



First Aid Policy

Setting: Castle Newnham School

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A. RATIONALE

This first aid policy is based on several frameworks, advice, and legislation to ensure a safe environment for everyone at the school.

B. AIM

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitor.
- 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.

C. PRINCIPLES

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 the Health and Safety Executive (HSE) on [incident reporting in schools](#), and the following legislation:

- [The Health and Safety \(First-Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

This first aid policy is linked to the:

- Health and safety policy.
- Policy on supporting pupils with medical conditions.

D. PROCESSES

1. Roles and responsibilities

1.1 Appointed person(s) and first aiders

The school's appointed person is the School Office Manager who is supported by Lead Administrators. They are responsible for:

- Taking charge when someone is injured or becomes ill.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Ensuring that first aid procedures are being followed within school.

Lead First Aiders are responsible for:

- Ensuring there is an adequate supply of medical materials for use in first aid kits, and staff are responsible for replenishing the contents of these kits.
- Ensuring the Asthma list is kept up to date and appropriate rotas are in place within school.

First aiders are trained and qualified to carry out the role (see section 5) 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 1).
- Keeping their contact details up to date.

Our school's first aiders are displayed prominently around the school. They are subject to change and the most up to date list can be found in the School Offices.

1.2 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.

1.3 The Headteacher

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

- Ensuring that an appropriate number of 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 4.2).

1.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures.
- Ensuring they know who the first aiders and appointed persons in school are.
- Completing accident reports (appendix 1) for all incidents they attend to where a first aider or appointed person is not called.
- Informing the Headteacher or their manager of any specific health conditions or first aid needs

2. First aid procedures & Administering Medicine

2.1 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 School Office will contact parents/next of kin & SLT 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.

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

It is every supervising adult's responsibility to provide First Aid in case of a minor accident. Should an adult not have First Aid training, they then can request help/second opinion from a qualified First Aider should they feel it necessary to do so.

In case of a major accident or a significant head injury a qualified First Aider should be asked to assist in giving First Aid.

Cuts

The nearest adult deals with small cuts. All open cuts should be covered after they have been treated with a cleansing wipe.

Any adult can treat more severe cuts, but a fully trained first aider must attend the patient to give advice. Minor cuts should be recorded in the accident file. Severe cuts should be recorded in the accident file and a Smartlog accident form should be completed and parents/carers should be informed by telephone.

ANYONE TREATING AN OPEN CUT SHOULD USE RUBBER GLOVES. ALL MEDICAL WASTE IS DISPOSED OF IN THE YELLOW BAGS.

Head injuries

Any bump to the head, no matter how minor, is treated as serious. All bumped heads should be treated with an ice pack. All bumped head accidents will be recorded in the accident book and a text (**BROMCOM TEXT**) message will be sent home. If more severe, a telephone call will be made.

Pupils will also be given a red wrist band – the first aider should note the following on the red wrist band:

- Date of accident.
- Time of accident.
- Brief details.

2.2 Off-site procedures

When taking pupils off the school premises, trip leads/appointed first aiders will ensure they always have the following:

- A mobile phone with the telephone number being given to the School Office.
- A portable first aid kit including, at minimum:
 - 6 individually wrapped sterile adhesive dressings of varying sizes
 - 1 large sterile dressing
 - 2 triangular bandages – individually wrapped and preferably sterile with safety pins
 - Individually wrapped antibacterial cleansing wipes
 - 4 pairs of disposable gloves
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the Trip Leader 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, as required by the statutory framework for the Early Years Foundation Stage.

2.3 Managing Allergies and Anaphylaxis

The school is committed to managing severe allergies (anaphylaxis) among pupils to minimise risk and respond effectively to emergencies

Identification and Risk Reduction

Care Plans: All pupils known to have severe allergies must have an individual **Healthcare Plan (IHP)**, developed in partnership with parents/carers and the school nurse or GP. This plan clearly identifies the allergen, the symptoms of an allergic reaction, and the emergency procedure (including the steps for administering an Adrenaline Auto-Injector or AAI).

Allergy Register: The School Office Manager maintains a central register of all pupils with severe allergies, which is shared confidentially with all relevant staff (including class teachers, teaching assistants, lunchtime supervisors, and trip leads) at the start of the academic year and updated immediately if a new diagnosis is received.

Medication Storage: Prescribed AAI (e.g., EpiPen, Jext) must be kept in their original boxes, clearly labelled with the pupil's name, and stored securely but *easily accessible* in the designated first aid areas (Primary and Secondary Reception Offices, as per section 2.4). Parents/carers are responsible for ensuring the school has sufficient, in-date AAI for their child at all times. Staff will check expiry dates termly and inform parents immediately if a replacement is required.

Kitt Medical: The school have invested in Kitt Medical boxes which are located in the dining halls. These contain 4 AAI and can be accessed using the key held in the school office or the break-glass box located next to each box. More information on Kitt Medical can be found here: <https://kittmedical.com/>

Allergen Avoidance:

Classroom/Base Area: Staff will implement risk reduction measures in the pupil's direct learning environment (e.g., supervising craft activities where allergens may be present).

Dining Hall: Catering staff are fully briefed on pupils with food allergies. Specific allergy-friendly meals are prepared where necessary, and allergy identification systems (coloured lanyards and/or designated seating) are used to prevent cross-contamination.

School Events/Trips: Risk assessments for all off-site activities (section 2.2) and whole-school events will specifically address allergy management and the provision of necessary AAI and trained staff.

Staff Training and Awareness

Whole-Staff Awareness: In addition to all first aiders, all school staff receive annual awareness training on: recognising the signs and symptoms of a severe allergic reaction (anaphylaxis); knowing the location of AAI; understanding the immediate emergency procedure.

Procedure Practice: Designated First Aiders will practice the use of trainer AAI regularly to maintain competency.

Emergency Procedure (Anaphylaxis)

In the event of a suspected severe allergic reaction (anaphylaxis):

Call for Help: The nearest member of staff will immediately summon a qualified First Aider and instruct a colleague to bring the pupil's prescribed AAI kit or the Kitt Medical box to the location.

Administer AAI: The qualified First Aider or the staff member trained to administer the AAI will follow the steps outlined in the pupil's IHP.

If the pupil is known to have a severe allergy and is displaying life-threatening symptoms (breathing difficulties, swelling of the tongue/throat, collapse), **administer the AAI immediately**.

Staff must follow the '**inject and hold**' protocol as trained.

Call Emergency Services: Immediately call 999 (or 111 in a non-emergency) and clearly state that the pupil is suffering from **anaphylaxis**, or in the case of unknown allergies is thought to be suffering from anaphylaxis, and state if they have been given adrenaline.

Post-Administration Care: Keep the pupil lying down with their legs raised (unless they are struggling to breathe, in which case let them sit up). Monitor their vital signs until the emergency services arrive.

Second Dose: If there is no improvement in the pupil's symptoms after **5 minutes**, administer the second prescribed AAI dose (or dose from the Kitt Medical box) while waiting for the ambulance.

Parental Notification: The School Office will contact the parents/carers immediately after the emergency services have been called.

Record Keeping: The First Aider must complete an Accident Report Form (Appendix 1) detailing the incident, the symptoms, the time the AAI was administered, and the dose given. The used AAI must be given to the paramedics.

2.4 Administering Medicines within School

Administering medicine in school

At the beginning of each academic year, any medical conditions are shared with staff and in a folder in the first aid area of each office.

Children with Medical conditions have to have a care plan signed by parents/ carers. These need to be checked and reviewed regularly. Medications kept in the school for children with medical needs, are within each reception area:

Primary (YR – Y4) – Cupboard on the wall (in the office) with a first aid sticker

Primary (Y5 – Y6) – Lockable unit stored in a free standing cupboard (in the office)

Secondary (Y7 – Y11) – White cupboard on the wall (in the office) with a first aid sticker

If medication requires storing in a fridge, each reception area has access to a fridge that's either lockable or has a lockable unit within it. Each child's medication is clearly labelled with the child's name.

All medicines in school are administered following the agreement of a care plan.

Asthma

Children with Asthma do not require a care plan. If a child requires their Asthma pump to be kept in school they must complete a 'Parental consent form for administering medicine' form (Appendix 2) that is obtained through the School Office.

For all Primary and Secondary pupils – all inhalers to be kept in the first aid areas. If you require your child to have immediate access to an inhaler – either in the classroom or on their person, parent/carer is to provide an additional inhaler.

It is the parents/carers responsibility to provide the school with up-to date Asthma Pumps for their children. Adults in the classroom and designated first aiders are to check the expiry date on the pumps regularly and inform parents, should the pumps expire or run out. Asthma pumps should be clearly labelled with the child's name and must have the original box with the label from the pharmacist with the instructions, child's name and DOB. Asthma sufferers should not share inhalers.

Generic emergency salbutamol asthma inhalers

In accordance with Human Medicines Regulations, amendment No2, 2014, the school is in possession of 'generic asthma inhalers', to use in an emergency.

These inhalers can be used for pupils who are on the school's Asthma register. The inhalers can be used if pupils' prescribed inhaler is not available (for example, if it is broken or empty). The emergency inhalers are stored in the first aid areas of both Primary and Secondary.

In case of an emergency, an adult needs to be sent to get the asthma pump and cardboard spacer while a First Aider remains with the child. Once the pump has been administered, (older children can administer it for themselves under supervision) the First Aider needs to record the time and dose of salbutamol (how many puffs have been administered). This needs to be recorded on the child's individual Administering medicine form.

Other Medicines

Short term prescriptions such as the short term use of antibiotics that are required four (4) times a day or painkillers prescribed by doctors can be administered only if the parent /carer fill out the 'Parental agreement for Castle Newnham to administer Medicine' form (Appendix 2).

Parents can obtain the form from the office on the first day of requesting the medicine to be administered at school. The School Office will check all forms and medication when parents/carers bring into school and will inform adults in the named child's classroom regarding the administration of the medicine in question. The copy of the parental agreement form must be kept in the Medical File and updated to record when medicine is administered.

Eye drops will not be administered by staff within school. Parents are able to come into school to apply if required.

School Office staff should encourage parents to administer all other medicine at home. All medication administered at school must be prescription medicine, prescribed by a doctor, in its original box and obtained from the pharmacy, clearly labelled from the pharmacy with the child's name and address. Medication without this will be unable to be administered within school. All medication should always be handled by adults.

The transfer of medication from school to home, or after school club, and vice versa should be between adults and it should never be put in a child's book bag.

Cough medicine/throat sweets should not be brought into school at any point. These need to be kept at home and given before and after school or parents can come into school to give them this but will need to stay with them until the throat sweet has dissolved.

Head lice

Staff do not touch children and examine them for head lice. If we suspect a child or children have head lice we will have to inform parents/carers. A standard message will be sent to parents/carers of the children in that class where the suspected head lice incidence is. If we have concerns over head lice the school nurse can be called in, who is able to examine children and also give advice and guidance to parents/carers on how best to treat head lice.

Chicken pox and other diseases, rashes

If a child is suspected of having chicken pox etc. we will look at the child's arms or legs. Chest and back will only be looked at if we are further concerned. A First Aider and two adults should be present and the child should always be asked if it was ok to look.

All medical waste is disposed of in the yellow bags.

3. First aid equipment

The school will provide materials, equipment and facilities - a (minimum) typical first aid kit in our school will include the following:

- 1 Adhesive Tape
- 1 Conforming Bandage
- 1 Emergency Foil Blanket
- 1 Eye Wash
- 1 Hydrogel Burn Dressing
- 1 Tough Cut Shears
- 2 Eye Pad Sterile Dressing
- 2 Finger Sterile Dressing
- 2 Resuscitation Face Shields
- 2 Triangular Bandages
- 3 Large Sterile Dressing
- 4 Medium Sterile Dressing
- 6 Nitrile Disposable Gloves
- 12 Safety Pins
- 20 Saline Cleansing Wipes
- 24 Assorted Sterile Adhesive Dressing
- Sick Bags

No medication is kept in first aid kits.

First aid kits are stored as follows:

- Within Primary and Secondary reception first aid areas
- In Care Club (South Site)
- Performing Arts Department (Secondary)
- PE Department (Secondary)
- Science (Secondary)
- Ark (Secondary)
- All Primary classrooms – First Aid Box containing sick bags, wipes and plasters and a record of first aid log sheet

It is the responsibility of the class teacher to regularly check first aid box in the classroom. If first aid box needs replenishing the Lead First Aiders should be immediately notified and extra supplies should be requested.

It is ALL first aiders' responsibility to ensure stocks are checked regularly and if stocks are required inform Lead First Aider.

4. Record-keeping and reporting

4.1 First aid and accident record book

- Where necessary 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 1.
- 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.

4.2 Reporting to the HSE

The School Business & Operations 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 School Business & Operations Manager will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

These 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) which:
 - Covers more than 10% of the whole body's total surface area; or
 - Causes significant damage to the eyes, respiratory system or other vital organs
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours

Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the head teacher or School Business & Operations Manager will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident.

Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:

- Carpal tunnel syndrome
- Severe cramp of the hand or forearm
- Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach

- Hand-arm vibration syndrome
- Occupational asthma, e.g from wood dust
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent

Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:

- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and 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:

<https://www.hse.gov.uk/riddor/reporting/index.htm>

4.3 Notifying parents (early years only R and KS1 (Year 1 & Year 2))

The First Aider will complete a first aid note (green) which will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day.

4.4 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 the local child protection agencies of any serious accident or injury to, or the death of, a pupil while in the school’s care.

5. Training

All school staff can request to undertake first aid training.

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.

The school will arrange for first aiders to retrain before their first aid certificates expire.

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.

6. Monitoring, Assessment & Evaluation

This policy will be reviewed by the School Office Manager every 2 years. At every review, the policy will be approved by the Headteacher and the Local Committee of the Board.

Appendix 1: Accident Reporting Form

Accident Report Form

Type of record:

- Person involved
- No person involved

- Fatality
- Loss Time / Serious Accident / Injury
- Minor Accident / Injury
- Near Miss
- Unsafe Act or Condition

Section 1: Personal Details

Name of injured person / person involved: _____

Date/time of incident: ____/____/____

Reported by: _____

Sex:

- Male
- Female
- Other

Age / DOB of the person: _____

Home address of the person:

Address1: _____

Address2: _____

Address3: _____

Town: _____

County: _____

Postcode: _____

Phone no: _____

Email address: _____

Is the person:

- Employee
- Member of the public
- Student
- Contractor
- Agency Worker
- Supported Person
- On Work Experience
- Volunteer

Has next of kin/emergency contact been:

- Yes
- No

Section 2: Details of accident / incident

Location of the accident / incident: _____	Witness Details: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Associated department: _____	
Specific location of accident / incident: _____ _____	
Was an injury sustained: <input type="radio"/> Yes <input type="radio"/> No	Details of accident / incident: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Type of injury sustained: _____	
Type of accident: _____	
Part of the body affected: _____	

Section 3: Details of first aid administered

Was first aid given? <input type="radio"/> Yes <input type="radio"/> No	Details of treatment given and actions taken: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Who administered first aid: _____	
Did the injured person go to hospital? <input type="radio"/> Yes <input type="radio"/> No	

Appendix 2: Administering Medicine Form

Parental agreement for Castle Newnham to administer Medicine

Castle Newnham will not give your child medicine unless you complete and sign this form and we have a policy in place so that staff can administer medicine. Any medication to be administered **must have been administered previously by the parent** to minimise the risk of adverse or allergic reaction to any new medication.

Medicines must be in the original pharmacist's box and container with the original dispenser sticker with the child's full name on.

MEDICATION DETAILS		
Name of Child:		
Date of Birth:		
Class:		
Medical Condition or Illness:		
Name of Medicine: (as described on container)		
Expiry Date:		
Is the medicine prescribed?	Yes / No	
Does the medicine need to be in the fridge?	Yes / No	
Dosage:		
Timing:		
Duration of course:		
Are there any side effects the school should know about?		
Procedures to take in an emergency:		
EMERGENCY CONTACT (whilst taking the medication)		
Name:		
Telephone number:		
Relationship to child:		
SIGNATURE:		
PRINT NAME:		
DATE:		
FOR OFFICE USE - Date medicine given to office	Does medicine need to be in the fridge	School Office Staff signature

