

First Aid Policy

2025-2026



This policy will be reviewed on an annual cycle

Person responsible for the Policy:	Headteacher and SENDCO
Approved by/ date:	September 2025
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1. Introduction

At RLA, we aim to provide a safe and caring environment for all of our children; we recognise that, wherever possible, children with specific medical needs should attend mainstream school and take a full part in school life with additional support when needed. Children with specific medical needs are welcomed at RLA, along with any other child, but admission may be delayed for children with more complex or specific needs whilst appropriate provision and reasonable adjustments are arranged, to ensure the child is successful at RLA. Revoe Learning Academy works closely with NHS Blackpool and other relevant outside agencies in order to effectively support the health of all stakeholders. UK Health Security Agency (UKHSA) and the Office for Health Improvement and Disparities (OHID).

“All staff caring for children have a common law duty of care to act like any reasonably prudent parent. The duty of care extends to taking action in an emergency.”

Compliance Statement:

This policy adheres to relevant statutory and non-statutory guidance. Department for Education: First aid in schools, early years and further education (updated 14 February 2022). Early years foundation stage (EYFS) statutory framework (effective from 1 September 2025). Keeping Children Safe in Education (KCSIE) 2025. Health and Safety (First Aid) Regulations 1981 and School Premises (England) Regulations 2012.

2. Illness Summary

- It is the responsibility of the child's parent or carer to ensure that RLA has adequate written information regarding the child's condition and medication, kept up to date.
- Parents/carers should not bring a child to RLA who is unwell, including hosted groups.
- If a child has a transmissible, infectious illness, exclusion periods will follow current NHS/UKHSA guidance displayed in the Main Office.
- If a child becomes unwell at school, the parent/carers will be contacted to collect the child and signposted to health services as appropriate.
- With public health advice, we may request self-isolation for a published period if a household member is infectious.

3. Admitting Pupils with Specific Medical Needs

All children are welcome at RLA. Children with specific medical needs or disabilities have the same rights of admission as all other children, in accordance with our Admissions Policy and the Equality Act 2010.

Parents/carers must inform RLA of any medical (including dietary) needs and provide up-to-date details of condition, treatment and any special care needed. Staff support with forms is available as needed. Please also see our Supporting Children with Medical Conditions Policy.

Health Care Plan (HCP)

A co-produced written plan may be necessary for pupils with long-term, complex or specific medical needs or allergies. It includes condition details, medication and side effects, emergency actions, and support RLA will provide.

HCPs are updated when new information is received or at least annually (and more frequently if needs change).

Relevant staff are informed by the SENDCO; copies are kept in the class first aid rucksack, SENDCO files, the Office and Kitchen.

4. Medication

Medicines should only be taken during the academy day when essential (i.e. where not administering would be detrimental to health/attendance). Written parental permission and instructions are always required using the Medication Form.

Only medicines that are current and officially prescribed will be accepted. Non-prescribed medicines may be administered for specific circumstances (e.g., travel sickness, residential visits) where parental written permission has been given.

Storage of Essential Medicines

Essential medicines must be in original packaging, labelled with the child's name, and normally stored in the Academy Office. Inhalers, insulin and auto-injectors may need to be kept accessible in class. Controlled drugs are held in locked storage with witnessed records of administration. Refrigerated medicines are stored appropriately.

Aspirin and Ibuprofen must never be given to a child under 16 unless prescribed by a Doctor.

If a child refuses medication, staff will not force administration; refusal will be recorded and parents/carers informed. Medication is only given to the named child and matches the Medication Form.

Asthma Inhalers

Stored in the class first aid rucksack with the class asthma register; accessible under supervision or by the child (age-appropriate). In an emergency where the child's inhaler is unavailable, contact 111 for advice.

Medication for ADHD

Medication for ADHD are controlled (Schedule 2) drugs and administered under strict guidelines. They are stored in original packaging in locked storage away from children, with detailed records of dose/time/remaining medication maintained.

Insulin-Dependent Pupils

Finger prick testing and dietary monitoring occur through the day. A private area is provided to ensure dignity. Staff are trained to supervise and administer as required; if a child refuses insulin, parents/Health are contacted immediately for advice.

Record Keeping

RLA maintains records of all children with medical conditions, updated at least annually or when new information is received. Copies are held by class teacher (rucksack), Office, SENDCO, kitchen and school nurse. The Business Manager and SENDCO update medical records. Pupils on regular medication have a register logging dose, time and administrator.

All accidents receiving first aid are recorded in the First Aid Incident Log book. Parents are phoned for serious injuries.

5. Emergency Procedures

All staff receive induction and regular training covering emergency procedures. In any accident/sudden illness or doubt, a member of SLT must be informed in person, who will decide next steps including calling emergency services.

If emergency services are called, the designated member of staff takes the child's data sheet, emergency treatment form and EHCP from the Academy Office. Parents/carers are contacted and a member of staff stays with the child until they arrive.

Staff Training

We have appropriate numbers of paediatric-trained staff and “First Aid at Work” trained staff; training is sourced via approved providers and renewed within 3 years. [Training records are centrally logged; expiries are monitored monthly to ensure continuous compliance with EYFS Annex A criteria.](#)

Trips and Sports Activities

An identified first aider attends all visits/events. First aid kits are on the mini-bus and in every classroom; kits and personal medication are taken on other transport. Children’s medical information is taken and kept secure/confidential. Additional staff may be required for pupils with special medical needs or disabilities.

6. Risk Assessment

For pupils with medical needs, a co-produced risk assessment will detail staffing, facilities for administering medication, emergency arrangements and evacuation adjustments. The SENDCO and an SLT member coordinate this with parents; all relevant staff are briefed on a need-to-know basis.

RLA also completes an overarching First Aid Needs Assessment to ensure adequate provision (staffing, equipment, location, hazards) and reviews it at least annually, and after any significant incident or change.

7. First Aid Procedures at RLA

Only staff with a current paediatric first aid certificate should administer first aid. A list of current first aiders is displayed in key locations (Dining Room, Kitchen, Staffroom, Main Office, Hall). First Aid rucksacks are kept in every classroom and taken on duties, visits and trips. Additional facilities are in Phase Corridors, Dining Hall, Kitchen and Main Office.

First aid stock is overseen by the Business Manager, who ensures all boxes are checked and replenished. Disposable gloves are provided when dealing with body fluids. Soiled dressings go in tied yellow bags in a covered bin. Non-allergenic dressings are used after allergy check; if unsure, use a sterile dressing. Antiseptic creams are not used. Sterile eye wash pods are for eye injuries only.

8. Recording and Reporting Procedures

All first aid incidents are recorded in the First Aid Incident Log in pen. The top white copy goes home; blue and pink copies remain in the Incident Log. The First Aider signs the note. Incidents more serious than cuts/bruise/graze or causing concern are reported in person to SLT for next steps. Parents/carers are notified immediately by phone or text if unavailable. For such cases, an accident/incident/near miss form and witness statement are completed. All head bumps are reported to class teacher, SLT and parent/carer. Injuries from equipment/use of premises are recorded for Health & Safety purposes.

For injuries to areas covered by underwear, two staff must be present and the child’s permission sought before inspection. Toileting accidents follow the Intimate Care and Toileting Policy; soiled garments are bagged and sent home. Borrowed clothing should be washed and returned.

9. Guidance for Treatment of Common Injuries

Nosebleeds: Sit leaning forward; pinch soft part of nose for 10 minutes; seek advice if bleeding continues after 20 minutes. Avoid disturbing clot. No PE/running for 4 hours; inform class teacher.

Minor cuts/grazes: Clean with cold water/tissues; antiseptic wipe if water unavailable and no allergy; dress if bleeding continues.

Deep cuts/large wounds/sprains: Report to SLT immediately; do not move if serious; follow emergency procedures; inform parents; call ambulance if needed.

Minor burns/scalds: Cool under cold water for 10 minutes; do not use plasters/cream; do not burst blisters.

Splinters: Leave and inform parents.

Teeth/mouth injuries: Seek expert dental advice; contact parents immediately to optimise outcome.

Fainting: If at risk, sit with head on knees; if fainted, lay on back, raise feet, loosen clothing, cool, and inform SLT/parents.

Epileptic seizure: Ensure an HCP is in place; clear objects, cushion head, move other pupils away, recovery position after seizure if possible; note time and inform Office to contact parent/Health/SLT.

10. Pupil First Aid Education (RSHE Requirement)

RLA delivers age-appropriate first aid education as part of the statutory RSHE curriculum).

11. Appendices

Appendix 1: Parent Agreement – Prescribed Medication Form (retained with no substantive change).

Appendix 2: Medication Log (retained with no substantive change).

Appendix 3: Risk Assessment Template (expanded to include likelihood × severity matrix and review frequency).

Appendix 4: Accident/Incident/Near Miss Form (retained; with data protection and RIDDOR notes).

Appendix 1



PRESCRIBED MEDICATION FORM



Before administration, RLA Staff must check the child's medication bottle/box with the parent/carer and the boxes below must be ticked accordingly. If any box below fails to be ticked, then the medicine **must not** be administered.

Original container as dispensed by the pharmacy:	Child Full Name:	The original container provides clear instructions regarding administration:
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Child's Name: Date:

Name of medication:

Reason for medication:

Date prescribed: Expiry Date:

Length of course of medication:

Dosage and strength

Time(s) to be administered

Has your child taken this medication before (circle answer) Yes No

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to RLA staff administering medicine in accordance with RLA's Medical and First Aid policy. I will inform RLA immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed.....Date.....

Print Name

NB. Please note that a member of RLA's Senior Leadership Team has to authorise in the first instance a member of staff to administer a prescribed medicine. A second member of staff will check all the details on the prescription label to ensure they are full and correct, and countersign to witness the medication being given.

You will be contacted immediately if your child refuses their medication. We reserve the right not to administer thereafter.



Appendix 3 Revoe Learning Academy Risk Assessment

Assessed by		Assessment Date	
Assessed Activity			

What is the hazard?	What is the Potential harm?	Who is at risk?	Controls In Place	Likelihood	Severity	Risk Rating	Further Potential Controls

Likelihood: 1(very low) – 5 (very high)

Risk rating: Likelihood x Severity

Severity: 1(very low) – 5 (very high)

Signature of Parent/Carer		Signature of SLT	
Signature of Class Teacher		Signature of Child	

Appendix 4 Accident/near Miss Form

SECTION A - To be completed by the person involved, or their representative, and passed to the responsible person for the activity/premises to investigate and retain.

Revoe Learning Academy will not share your personal information with any others unless we are required to do so by law.

- Involves any person in connection with Revoe Learning Academy owned or occupied premises, or **work related** activities/processes.
- Involves any person whilst in the care or using the service of Revoe Learning Academy and occurring in connection with work activities/failings carried out by your service/department or as a result of work premises issues or failings.
- Involves any vehicle, plant, equipment, materials, premises or livestock owned or in the possession of the Revoe Learning Academy

You may wish to use this form to record further accidents, incidents & near misses relating to your service or building as a record.

1. Personal Details of the person involved (please print clearly, not all details may be known)

PLEASE HIGHLIGHT THE RELEVANT CATEGORY OR STATE OTHER UNDERNEATH

CONTRACTOR
 MEMBER OF THE PUBLIC
 PUPIL
 VISITOR
 VOLUNTEER
 CLIENT

Forename(s): _____ Surname: _____

Home Address: _____ Postcode: _____

Contact Telephone Number _____ Gender: Female Male

D.O.B: ___ / ___ / ___ (If known) Is the person involved over 18: Yes No

2. DETAILS: ACCIDENT INCIDENT NEAR MISS (Please tick)

Date:	
Time:	(24hrs)

Location Address:	
Exact Location:	(Poolside, Kitchen, Sports Facilities, Classroom, Playground etc.)

Please provide full details below of what happened (including nature of activity, what you were doing and any diagrams or photographs if appropriate)

(Please continue on another sheet if required)

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Was the person in section 1 injured?:	Yes <input type="checkbox"/> No <input type="checkbox"/>
(If yes, please provide details below including parts of the body affected and type of injury)	

Was first aid / medical treatment provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(If yes, please provide details below of treatment given and by whom?)	

Following the report, were any further injuries discovered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(If yes, please provide details below)	

Did the person seek professional medical attention (Walk-in Centre or GP):	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date:	Time:	(24 hrs)	Location:

Did the non-employee go to hospital:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date:	Time:	(24 hrs)

If yes did they go straight from scene:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Which Hospital attended:	

To the best of my knowledge the above information is correct

Name of person completing the form: _____ Job Title: _____

Signature _____

SECTION B - To be completed by the Investigating Officer / Responsible Person of the Premises
 (Section B onwards must not be shared with anyone outside of Revoc Learning Academy)

Investigators Name: _____ (please print)

Are you satisfied that the details given in 'Section A' are correct?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(If no, please provide details below)	

Are you satisfied that the details given in 'Section A' are correct?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(If no, please provide details below)	

Was any work equipment, machinery or vehicles involved:	Yes <input type="checkbox"/> No <input type="checkbox"/>
(If yes, please provide details including model, make and part causing injury below)	

If it involved a fall from height, please give distance:	
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3. Witnesses Details (If required, ask for statements and provide with the report)

Name:	Address:	Telephone Number:

4.

Had a Risk Assessment been completed for this Task/Activity/Premises:

Yes No N/A

Was the risk assessment available if applicable?

Yes No N/A

(If no, please give detail and further information via email etc. if required)

Immediate cause of incident?

Underlying cause of incident?

Immediate action to prevent re-occurrence?

Future action to prevent re-occurrence?

To the best of my knowledge the information provided is correct

Signature of Investigator :

Date:

Counter Signature of (INSERT NAME):

Date:

(INSERT NAME) Job Title:

The completed form, along with any supporting documentation e.g. Witness Statements, Photographs, CCTV, Risk Assessments, Policies or Procedures etc will be retained by the school in the Accident Folder in the school office

Advice and support on the report can be discussed with the Blackpool Council Health and Safety Team. If identified as a RIDDOR this will be undertaken by the Corporate Health and Safety Team subject to a current Service Level Agreement being in place. The RIDDOR report will be forwarded to the relevant person at the school for retention with all subsequent documentation.