



Catton Grove Primary School



First Aid Policy

Approved by:	Jamie Beck	Date: 01.09.26
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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 and 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 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 School Premises (England) Regulations 2012 which require that suitable space is provided for the medical and therapy needs of pupils

3. Roles and responsibilities

3.1 Appointed person(s) and first aiders

The school's appointed person(s) are Janine Osborne, Gayle Caldwell, Julia Lowry, Angie Norman and Nina Burnham. 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
- 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) 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 (see the template in appendix 3)
- Keeping their contact details up to date

Our school's appointed person(s) and first aiders are listed in appendix 1. Their names will also be displayed prominently around the school.

3.2 The governing body

The governing body has the ultimate responsibility for health and safety matters in the school, but delegates responsibility operational matters and day-to-day tasks to the headteacher and staff members.

3.3 The headteacher

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

- Ensuring that an appropriate number of appointed persons and 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 (see section 6)

3.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders and appointed person(s) in school are
- Completing accident reports (see appendix 3) 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

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 a qualified first aider, if appropriate, who will provide the required first aid treatment
- 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 the 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 will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the office staff will contact parents immediately
- 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
- In the event of an intentional overdose, the first aider will determine whether emergency services be called or advise that the child is seen by a medical professional. Parents will be contacted. The first aider will remain with the child until help arrives. Any child who attempts an intentional overdose will be referred to CAMHS.

There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times.

See Appendix 2 for Bumped Head/ Head Injury procedure.

4.2 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 including, at minimum:
 - A leaflet giving general advice on first aid
 - 6 individually wrapped sterile adhesive dressings
 - 1 large sterile unmedicated dressing
 - 2 triangular bandages – individually wrapped and preferably sterile

- 2 safety pins
- Individually wrapped moist cleansing wipes
- 2 pairs of disposable gloves
- Information about the specific medical needs of pupils
- Parents' contact details

When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15 cm × 20 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustproof blunt-ended scissors

Risk assessments will be completed by the staff member in charge prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least 1 first aider with a current paediatric first aid (PFA) certificate on school trips and visits in the EYFS, as required by the statutory framework for the Early Years Foundation Stage.

4.3 Non-prescription Medicines

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines.

The school will not administer alternative treatments i.e. homoeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHP or EHC as part of a wider treatment protocol.

As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' the school will also not administer aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.

If the relevant symptoms develop during the school day as detailed under the paragraph below 'short term ad-hoc non-prescribed medication' the school will administer the following nonprescription medications:

- paracetamol (to pupils of all ages, dosage dependent on age) - see Appendix 4: Administration of Calpol
- antihistamine,
- Hand cream such as E45

All other non-prescription medications will only be administered by staff, providing:

- The parent/guardian confirms daily the time the medication was last administered and this is recorded on the medicines consent form.
- medication is licensed as suitable for the pupil's age;
- medication is suitable for the pupil i.e. if a child is asthmatic the medication is suitable for that condition;
- administration is required more than 3 to 4 times per day;
- medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or (PIL); and accompanied by completed parental/guardian consent form and confirmation the medication has been previously administered without adverse effect.

The school will NOT administer non-prescription medication:

- as a preventative, i.e. in case the pupil develops symptoms during the school day;
- if the pupil is taking other prescribed or non-prescribed medication, i.e. only one nonprescription medication will be administered at a time;

Any requirement for a non-prescription medication to be administered during school hours for longer than 48 hours must be accompanied by a doctor's note. In the absence of a doctor's note and if following the administration of a non-prescription medication for 48 hours, symptoms have not begun to lessen, the school will advise the parent to contact their doctor. If symptoms have begun to alleviate, the medication can be continued to be administered at home out of school hours.

Under very exceptional circumstances where the continued administration of a non-prescribed medication is required to keep the pupil in school and this requirement has not been documented by a medical professional the school will continue to administer medication at their own discretion.

- A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/guardians will be advised to contact their Doctor.
- Skin creams and lotions will only be administered in accordance with the Schools Intimate Care Policy and procedures.
- Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.
- If parents/guardians have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

5. First aid equipment

A typical first aid kit in our school will include the following:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads

- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room
- School vehicles
- Class first aid rucksacks

6. Record-keeping and reporting

6.1 First aid and accident record book

- 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 at Appendix 3
- Records held in the first aid and accident book 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 Finance Officer 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 Finance Officer will report these to Norfolk County Council Health and Safety Team via OSHENS 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 scalding 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, the Finance Officer will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident.
- 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
- **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 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>

OSHENS LINK

<https://norfolkworkingsafely.oshens.com/Login/Default.aspx>

6.3 Notifying parents

The Finance Officer 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.

See Appendix 2 for Bumped Head/ Head Injury procedure.

6.4 Reporting to Ofsted and child protection agencies

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 Headteacher will also notify Norfolk County Council of any serious accident or injury to, or the death of, a pupil while in the school's care.

7. Training

All school support 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 (see appendix 1)

The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

At all times, at least 1 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. The PFA certificate will be renewed every 3 years.

8. Monitoring arrangements

This policy will be reviewed by the Deputy Head annually.

At every review, the policy will be approved by Jamie Beck

9. Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Risk assessment policy
- Policy on supporting pupils with medical conditions
- Intimate Care Policy
- Medication policy

Appendix 1: list of trained first aiders

First Aiders	Level	Date Renew
Adams, Megan	Paediatric First Aid	2/9/2027
Allison, Teresa	Paediatric First Aid	2/9/2027
Andrews, Ginette	Basic first aid	21/4/2028
Beverley, Cheryl	Basic first aid	21/4/2028
Billington-Howes, Patricia	Basic first aid	21/4/2028
Bishop, Amy	Basic first aid	21/4/2028
Bradford, Trudie	Basic first aid	21/4/2028
Brahimi, Drita	Basic first aid	21/4/2028
Burnham, Nina	First Aid at work 3 days	20/8/2028
Jones, Elisha	Basic first aid	21/4/2028
Gayle Caldwell	First Aid at work 3 days	20/8/2028
Carr, Lisa	Basic first aid	21/4/2028
Curson, Lynn	Basic first aid	21/4/2028
Dann, Danielle	Basic first aid	22/3/2027
Daws, Matthew	Basic first aid	22/3/2027
Doull, Heidi	Paediatric First Aid	2/9/2027
Harcourt, Sarah	Paediatric First Aid	19/08/2029
Hawkes, Dion	Basic first aid	21/4/2028
Hawkes, Katelyn	Paediatric First Aid	2/9/2027
Herman, Rachel	Basic first aid	21/4/2028
Lowry, Julia	First Aid at work 3 days	31/7/2028
Moppett, Samantha	Paediatric First Aid	2/9/2027
Nickalls, Carolyn	Basic first aid	21/4/2028
Norman, Angela	Paediatric First Aid	2/9/2027
Osborne, Janine	First Aid at work 3 days	31/7/2028
Miller, Tara	Basic first aid	22/3/2027
Pursey, Becky	Basic first aid	21/4/2028

Romanska-Winiarska, Anna	Basic first aid	21/4/2028
Russell, Rose	Basic first aid	21/08/2029
Staff Carine	Paediatric First Aid	14/8/2028
Starling, Sophie	Paediatric First Aid	2/9/2027
Sampson, Alketa	Paediatric First Aid	2/9/2027
Smith, Lisa	Paediatric First Aid	2/9/2027
Topley, Hayley	Basic First Aid	21/08/2029
Whiteside, Douglas	Basic first aid	21/4/2028
Wilson Michelle	Paediatric First Aid	19/08/2029
Veness Gemma	Paediatric First Aid	13/11/2028
Mitchell-Willson Natasha	Basic first aid	21/4/2028

Appendix 2 : Bumped Head/ Head Injury Procedure

Minor bump to head

A minor bump to the head is common in children, particularly those of infant school age.

If a child is asymptomatic: No bruising, swelling, abrasion, mark of any kind, dizziness, headache, nausea or vomiting. The child appears well, then the incident will be treated as a “bump” rather than a “head injury”

Action to be taken:

- Child to be assessed by a First Aider
- Apply cold compress
- Complete first aid slip with details of incident
- Report to Teacher/adult in class
- Parent MUST be spoken to at the end of the day, first aid slip given to them.

Minor head injury with mild symptoms

A minor head injury often causes **bumps, swellings or bruises on the exterior of the head.**

Other symptoms:

- Red mark or graze
- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Mild dizziness

Action to be taken:

- Child to be assessed by a First Aider
- Apply cold compress
- Complete first aid slip with details of incident
- Observation
- No Pe/physical activities
- Report to Teacher/adult in class
- Parent informed by phone call straight away.

Minor Head injury – with the following symptoms

- vomiting
- a persistent [headache](#)
- is showing unusual behaviour, like being very irritable or crying more than usual

Action to be taken:

- Senior First Aider to be called
- Apply cold compress

- Complete first aid slip with details of incident
- Observation
- Report to Teacher/adult in class
- Parent informed by phone call straight away. Parent asked to collect child and for child to be seen by medical professional

Severe head injury – loss of consciousness

A severe head injury will usually be indicated by one or more of the following symptoms:

- Unconsciousness briefly or longer
- Difficulty in staying awake
- Seizure
- Slurred speech
- Visual problems
- Difficulty in understanding what people are saying
- Balance problem
- Loss of power in arms/legs/feet
- Pins and needles
- Amnesia
- Leakage of blood or clear fluid from nose or ears or blood
- Bruising around eyes/behind ears Action to be taken:

Action to be taken:

- Senior First Aider called
- If there is a neck injury and child is unconscious DO NOT move child
- Call 999 and ask for AMBULANCE from first aid mobile phone in first aid room (to be arranged)
- Contact Parent immediately
- Inform Head teacher and Office
- Member of SLT and First Aider to be with child at all times.
- Complete First aid form and report to OSHENs

The bumped head policy also applies to all adults and visitors to our school site



Appendix 3: Accident Report Form-

this form to be used when calling parent/guardian to take pupil to external professional eg Doctor, dentist

Office use:

Date added to CPOMS:

Date added to OSHENS:

Date reviewed:

Any actions?

Child's name:

Class:

Location in school:

Date:

Time of accident:

Injury:

First aid given:

Time parent called:

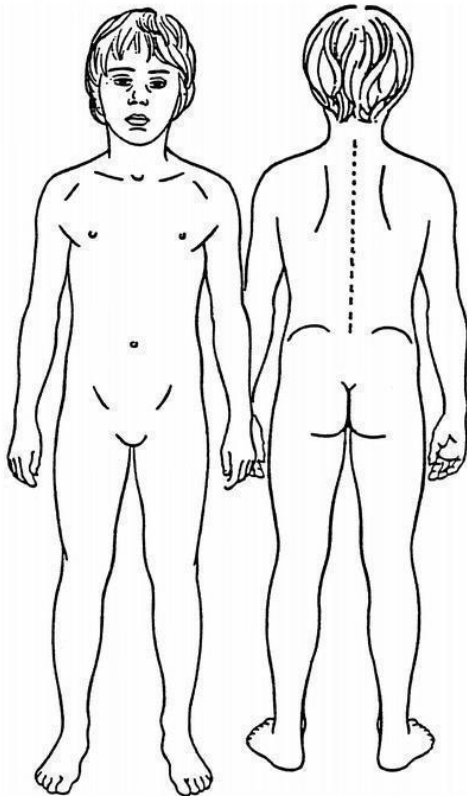
Time parent arrived:

Advice given:

First aider signature:

Parent signature:

Outcome:



Appendix 4: Administration of Calpol

We will administer Calpol as long as the following are in place:

- We are administering Calpol to help the child come to school and they are not too unwell that they must be at home.
- The parent has provided age appropriate Calpol.
- The parent has filled out a Medication form.
- The school has been made aware when the LAST dose of Calpol was administered.
- The child complains they are in pain, has a slight temperature or we feel they would benefit from a dose of Calpol.
- The dose given does not exceed the recommended dose on the bottle for that child's age.

We will not administer Calpol for more than 48 hours unless it is due to long term pain e.g. a broken bone and this would need to be at the advice of a medical professional.