injuries to the head need to be treated with particular care. Any evidence of following symptoms may indicate serious injury and an ambulance should be called.

- unconsciousness, or lack of full consciousness (i.e. difficulty keeping eyes open);
- confusion
- strange or unusual behaviour – such as sudden aggression
- any problems with memory;
- persistent Headache;
- disorientation, double vision, slurred speech or other malfunction of the senses;
- nausea and vomiting;
- unequal pupil size;
- pale yellow fluid or watery blood coming from ears or nose;
- bleeding from scalp that cannot quickly be stopped;
- loss of balance;
- loss of feeling in any part of body;
- general weakness;
- seizure or fit.

Where young people receive a head injury their parents/carers should be informed. In the case of pupils, this should be done immediately by telephone if symptoms described above occur. For more minor bumps etc. the parent should be informed by Medical Tracker/Telephone Call. Purple wristbands are also supplied to aid in informing parents.
NHS direct recommends that the person who is injured should sit quietly for the first 2 hours after the injury and be monitored for the next 48 hrs.

See Appendix A for Further Details

- **Emergency Procedures**

If an accident, illness or injury occurs, the member of staff 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.

If called, a first aider will assess the situation and take charge of first aider administration.

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff must wear single-use disposable gloves and make use of hand washing facilities taking extra care when dealing with blood or bodily fluids and disposing of dressings or equipment. It is good practice to ensure that individuals treating colleagues/pupils ensure that their own cuts/grazes are covered to reduce the risk of transmission or infection.

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, one or more of the following actions will be taken:

- Administer emergency help and first aid to all injured persons. The purpose of this is to keep the victim(s) alive and, if possible, comfortable, before professional medical help can be called. In some situations, immediate action can prevent the accident from becoming increasingly serious, or from involving more victims.

- Call an ambulance or a doctor, if this is appropriate – the emergency contacts procedure for the injured pupil will be activated with the parents/carer being advised to either come to the school or go direct to a specified hospital. Where the parent / carer is able to accompany the pupil in the ambulance, school employees will not usually need to be further involved. If, however the parent/carer will be meeting the pupil at hospital, a school employee will need to accompany the pupil in the ambulance and arrangements made for the employee to be able to return to school once the pupil is in the care of the parent/carer. Pupils will not be left unaccompanied at the hospital.

- Moving the victim(s) to medical help is only advisable if the person doing the moving has sufficient knowledge (First Aider) and skill to move the victim(s) without making the injury worse.

- Ensure that no further injury can result from the accident, either by making the scene of the accident safe, or (if they are fit to be moved) by removing injured persons from the scene.

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

- The Head of School
- The victim(s)'s parents – if not already notified.

Access to school

Access to the school site for ambulances etc., should be available without delay. Where access is restricted for security reasons, the procedures for summoning an ambulance will include a designated person to open the gates – this will be either a member of the office team or the site manager.

Non-Emergencies

For those less serious non-emergencies where paramedics or an ambulance is not required, but it is considered that a visit to hospital or other medical facility is still needed, we will contact the pupils' parent/carer to inform them of the situation and request that they arrange to collect their child from school and transport them accordingly.

If the parent/carer does not have access to private transport and a taxi is not appropriate or available, the Head of School has the discretion to arrange for a school employee to take the injured pupil (and their parent/carer) to the nearest hospital or other medical facility in the employees' vehicle but a number of factors will need to be considered before agreeing to this method:

- the personal safety of the employee;
- the condition of the injured pupil and whether it is likely to deteriorate during the journey;
- weather/road conditions at the time;
- whether adequate staffing cover for the employee is available within the school or at the incident location;
- whether the employees' car is insured for business use;
- condition/road-worthiness of the employees' vehicle.

No school employee should transport a pupil to hospital without another appropriate adult in the vehicle to care for the child.

4. Reporting to Parents

In the event of incident or injury to a pupil, at least one of the pupil's parents will be informed as soon as practicable using Medical Tracker.

Parents will be informed in writing of any injury to the head, whether minor or major, and be given guidance on the action to take if symptoms develop

In the event of a serious injury or an incident requiring medical treatment, the school office will telephone the pupil's parents as soon as possible with any necessary paperwork completed after the pupil has been collected.

A list of emergency contacts will be kept at the school office.

5. Offsite Visits and Events

- Before undertaking any offsite visits or events, the teacher 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 visits requirements, please see the Educational Visits and School Trips Policy.

6. Monitoring and Review

This policy is reviewed annually by the Head of School, 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.

APPENDIX A - Bumped Head Protocol

A minor head injury can be a frequent occurrence in the school playground and on the sports field. Fortunately, the majority of head injuries are mild and do not lead to complications or require hospital admission. However, a small number of children do suffer from a severe injury to the brain, and concussion, (in particular repeated concussions), can be very serious.

Complications such as swelling, bruising or bleeding can happen inside the skull or inside the brain up to 24 hours after the bump to the head. The presence or absence of a lump at the site of the bump is not an indication of the severity of the head injury.

If a child is asymptomatic (i.e. there is no bruising, swelling, abrasion, mark of any kind, dizziness, headache, nausea or vomiting) and the child appears well, then the incident will be treated as a 'bump' rather than a 'head injury'.

If a child has a bump to their head at school, they may be given first aid which will include a cold compress, and the parent/carer will be contacted by email and phone.

The child will be given a purple wristband to wear to alert school staff and the parent/carer to the fact the child has had a bump to the head.

The child should avoid any activities such as PE which could lead to another bump.

PROCEDURE

- Pupil to be seen by the first aider for injuries to be assessed and treated.
- Ensure a safe environment for treatment/assessment.
- Decision to be made regarding the need for an ambulance, further assessment or treatment.
- In the event of a pupil sustaining a more serious head injury, the Parents/Guardians should be informed immediately.
- The class teacher should be informed.
- The incident/injury logged using Medical Tracker. Bumped head - child is given a purple wristband to wear
- The staff member on duty or witnessing the injury/incident should complete the injury/accident form if child needs to go to hospital
- A pupil with a suspected Head Injury or Concussion should not be allowed back outside to play or join in with sports.
- Pupils should have complete rest until symptom free.

If any of the following symptoms are noticed over the following 24 hours, further medical advice should be sought urgently, either by calling 999 for an ambulance or going directly to A&E:

- Unconsciousness or lack of consciousness (for example problems keeping eyes open or increasing sleepiness
- Increasingly severe headache that won't go away.
- Problems with understanding, speaking, reading or writing, or any problems with memory.
- A change in behaviour, like being more irritable.
- Numbness or loss of feeling in any part of the body.
- Problems with balance or walking, or general weakness or clumsiness.
- Dizziness.
- Any changes in eyesight - blurred or double vision.
- Any change to the appearance of the pupils - one pupil larger than the other.
- A black eye with no associated damage around the eye.
- Any vomiting or sickness.
- Any clear fluid running from the ears or nose.
- Bleeding from the ears.
- New deafness.

- Any convulsions or having a fit.

Please visit the NHS website for more information.

Appendix B - First Aid Guidance

If a child in your care becomes unwell it is expected that you would take the necessary actions. When dealing with any First Aid/Illnesses, if you are unsure of what action to take always seek advice. It is better to check and involve others than to be unsure and risk something being overlooked/diagnosed.

Below is a list of common complaints/injuries and how you should deal with them.

Complaint/Injury	Action
Sickness	• Inform office and ask for parent/carer to be contacted to collect child. Child must remain absent for 48hrs after sickness to prevent further spread.
Diarrhoea	• Inform office and ask for parent/carer to be contacted to collect child. Child must remain absent for 48hrs after last occurrence to prevent further spread.
Minor Cut/Graze	• Clean wound and reassure child. • If concerned the parent/carer to receive a courtesy call to notify them of the injury.
Deep Laceration/Serious Graze	• First Aider to be called immediately and to treat wound as necessary. • Medical Tracker to be completed. • Parent/Carer to be informed and given option of coming to check/collect their child.
Eye Injuries – Something in Eye	• First Aider to investigate and treat accordingly. Do not attempt to remove anything that is embedded in the eye. • Medical Tracker to be completed. • Parent/Carer to be contacted and given option to come into school to check/collect their child.
Sprain/Possible Fracture/Break/Swelling	• First Aider to be called immediately to assess. • Child not to be moved until assessed. • Medical Tracker to be given. • Parent/Carer to be contacted to come and collect child to take for further examination by professional medic.

Rash/Spotty Outbreak	• First Aider to check to try and identify rash and cause of the same. • Parent/Carer to be contacted to establish if they are aware of rash and to ask them to come in to administer appropriate medication.
Child feeling unwell including: Feels sick/Stomach unsettled Headache Earache Dental Pain Aches & Pains	• Monitor child, give child fresh air, water and reassurance. • Contact parent/carer and inform them that their child is feeling unwell. Ask if they are happy for the child to stay in school and be monitored by a First Aider with the reassurance that we will contact them should their child's condition not improve. • Offer the parent/carer the chance to bring in medication and to check their child if they so wish.
Head Injuries	• First Aider to check • Purple Band to be placed on child • Medical Tracker to be completed • Phone call to parent/carer giving them options to either come or check child or to let us monitor the child. • Where significant head injury occurs parent/carer must be instructed to come and collect their child so that they can be closely monitored. • If a child loses consciousness as a result of a head injury 999 must be called as well as the parents.