



FIRST AID POLICY (inc. EYFS)

Policy Reviewed: 27th August 2024

Policy Updated: (Appendix 1 added 16.12.24)

Next review date: 26th August 2026

Introduction

This policy has been prepared in accordance with [DfE Guidance on First Aid in Schools 2022](#). Its status is advisory only. It is available to parents, prospective parents and pupils via the website and to all members of school staff on Sharepoint.

It is designed to comply with the common law and the Health and Safety at Work, etc. Act 1974 and subsequent regulations and guidance to include the Health and Safety (First Aid) Regulations 1981 in respect of an employer's duty to provide adequate and appropriate equipment, facilities and personnel to enable First Aid to be given to employees in the event of illness or accident. This policy is also designed to comply with the school's duties to pupils and visitors and Paragraph 13 of the Education (Independent School Standards) Regulations 2014. Nothing in this policy affects 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 for the emergency services in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services at the site of the incident. The policy has regard to the guidance listed here. It is recommended that this guidance is also consulted:

- [*'First Aid at work: Health and Safety \(First Aid\) Regulations 1981 approved code of practice and guidance', as amended in 2013 and 2018.*](#)
- [*First Aid in Schools \(DfE 2000; updated February 2014 and February 2022\)*](#)
- [*Early Years Foundation Stage Requirements \(DfE January 2024\)*](#)

This policy should be read in conjunction with the school Health and Safety and Administering Medication policies.

This policy outlines the school's responsibility to provide safe, appropriate, first aid (the

initial assistance or treatment given to someone who is injured or suddenly taken ill), or medical care to day pupils, staff, parents and visitors to ensure best practice.

It includes arrangements for first aid within the school environment, and for activities off site, involving pupils and members of staff. Where more than basic first aid is required, the parent/guardian of the pupil will be notified as soon as possible. Consent to administer first aid is obtained from parents/guardians on admission to the school.. First Aid does not generally include giving tablets or medicines to treat illness.

First Aid Training

A trained member of staff is always available onsite. All permanent staff are given full training in accordance with current legal requirements (i.e. all staff attend a course every three years). There is additional paediatric training for all members of the Foundation team (in accordance with EYFS requirements), as well as additional staff across the school.. The school maintains an up-to-date list of those employees who have undergone emergency first aid training. All staff will be informed of First Aid arrangements and made aware of this policy as part of their induction. If a child joins the school with other specific medical needs, then staff training will be organised as part of the admission process.

During sports activities, on the school's playing fields or using Repton Sports Centre facilities, there must always be at least one member of staff with current First Aid training. Such staff are responsible for the first aid kits for these occasions.

A comprehensive list of First Aid qualified staff is included at the end of this policy.

First Aid Equipment

First aid kits are available throughout the School, a list is displayed in the School office, staff room and all classrooms. First Aid kits are located in the medical room, kitchen, medical room, school hall boiler room (for use of the midday supervisors on lunch duty) and 2 in the store cupboard outside the school office (these are in school rucksacks for use when for residential trips or taking the children off site). Teaching Assistants are to ensure that the first aid boxes are checked and re-stocked before the start of each term (on INSET day). The first aid box contents will be checked according to the HSE (Health & Safety Executive) recommended guidelines.

In the First Aid cupboard, which is opposite the kitchen and Head's office are pupil medications, this must be locked at all times. The key is accessible to all staff and is kept in the kitchen.

Records must be kept of pupils being given liquid paracetamol and, on no account, must liquid paracetamol be given to a pupil more than once in any one day. Medicines sent by parents, to be given to pupils throughout the day are also kept in this locked cupboard. Medicines must only be given to pupils if parents have completed the Medicine form in the School Office.

Repton School have a defibrillator in their medical centre, which is next door to St Wystan's School. A second defibrillator is located at the front of Repton Village Hall.

Accident Procedures

The patient should be given all possible reassurances and, if necessary, removed from danger. Onlookers should be sent away to reduce anxiety. The School Office is a designated area for administering First Aid, in minor cases such as cuts and bruises and children who are sick and can be used to attend to and comfort a pupil who is mobile.

During playtimes and lunchtimes injuries that require first aid treatment should be dealt with in the first instance by the lunch time supervisors on duty, if minor this can be in the playground. For injuries that require closer attention another first aider is sought.

Minor incidents and accidents should be dealt with, wounds cleaned etc and the child returned to the playground when possible and practical. Persons administering first aid should wear disposable gloves where bodily fluids are involved. An adult witness should be present if tending an intimate part of the body. Any dressings or materials which have been in contact with body fluids (e.g. blood, vomit etc) must be disposed correctly in the yellow bags contained within the first aid kits. Any staff administering first aid should ensure their own cuts/areas of open skin are covered before attending anyone else.

During lesson times, if no trained member of staff is present, and the injury cannot be dealt with, a message should be sent to the School Office, requesting assistance.

All injuries must be recorded in the School Office using the appropriate Accident Forms and the completed slip must be sent home that same day. A decision is made as to whether parents should be contacted. Additional information for head injuries is also sent home on a paper slip which is placed in the pupil's school bag.. Accident Forms are reviewed by the SLT to check for repeat injuries or frequent injury sites.

Examples of meeting the threshold to inform parents include:

- head bump;
- sprained ankle/wrist;
- injury to the eye;
- Open wound requiring professional attention.

In a situation where a pupil needs to be isolated or needs to lie down, they will be escorted to and supervised in the Medical Room by a member of staff. There is a sink in the room and access to an emergency toilet across the corridor. This is short term measure until either a parent or the ambulance service arrives.

If hospital attention is required, one of the following options must be taken, depending on the urgency of the case.

- the first responder should dial 999 for ambulance service;
- contact the pupil's parent so that he/she can take the child to hospital;
- a member of staff transports a pupil to hospital. This will only take place on a voluntary basis and members of staff using their own cars are covered by the school's insurance policy.

In all cases, where hospital attention is required, parents must be contacted immediately.

No pupil casualty will be allowed to travel to hospital without a parent or member of staff, nor will any adult casualty if there is any doubt about their fitness to do so.

In the case of non-urgent hospital treatment, parents will be informed immediately and arrangements made for the parents to collect their child.

It may be appropriate, depending on the seriousness of the injury, to report to the Health and Safety Executive (0845 300 9923) in order to comply with RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995). Incident reporting in schools (accidents, diseases and dangerous occurrences): Guidance for employers

Medical emergencies

In the case of a medical emergency (where an ambulance is called) or when a pupil is required to be isolated and/or to lie down, they should be taken to the Medical Room. The Medical Room has a bed and running water. The staff toilet is opposite and can be used in this instance as an emergency pupil toilet – staff will be alerted to not use the toilet at this time. Pupils must be fully supervised by an adult whilst in the Medical Room.

Examples of meeting the threshold of an emergency include:

- -difficulty breathing;
- -suspected fracture;
- -seizure;
- -loss of consciousness;
- -anaphylaxis reaction.

Educational Visits Offsite

When an activity is taking place off-site the designated leader of the party must follow the guidance in the Educational Visits Policy in respect of ensuring suitable first aid and medical provision, including for any pupils with medical conditions and any treatment they require. Educational Visit risk assessments must consider the needs of such pupils and any impact they have on the consideration of staff/pupil ratios. The trip leader is responsible for reporting any accidents and medical incidents that occur off-site.

Reporting Procedures Offsite – Trip or local visit

Within the staffing ratio for visits, at least one member of staff is to be appointed the nominated first aider by the trip leader. If the off-site event includes EYFS pupils, the nominated first aider must include staff with a full paediatric first aid qualification.

Should a pupil become ill or injured during the visit, the supervising member of staff will call the first aider for assistance. The first aider will then move to the incident with his or her group and either pass the pupils in his or her group to the supervision of the group leader of the sick or injured pupil or, if more appropriate, distribute them between the various groups on the trip. The first aider can then attend to the child requiring treatment in the knowledge that all pupils are under supervision.

- the first aider will be responsible for calling 999 and/or parents if required;
- staff will also call the school office to inform them of the emergency information;
- the trip risk assessment will contain the full location/address to inform the emergency services.
- contact the pupil's parent so that he/she can take the child to hospital;
- a member of staff transports a pupil to hospital. This will only be done on a voluntary basis and members of staff using their own cars are covered by the school's insurance policy.

Illness

Children who feel unwell should be sent to the School Office (for younger children they should be sent with an accompanying note from the teacher explaining the nature of the child's illness). The decision to send an unwell child home will be checked with the class teacher and a member of the school leadership team.

The use of the medical room would be permitted if the child needs to use the toilet facilities or lie down.

Vomiting and diarrhoea

There are buckets in the boiler room/cupboard outside school office, for pupils who feel sick. Absorbent powder, mops and buckets may all be found in this rooms. Vomit must be treated as a biohazard and the area must be thoroughly disinfected.

If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until 48 hours after the last symptom has elapsed. This includes if this happens at home.

Chicken pox and other diseases, rashes

If a child is suspected of having chicken pox etc, a member of staff will look at their arms or legs. To look at a child's back or chest would only be done if the school were concerned about infection to other children. In this case another adult would be present and this would not be completed without the child's consent.

If a child has any of these infections they will need to stay away from school for a prescribed period of time. The Headteacher or Operation Manager will advise timescales in accordance with "Guidance on infection control in schools and other childcare settings" produced by Public Health England.

Asthma, Epilepsy and Diabetes

Asthma Management

The school recognises that asthma is a serious but controllable condition, and the school welcomes any pupil with asthma. Teaching staff will be aware of any child with asthma from a list of pupils with medical conditions which is available on Sharepoint. It is the parents' responsibility to ensure that the school is provided with a named, in-date inhaler. Teaching staff should be aware of a child's trigger factors and try to avoid any situation that may cause a pupil to have an asthma attack. It is the parents' responsibility to provide a new inhaler when out of date. Pupils must be made aware of where their inhaler is kept and this medication must be taken on any out of school activities. As appropriate for their age and maturity, pupils are encouraged to use the inhaler themselves

Important things to remember when an asthma attack occurs:

- never leave a pupil having an asthma attack;
- younger pupils may require assistance to administer their inhaler and/or spacer;
- if the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to School Office to get their inhaler and/or spacer;
- in an emergency situation, school staff are required under common law, duty of care, to act like any reasonably prudent parent;
- reliever medicine is very safe. During an asthma attack, do not worry about a pupil overdosing;
- send a pupil to get another teacher/adult if an ambulance needs to be called;
- contact the pupil's parents/carers immediately after calling the ambulance.

Anaphylaxis Emergency Procedures

Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most pupils with anaphylaxis would not necessarily experience all of these:

- generalised flushing of the skin anywhere on the body;
- nettle rash;
- (hives) anywhere on the body;
- difficulty in swallowing or speaking;
- swelling of throat and mouth;
- possible blue colouring around the mouth returning to normal as breathing returns to normal;
- alterations in heart rate;
- severe asthma symptoms (see Appendix 3 for more details); breathing may be slow and noisy;
- abdominal pain;
- rigid muscle spasms;
- twitching of one or more limbs or the face;
- nausea, vomiting and possible incontinence;
- sense of impending doom;
- sudden feeling of weakness (due to a drop in blood pressure);
- pupil may feel confused may fall to the ground, collapse or become unconscious.

If a pupil with allergies shows any possible symptoms:

- assess the situation;
- follow the pupil's emergency procedure closely, these instructions will have been given by the hospital consultant;
- administer appropriate medication in line with perceived symptoms;
- adrenaline auto injectors can be administered in school if required.

Diabetes Emergency Procedures

Pupils with diabetes can attend school and carry out the same activities as their peers but some forward planning may be necessary. Staff must be made aware of any pupil with diabetes attending school.

Hyperglycaemia and Hypoglycaemia (blood glucose level is too high or low)

Common symptoms of either Hyperglycaemia or Hypoglycaemia include:

- thirst;
- tiredness/weakness;
- blurred vision;
- sweating;
- headache;
- anxiety.

If a child presents with any of these symptoms follow the guidance given by the parents. This may include giving a sugary carbohydrate or an insulin dose. This is dependent of the needs of the individual, and must be checked by the member of staff. All information required will be obtained during the admission process and made available to all staff.

Epilepsy Emergency Procedures

First aid will depend on the individual child's epilepsy and the type of seizure they are having. Some general guidance is given below, but most of all it is important to keep calm and know where to find help. (Tonic-clonic seizures Symptoms - the person loses consciousness; the body stiffens, and then falls to the ground. This is followed by jerking, twitching movements or muscle spasms. A blue tinge around the mouth is likely, due to irregular breathing.)

- protect the person from injury – (remove harmful objects from nearby);
- once the seizure has finished, gently place them in the recovery position to aid breathing;
- inform parents.

Call for an ambulance if:

- It is believed to be the pupil's first seizure
- The seizure continues for more than five minutes;
- The pupil is injured during the seizure.

The same procedures as above should be followed for other types of epilepsy (Simple partial, Complex partial, atonic, myoclonic, absence). Always contact the parents when a child has had a seizure and call the ambulance if necessary. All pupil medical information is available to all staff.

Head lice

Staff do not examine children for head lice. If it is suspected that a child has head lice we will inform parents by phone or via Parent Hub messaging

Sun Care

During the Summer Term and on other sunny days, parents are requested to apply 'All-Day' suncream to their children **before** the children arrive at school. Children are welcome to bring cream for reapplication, as long as they are able to do so independently. Sun hats are available to purchase from the school office and parents are reminded of this throughout the Summer Term. There is a sun cream dispenser at the main school gates in case a parent/guardian needs to apply in the morning before school.

Intimate Care

A separate policy is in place for dealing with instances of personal or intimate care and a log is kept by staff.

Pastoral Care:

There may be occasions that children state that they are unwell or require First Aid but actually require 'pastoral care'. Incidents requiring 'Pastoral Care' should be treated as follows:

- if an incident occurs during a teaching session, a member of staff in the class / year group should take 'Pastoral' care of the child ensuring his/her well-being;
- if an incident occurs at playtime the teacher on duty should take 'Pastoral' care of the child ensuring his/her well-being. It is the duty teacher's responsibility to inform the child's class teacher;
- if an incident occurs at lunchtime the lunchtime supervisor should take 'Pastoral' care of the child ensuring his/her well-being. If they require additional support, they will seek the support of the Headteacher, Deputy Head or a member of the teaching staff. It is the lunchtime supervisor's responsibility to inform the child's class teacher.

If any member of staff is unsure whether a child is unwell, requires First Aid or requires pastoral care then they are encouraged to send them to the School Office.

It is the class teacher's responsibility to inform parents of significant pastoral care needs.

Seeking Professional Help

St Wystan's is situated next to Repton School Health centre. Contact telephone number: 01283 559325. This service can be used to seek advice for both physical and mental health.

Insurance

St Wystan's School is insured for incidental treatments, this includes administration or supervision of medication orally, topically, by injection or by tube, and the application of appliances or dressings.

Policy Development and Review

This policy document was produced in consultation with the school community, including school staff and Governors.

This document is freely available to the entire school community. It will be reviewed on an annual basis at General Purpose Committee.

Review:

This policy will be reviewed on a regulation rolling programme.

Trained Staff:

| Staff member | First Aid in the workplace qualification expiry date |
|---------------------|---|
| Andrea Pearce | 30.09.25 |
| Bethany Bennett | 30.09.25 |
| Catherine Ralph | 30.09.25 |
| Debra Gundel | 30.09.25 |
| Fabienne Jones | 30.09.25 |
| Haley Crook | 30.09.25 |
| Jessica Watkins | 02.12.26 |
| Kara Lebihan | 30.09.25 |
| Kathryn Bradley | 30.09.25 |
| Lizzie Hairsine | 23.03.24 |
| Madeleine Whitten | 30.09.25 |
| Rachel Dissington | 30.09.25 |

| | |
|---------------------|----------|
| Richard Pickersgill | 30.09.25 |
| Daisy Foster | 09.07.27 |
| Emma Gray | 30.09.25 |
| Jayne Dicken | 30.09.25 |
| Jeanette Mousley | 30.09.25 |
| Natasha Lomas | 30.09.25 |
| Vanessa Elson | 01.04.25 |

Accident and Incident Reporting


All accidents and incidents should be reported in the logbook located by the School Office.



When recording, all staff should include details of first aid given and the exact nature of the injury/accident/incident and why or how it happened.

The slip should be send home with the child in their planner.

SLT check the logs of these reports and require information to ascertain if an issue is recurring.

Please add the following code to the completed accident slip to determine the severity of the incident or accident (circle the colour code letter):

| COLOUR | REASON | CODE |
|--------|---|------|
| RED | Severe Incident–First Aid Applied. E.g -large blood loss, deep wound, suspected fracture, cut on head requires gluing, unconsciousness. Requires External Intervention. | R |
| ORANGE | Medium Severity-First aid applied  E.g head bump, sprained ankle, possible call to parents | O |
| GREEN | Minor Injury - First aid applied | G |

| | | |
|-------|---|---|
| |  <p data-bbox="472 741 1188 789">E.g open wound, some blood loss, swelling</p> | |
| BLACK | <p data-bbox="472 800 1188 835">Minor Incident - No first aid</p>  <p data-bbox="756 1157 1188 1192">E.g slight graze or redness.</p> | B |

Appendix A

Bites Protocol at St Wystan’s School

Biting

Biting is a natural developmental stage that many children go through. It is usually a temporary stage that is most common between thirteen and twenty-four months of age and is part of the natural exploration of a child of this age. We recognise that children bite for different reasons, for example due to frustration, anger or because of a special educational need.

Biting of pupils

The pupil who has been bitten will be given first aid immediately, their parents called, and the parents advised to call 111 or to make an appointment with their GP. A full written account of the bite will be made, and both an accident and incident report will be completed. The teacher in charge, will follow up with the parents of the child bitten to check in on their well-being. This may be a phone call or a face-to-face meeting. A written record of any meetings or conversations will be kept.

Biting of staff

Where a member of staff is bitten, actions will be as above. The member of staff will be advised to call 111 or to contact their GP. A well-being check in meeting will be held with the member of staff and a member of the SLT.

Bites resulting in long term medical issues.

Where a bite results in long term medical issues, occupational health will be informed and advice taken from them regarding next steps.

| | | | |
|-------------------------|---|-----------------|--------|
| Reviewed by | Natasha Lomas | | |
| Date Reviewed | 27 th August 24, (Appendix 1 added 16.12.24) | | |
| Date of Next Review | 26 th August 26 | | |
| Governing Body Approval | Yes/No | Signed/Dated | |
| Website/App | Yes/No | ISI | Yes/No |
| Staff Handbook | Yes/No | Parent Handbook | Yes/No |