Caythorpe Primary School

First Aid Policy

Reviewed: July 2026

Date of next review: July 2027

Supporting Policies/Documents;

- CIT First-Aid Statement and Policy
- Supporting Pupils with a Medical Condition Policy
- Policy for the Administration of Medicines
- Allergen and Anaphylaxis Policy
- Asthma Policy
- Critical Incidents Policy
- Educational and/or Individual Health Care Plans for specific pupils

Rationale

CIT is committed to ensuring the health and safety of all staff, pupils and visitors and expects all staff and volunteers to share this commitment. This policy is reviewed in line with the First Aid Statement and Policy.
Also using the DfE guidance "**First aid in schools, early years and colleges published by the DfE and the Health and Safety Executive "First Aid Guidance"**

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school. The school has a separate policy for the Administration of Medicines and the Supporting Pupils wit Medical Conditions.

Purpose

Caythorpe Primary 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 school in regard to all staff, pupils and visitors.

The school will take every reasonable precaution to ensure the safety and wellbeing of all staff, pupils and visitors. Details of such precautions are noted in the following policies:

- Health and Safety Policy
- Behavioural Policy

- Child Protection and Safeguarding Policy
- Lone Working Policy
- Supporting Pupils with Medical Conditions Policy
- Educational Visits and School Trips Policy

The school's administrative team/or individual/group determined by the Head Teacher 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:

1. Gives clear structures and guidelines to all staff regarding all areas of first aid
2. Clearly defines the responsibilities of all staff
3. Enables staff to see where their responsibilities end
4. Ensures good first aid cover is available in the school and on visits

Guidelines

New staff will be given are given access to a copy of this policy (upon approval) when they are appointed. All staff will be given access to a copy of the policy should significant changes be made to it. The policy will be included in the annual induction as part of the induction process, new staff are given details of the first aiders in school, are trained in accident reporting and shown where first aid supplies are stored. This policy is annually reviewed and updated.

Legal framework

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)'

First aid in school

As stated in the DfE Guidance "First Aid in Schools," "There is no rule on the number of first aiders required as this will be identified as part of the first aid needs assessment and will be based on the circumstances of each individual school or college."

At Caythorpe Primary School, we ensure that there is at least one emergency first-aid trained and one paediatric first-aid trained member of staff in school. This is to ensure that all areas of the school have at least one competent person present; with sufficient 'spare' to cover off-site visits, part-time staff and as far as possible staff absences.

When children are taking part in off-site visits, we ensure that a first-aider accompanies all groups. Staff are expected to identify this member of staff when planning any visits and that the Visits First Aid kit is adequately stocked and taken on the visit/sporting event. For Foundation Stage visits, we ensure that a paediatric first aider accompanies the group.

During activities outside of the school day (breakfast club), there is a designated first-aider onsite at all times.

Caythorpe school also recognises the need for being mentally well. At the school there are members of staff trained in Mental Health First aid to support in to recognising, understanding and responding to signs that a young person may be experiencing a mental health challenge or crisis. The role focuses

on providing initial support, reassurance and guidance while helping the young person access appropriate professional help when needed.

Training

The school keeps a register of who is first-aid trained and when their training is valid till. The Headteacher is responsible for organising first-aid training.

Roles and Responsibilities

The main duties of a first aider in school are:

- To complete a training course approved by the Health and Safety Executive, as required.
- To give immediate help to casualties with common injuries and those arising from specific hazards at school
- When necessary, ensure that an ambulance or other professional medical help is called.

First Aiders

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 will ensure that their first aid certificates are kept up-to-date through liaison with the Head Teacher or member of staff with responsibility for CPD.

Each lead first aider or person appointed by the Head Teacher will be responsible for ensuring all first aid kits are properly stocked and maintained. The first aid appointed person(s) will be responsible for maintaining supplies.

The current first aid appointed person(s) are:

Name	Qualification	Location	Date of first aid qualification	Date for Renewal
Helen Hunt	Emergency First Aid in the Work Place Paediatric First Aid Level 3 Adult Mental Heath First Aid Youth Mental Health First Aid	Office	July 2024 July 2025 Dec 2025 June 2026	July 2027 July 2028 Dec 2028 June 2029
Helen Palmer	Emergency First Aid in the Work Place	KS1/2	Feb 2026	Feb 2029
Cassandra Cook	Paediatric First Aid Level 3	EYFS/KS1	Oct 2024	Oct 2027
Yvonne Elmes	Paediatric First Aid Level 3	EYFS/KS1	July 2026	July 2029
Michael Roberts	Paediatric First Aid Level 3	KS1	Jan 2026	Jan 2029
Victoria Binney	Paediatric First Aid Level 3 Youth Mental Health First Aid	KS2/Lunchtimes	July 2026 June 2026	July 2029 June 2029
Irene Sharp	Paediatric First Aid Level 3	KS2/lunchtimes	Nov 2024	Nov 2026
Kelleigh Purcocks	Paediatric First Aid Level 3	Lunchtimes/afterschool club	Jan 2024	Jan.2027
Rosalyn Haynes	Paediatric First Aid Level 3	KS1	Mar 2025	Mar 2028
Jodie Williams	mergency First Aid in the Work Place	Office	Sept 2025	Sept 2028

The appointed persons within the school will take charge when someone is injured or becomes ill and call the emergency services if required. In the absence of the appointed persons the Headteacher or the senior teachers will carry out this role. Photos of appointed persons are displayed around school and in the staff room.

First Aid Facilities

The appointed persons ensure that the school has designated first aid points with the resources needed to deal with incidents. This being an outdoor first aid kit and accident recording book taken outside for break times, a first aid kits and accident recording book in every classroom and a central store in the staffroom.

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.

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 – after receiving a parent's clear instruction, take the victim(s) to a doctor or to a hospital. Moving the victim(s) to medical help is only advisable if the person doing the moving has sufficient knowledge 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.
- See to any pupils who may have witnessed the accident or its aftermath and who may be worried, or traumatised, despite not being directly involved. They will need to be escorted from the scene of the accident and comforted. Younger or more vulnerable pupils may need parental support to be called immediately.

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

- The Head Teacher or most senior member of staff available
- The injured pupil(s)'s parents.

Calling the Emergency Services

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.

If a member of staff is asked to call the emergency services, they must:

1. State what has happened
2. The child's name
3. The age of the child
4. Whether the casualty is breathing and/or unconscious
5. The location of the school

In the event of the emergency services being called, a member of the Admin staff OR another member of staff, should wait by the school gate and guide the emergency vehicle. If the casualty is a child, their

parents should be contacted immediately and give all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are clearly located in the school office.

Accident and Injury Reporting

In the event of incident or injury to a pupil, at least one of the pupil's parents/carers will be informed as soon as practicable. Appendix A shows the way in which accidents are recorded. Wherever possible staff should speak to the parent/carer concerned. A slip should be completed and sent home (pink for head injuries and green for injuries to other body parts. Parents/carers 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. Where a child has a serious injury or injury to the head, the staff member should inform the Headteacher or senior teacher who will decide whether parents should be contacted immediately. All serious injuries should be reported to the Headteacher or senior teacher and should be recorded in line with HSE advice.

In the event of a serious injury or an incident requiring emergency medical treatment, the school will telephone the pupil's parents as soon as possible. A list of emergency contacts will be kept at the school office.
Adult accidents should be recorded in the Adult Accident Recording Book stored in the first aid cupboard in the staffroom. Copies including the address of the accident victim will be stored in the member of staff's file in a locked filing cabinet to ensure GDPR compliance.

Injuries to anyone who has been involved in an accident at the school, or on an activity organised by the school or college, are only reportable under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) if the accident results in:

- the death of the person, and arose out of or in connection with a work activity, or
- an injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment)

If there is any doubt as to whether or not to report an incident schools and colleges can consult the HSE general RIDDOR guidance.

Disposing of Blood

Blooded items should be placed in the yellow clinical waste bags and disposed of in the sanitary bin in the female staff toilets.

Ice Packs
Instant ice packs are single-use only and for the treatment of sprains, strains and bruises and must be kept out of children's reach. These are stored in the main office cupboard.

Storage of Medication– See also Policy for Administration of Medicines (bi-annually July)

Medicines will always be stored securely and appropriately in accordance with individual product instructions, save where individual pupils have been given responsibility for keeping such equipment with them.

All 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.

All medicines will be returned to the parent/carer for safe disposal when they are no longer required or have expired.

An emergency supply of medication will be available for pupils with medical conditions that require regular medication or potentially lifesaving equipment, e.g. an EpiPen.

Parents/carers will advise the school when a child has a chronic medical condition or severe allergy so that an 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/carers in this regard.

Asthma – See also Asthma Policy (Jan 2026)

Asthma inhalers will be stored in classrooms with a record to monitor usage. This will be given to parents or carers when completed so they are aware of the child's usage. A central record will be kept of asthma suffers.

EpiPens/Diabetes – See also Allergen and Anaphylaxis Policy- renewal annually Sept

Staff are trained by professionals and parents in some instances to administer medicines such as EpiPens, Insulin injections and remove/attach prosthetic limbs etc.

Allergens

The school collects medical information of pupils with allergies and intolerances. Pupils with known allergies and intolerances are listed in class medical registers as well as the lunchtime and wrap around care folders. Further guidance is available from the DfE document "Allergy Guidance in Schools."

Pupils who are known to suffer an anaphylactic shock in reaction to an allergen have health plans to note this and detail what to do if the child suffers an anaphylactic shock. Training is given yearly to staff on the use of auto-injectors.

The school has possession of an adrenaline auto-injector for emergency use on children who are at rick of anaphylaxis but whose own device is not working (stored in locked filing cabinet on school office).

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay. AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer. If someone appears to be having a severe allergic reaction (anaphylaxis), you MUST call 999 without delay, even if they have already used their own AAI device, or a spare AAI. In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate. (See appendix B – Recognition and management of an allergic reaction).

When using foods within the curriculum, staff follow the appropriate risk assessment (classroom risk assessment). See also the School Food Policy for practical measures in place within the school.

Illnesses

When a pupil becomes ill during the school day, the parents/carers will be contacted and asked to pick their child up as soon as possible.

A quiet area will be set aside for withdrawal and for pupils to rest while they wait for their parents to pick them up. Pupils will be monitored during this time.

Consent

Parents/carers 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

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 – guidelines will be issued to staff in this regard.

Automated external defibrillators (AEDs)

A defibrillator must be available for easy access in or near the school office. (Additional village defibrillator is outside Village Hall opposite school)

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.

Use of the AED will be promoted to pupils during PSHE lessons.

Monitoring and review

This policy is reviewed annually by the 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.

(Please also see the Supporting Children with Medical Conditions Policy)

Appendix A: How we record accidents and injuries

At Caythorpe School we take the recording of accidents and incidents extremely seriously. However, we also recognise that children will often bump into one another or fall over but have no significant injury or marking. As such we have a protocol for dealing with accidents and injuries each of which are categorised below:

HEAD INJURY:

- If a child states they have hurt their head or a member of staff sees a child bang their head, then the child should be examined, a First Aider consulted & appropriate treatment provided. ONLY if the injury is deemed serious by a First Aider will then parents be contacted.
- School advice to parents should always be that the parent decides any next steps.
- A school accident sheet should be completed for ALL visible head injuries
- A 'bumped head' letter must sent home must be recorded on the accident sheet

INJURIES IN WHICH THERE IS IMMEDIATE CONCERN FOR A PUPIL'S WELL BEING:

- Some injuries at school may cause first aiders to have immediate concerns about a pupil's wellbeing. Examples would include possible broken bones, instant swelling or a pupil being sick. In such cases parents/carers will be contacted immediately and advised that advice from a doctor should be taken.
- Should first aider have reason to believe an ambulance is necessary then it will be called immediately. Parents/carers will then be informed of the situation.

- An injury form will be completed for any injuries in this category and the Headteacher or Senior Member of staff on site will report to the Health and Safety Executive (using RIDOR) should the injury meet the guidelines.

INJURIES THAT PRODUCE MARKS, SIGNS OR SYMPTONS:

- If a pupil has a mark, sign or symptom associated with an accident then he/she must be referred to a first aider. The injury should be recorded in the columned injury and accident book.
- First aiders at school are trained at different levels but will know if they should refer the accident to a more highly qualified first aider.
- The first aider will decide if an injury needs to be recorded on an accident sheet and if a school injury letter needs to be completed for parents. Generally speaking parents will only be informed where a plaster has been applied or grazes are more significant than is common.

OTHER INJURIES:

If a child states that they have had an accident or an injury but there is no physical mark, sign or symptom then the accident should be recorded in the accident book for that pupil's age range.

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)
2. **Use Adrenaline autoinjector*** without delay
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

*** IF IN DOUBT, GIVE ADRENALINE ***

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Reference

Guidance on use of adrenaline auto-injectors in schools.
https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline_auto_injectors_in_schools.pdf

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