

# First Aid Policy

Together, we **CARE!**



*"Be kind and loving to each other".*

Ephesians 4:32 (ICB)

**Mepal & Witcham Primary School**  
**a part of Ely Diocese Multi Academy Trust**

**Approved by the Governing Body: 26/11/25**

*Joy Walker*

**Signed:** *L Woodhouse*

**Date:** Nov 25

**Date to be reviewed:** Nov 2026

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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, 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 Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils

## 3. Roles and responsibilities

### 3.1 Appointed person(s) and first aiders

The school appoints a designated first aider: Ms Gillett. If this is not the admin or SLT team, then a member of admin and SLT will act as deputy. They are responsible for the following:

- 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 the following:

- 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 as, or as soon as is reasonably practicable after an incident (see the template in appendix 2).

The school keeps records of who is trained as a first aider.

### 3.2 The governing board

The governing board delegates responsibility, operational matters and day-to-day tasks to the headteacher and staff members, but do support with quality assuring Health and Safety alongside the Trust.

### 3.3 The headteacher

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

- 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 trained in first aid procedures; those working in Preschool have Paediatric first aid training.
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- Reporting specified incidents to the HSE when necessary (see section 6).

### 3.4 Staff

School staff are responsible for the following:

- Ensuring they follow first aid procedures.
- Ensuring they know who the first aiders and/or appointed person in school are.
- Completing accident log on SMARTLOG for all incidents they attend.
- Informing the headteacher and relevant staff of any specific health conditions or first aid needs.
- In the event of a child sustaining an injury to the head that meets a threshold of concerns (for example, a bang, bump or other impact), a first aider will assess and action first aid and then call parents/carers. The child will then be monitored and further contact made with parents/carers if necessary.

## 4. First aid procedures

### 4.1 In-school procedures

In the event of an accident resulting in injury:

- A first aider will assess the seriousness of the injury and, if appropriate, provide the required first aid treatment, and further assistance if 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, a member of staff will contact parents immediately.
- The first aider/relevant member of staff will log the incident/ accident on the same day or as soon as is reasonably practicable after an incident resulting in an injury.
- If a child is found to have a splinter, first aiders will assess. If it is possible to remove the splinter safely then a phone call will be made home.

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

#### 4.2 Safer Eating Procedures (EYFS)

In line with the updated Early Years Foundation Stage (EYFS) safer eating guidance, the school will implement measures to reduce choking risks during mealtimes and snack times. This includes ensuring that food is prepared in age-appropriate sizes and textures, supervising children closely while eating, and avoiding high-risk foods such as whole grapes, hard sweets, and nuts. Staff will receive training on safe eating practices and emergency response for choking incidents. These procedures aim to promote a safe eating environment and align with statutory safeguarding and health requirements.

#### 4.3 Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A school mobile phone or a staff member is contactable in another way.
- The school's portable first aid kit
- 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.

### 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;
- 6 safety pins;
- 3 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 following locations:

- Reception (at the desk);
- The school hall;
- Each classroom – 2 in Owls – 1 in Pre-school and 1 in Reception;
- The school kitchen;

### 5.1. Automated External Defibrillators (AEDs)

Location: The AED is located in the corridor to the Headteacher's office.

An AED is a machine used to give an electric shock when a person is in cardiac arrest, i.e. when the heart stops beating normally. Cardiac arrest can affect people of any age and without warning. If this happens, swift action in the form of early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person's life. 'Overall survival rates vary across the country, but range between 2% and 12%. However, survival rates as high as 75% have been reported where CPR and defibrillation are delivered promptly. This is why the statutory guidance on supporting pupils at school with medical conditions advises schools to consider purchasing an AED as part of their first-aid equipment.'

### 5.2. The chain of survival

'In the event of a cardiac arrest, defibrillation can help save lives, but to be effective, it should be delivered as part of the chain of survival.

There are four stages to the chain of survival, and these should happen in order. When carried out quickly, they can drastically increase the likelihood of a person surviving a cardiac arrest. They are:

1. Early recognition and call for help. Dial 999 to alert the emergency services. The emergency services operator can stay on the line and advise on giving CPR and using an AED.
2. Early CPR – to create an artificial circulation. Chest compressions push blood around the heart and to vital organs like the brain. If a person is unwilling or unable to perform mouth-to-mouth resuscitation, he or she may still perform compression only CPR.
3. Early defibrillation – to attempt to restore a normal heart rhythm and hence blood and oxygen circulation around the body. Some people experiencing a cardiac arrest will have a 'non-shockable rhythm'. In this case, continuing CPR until the emergency services arrive is paramount.
4. Early post-resuscitation care – to stabilise the patient.

Anyone is capable of delivering stages 1 to 3 at the scene of the incident. However, it is important to emphasise that life-saving interventions such as CPR and defibrillation (stages 2 and 3) are only intended to help buy time until the emergency services arrive, which is why dialling 999 is the first step in the chain of survival.

Unless the emergency services have been notified promptly, the person will not receive the post-resuscitation care that they need to stabilise their condition and restore their quality of life (stage 4). A place where we aspire to excel in knowledge, faith and love The chain as a whole is only as strong as its weakest link. Defibrillation is a vital link in the chain and, the sooner it can be administered, the greater the chance of survival.' (Automatic external defibrillators (AEDs) a guide for schools DfE Publications April 2016)

### 5.3. Action Plan - see Appendix 11

The action plan to be followed if resuscitation is needed is set out in Appendix 11. Modern AEDs undertake regular self-tests and, if a problem is detected, will indicate this by means of a warning sign or condition light on the machine. Our lead first Aider will check the AED every month for warning indicators. The AED is kept with a number of accessories/consumables to ensure that it is always ready for use. Where necessary, these will be replaced after every incident

## 6. Record-keeping and reporting

### 6.1 First aid and accident record book

- An accident log will be completed by the first aider 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 log on Smartlog.
- Records will be held by the school for whichever is the greater: 3 years from date that the record is created (or last record entered if in an accident book); or 3 years after the injured party's 18th birthday, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

### 6.2. Accident/Near Miss Reporting

All accidents/near misses must be reported to the school Headteacher or Health and Safety Lead or Central Health and Safety Team. Accidents must be recorded on SMARTLOG, and near misses in the accident/near miss reporting sheet. Accident and near miss data will be sent to the DEMAT Health and Safety Manager each month. Reportable accidents will be reported to relevant bodies by the Central Health and Safety Team.

### 6.3 Reporting to the HSE

The Headteacher 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), and 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 Headteacher 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, contractors, visitors, volunteers: 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 where 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>



#### **6.4 Notifying parents (early years only)**

The pre-school staff will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day. Parents will also be informed if emergency services are called.

#### **6.5 Reporting to Ofsted and child protection agencies (early years only)**

A member of SLT will notify Ofsted of any serious accident, illness or injury to, or death of, a child while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

A Designated Safeguarding Lead will also notify Cambridgeshire 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 staff are encouraged 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. 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.

Although AEDs are designed to be used by someone without any specific training and by following step by step instructions on the AED at the time of use, a number of staff have been trained in the safe use of the AED. A list of AED trained staff is available in the medical room, the staff room and the school office.

### **8. Monitoring arrangements**

This policy will be reviewed by the Headteacher every year.

At every review, the policy will be approved by the Headteacher.

### **9. Links with other policies**

This first aid policy is linked to the:

- Health and safety Policy
- Medical Policy
- Asthma Care Policy
- Toileting and Intimate Care Policy
- Staff Code of Conduct
- Special Education Needs Policy

## 10. Appendix 1: AED Action plan

1. First Aider responds to the call
2. Assess the situation. Dial 999 to alert the emergency services. Deal with the person(s) concerned. Get communication to SLT.
3. Early CPR - create artificial circulation, if able
4. Send for AED
5. AED - Early Defibrillation - to attempt to restore a normal heart rhythm
6. Continue CPR if necessary
7. Ambulance - Early post-resuscitation care - to stabilise the patient.