



Name of Policy:

First Aid Policy

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First Aid Policy (Also refer to Medicines Policy)

General Statement

Children who are unwell should not be in school and should not return until they are able to participate fully in the curriculum as normal.

If, however, a G.P. has advised that a child can recommence whilst still taking medicines, our school will take the GP's advice.

In other cases of children with a chronic illness, in order to lead as normal and happy a life as possible it may be necessary for them to take prescribed medicines during school hours.

Aims and Objectives

Parents are encouraged to provide schools with sufficient information about their children's medical condition and any treatment or special care needed at the admission stage and keep the school informed of any new changing needs.

For minor first aid during class time, Teaching Assistants are provided with a First Aid Kit to administer first aid. Children who are unwell or have a more serious first aid requirement, should be sent to the school office (accompanied) where first aid will be administered by a member of the office staff in the First Aid Room. There is a chair and bed for them to sit or lie on as the need requires. A member of the office team will look after them and phone the parent/guardian if deemed necessary. If they are unavailable, and the child is too poorly to stay at school, the second emergency contact number will be used.

At lunchtime, First Aid is, administered for minor injuries by the appointed first aid mid-day supervisor in the playground. For injuries requiring more attention, the mid-day supervisor should notify the Senior Mid-day Supervisor by walkie-talkie and accompany the child to the office to administer medical treatment. For more serious injuries, when a child should not be moved, the mid-day supervisor should send an urgent medical request via walkie-talkie to the Senior Mid-day Supervisor and to a member of the office staff or a senior member of staff. If a child requires medicine during the lunch break, a mid-day supervisor should accompany the child to the first aid room for their medicine. However, if it is considered to be a low level condition, a child may be escorted by a buddy.

The administration of medicines is the responsibility of the parent. However, in the following circumstances parents may provide medicine for a member of school staff to oversee the administration to children:

- The condition is chronic and can only be controlled by administration of drugs during the day. For example such conditions might be asthma, ADHD, epilepsy.
- The condition is acute, can only be controlled by the administration of drugs during the day but a medical practitioner has advised a return to school.

In these circumstances the following persons will be responsible for administering medication:

A member of the office/club leader /teaching staff or the appointed medical first aider on a visit.

If parents ask for a member of staff to administer a medicine, they are asked to sign and complete a Pupil Medical Form. This form is countersigned by the Headteacher and filed in the Medical Information File. Parents are advised that in the case of antibiotics the school may agree to oversee the administration of medicine if it is prescribed four times a day. It remains the child's responsibility to remember to visit the school office at the required time for the medicine.

Advice regarding action to be taken for minor injuries is gathered from the Surrey Health and Safety Manual - Section G or the Surrey County Council website www.surreycc.gov.uk

Administration of Medicines (Please see Medicines Policy)

First Aid Materials, Equipment and First Aid Facilities

The First Aid Room is located next to the office and is equipped with a bed, sink, and a dressing disposal unit, fridge for medicines and fully stocked cupboards which are clearly labelled. Children's medicines are also kept in the First Aid Room.

It is the responsibility of the office staff to ensure the First Aid Room is fully stocked with a full range of equipment recommended by the HSE and should include:

Sterile adhesive dressings, eye pads, triangular bandages, safety pins, individual sterile wound dressings, disposable gloves and gauze pads and first aid procedures.

First Aid

If a child has a minor injury/ graze during the school day they should be seen by the Teaching Assistant for First Aid. For more serious injury/head bumps or if a child is unwell, they should be sent to the office (accompanied) for first aid treatment.

First Aid for minor injuries at lunchtime, is administered by the First Aider Lunchtime Supervisor on the playground. All minor injuries must be recorded in the First Aid book, either in the office or by the Lunchtime Supervisor. Only water should be used to clean grazes and cuts. A head bump wristband should be issued to children for head bumps and if felt appropriate, parents should be telephoned to be informed of the injury. All first aid, however minor, must be recorded in the First Aid Book.

Intimate or Invasive Treatment (please see Intimate Care Policy)

If there is a need to administer intimate or invasive treatment, two of our named people will be present. This will ease practical administration of treatment as well as minimise the potential for accusation of abuse. Staff will protect the dignity of the child as far as possible.

Training of Staff

First Aid Training is co-ordinated by a member of the Office Staff. All Class Teachers, Head, Deputy Head, Office Staff and Senior Mid-day Supervisor should attend First Aid Training every three years. At the discretion of the Headteacher, further Teaching Assistants and Mid-day Supervisors will have the opportunity to take part in a First Aid Course depending on availability.

Epipen, epilepsy and diabetes training is also arranged through the School Nurse at the beginning of the academic year for teaching staff, mid-day supervisors and teaching assistants where appropriate.

A record of the training organisation is kept along with names of those trained, date trained, date of expected retraining, date carried out.

Where possible, a minimum of two people will be trained in each individual case to allow for absences.

Educational Visits

Careful consideration is given to the medical needs of pupils when plans are being made for educational visits. Staff are advised to refer to Surrey Education Services Guidelines for Educational Visits and Outdoor Education Activities (**Part 1, Section 3**) for further guidance. Before any off-site activities are undertaken the appointed first aider should access the level of first aid provision needed. The Appointed First Aider should take a fully stocked First Aid Bag or Bags depending on the number of children / groups of children

attending the visit. The Visit Leader should ensure there are sufficient First Aid Trained members of staff for the size of party.

Travelling First-Aid Containers

It is the responsibility of the Appointed First Aider for the trip to check and record the children's medical needs before the date of the trip. Any appropriate life-saving medicine for those children that may need it should be handed to the Appointed First Aider with full instructions. A date is set for parents to meet the Appointed First Aider 3 days before the commencement of a Residential Trip. The medicines should remain in the care of the appointed first aider at all times. (Any exception to this would be at the request of the parents and written permission given prior to the trip for a child to carry their own medicine.)

Epipens must remain in the clearly named container during the visit. Copies of care plans are contained within this box. The children with Epipens should remain in the group with the Appointed First Aider for the trip. It is the responsibility of the appointed first aider to take an adequate first aid kit and a cool bag to keep medicines at the required temperature and to record any First Aid incidents / or administration of medicines. All medicines should be signed in and out of the school office by the appointed first aider of the trip and returned to the First Aid Cupboard.

Most medicines should remain below 25 degrees Celsius. A variety of different sized first aid medical bags are available in the First Aid Room.

Activities on Top Field

There should be a First Aid kit for any school activities led by Teaching staff which take place on the top field. The First Aid Kit contains an up-to-date list of the medical needs of the children. An appointed member of staff will be responsible for the administration of medicines and First Aid. Inhalers and Epipens should be taken onto the top field but kept in a cool bag in the central location, with the appointed first aider. A Walkie Talkie must always be taken to the top field by the appointed first aider.

Activities involving Food

All staff will consider the medical needs as a priority when planning an activity that involves food. Staff must identify those children with allergies and ensure those children avoid any food that may trigger an allergic reaction. The member of staff planning the lesson should inform the Deputy Head of any possible risks associated with the activity.

First Aid for Clubs

All Club Leaders who run a sporting or exercise club should be in possession of a current First Aid Certificate. For other Club Leaders, it is helpful but not essential to have a First Aid Certificate. In the event of an injury it is the responsibility of Club Leaders to either administer First Aid or to seek help from a member of staff. The office is manned by a member of staff who is First Aid Trained until 4.30pm every day.

It is the responsibility of the Club Leader to obtain children's medical needs and medicine requirements on their initial parent letter. If a child has a medical condition that requires medicine, Epipen or inhaler the Club Leader should speak to the School Office about the location, storage and administration of the medicine.

Treatment for Serious Medical Conditions

Some children suffer from chronic medical conditions which may require urgent action to prevent a possible life threatening situation from developing. Our 'named staff' will do so, acting 'in loco parentis.' We will ensure:

- Professional training is made before the school makes a commitment e.g. Epipen and diabetes training from the school nurse.

- All staff including Teaching Assistants will be given an up-to-date medical conditions list at the beginning of the Autumn Term.
- Teachers (including supply) normally coming into contact with pupils with such conditions should be made aware of them and be able to recognise the onset of the condition.

Action Plan for Emergency Situations

In the classroom:

If urgent action is required in the classroom and the named person is required to administer emergency treatment or call an ambulance, the class teacher will call the emergency number 111 which alerts the school office, the Headteacher and the Deputy Headteacher asking them to come immediately. For outdoor activities, the member of staff must have a walkie-talkie.

Individual Treatment Plans

The following medical conditions are commonly found amongst the school age population:

Anaphylaxis

Asthma

Diabetes

Epilepsy

Individual Care Plans for severe conditions are drawn up and provided by parents and where necessary, the School Nurse Team. All appropriate staff receives a copy of the Individual Care Plans which are also contained in individual Epipen holders in the First Aid area in the office. Photos and description of severe medical cases are displayed in the staff room.

The plans are reviewed periodically to allow for changing health needs of the pupils concerned.

Medic-alert - bracelets/

Necklaces

Children who need to wear bracelets or necklaces to alert others to their medical condition in cases of emergency are to remove them temporarily for P.E. (unless they are wearing a sports medic-alert bracelet), and give them to their class teacher as these items can be a source of potential injury in games or practical activities.

Emergency Assistance

If a child becomes unwell or is injured in an accident (other than minor cuts or bruises), a member of the office team will arrange for the parent/carer to collect them as soon as possible. It will then be the responsibility of the parent/carer to accompany the child to their GP surgery or hospital outpatients if necessary.

In some situations, e.g. suspected fractures, all eye injuries, serious head injuries, acute illness or other serious medical conditions that will not respond to first aid treatment, an ambulance will be summoned by a member of the office team and the parent/carer contacted.

Where a child has to be transported to hospital and it has not been possible to arrange for a parent/carer to accompany them, a member of staff will accompany them and remain at the hospital with them until a parent/carer arrives. As far as is appropriate the member of staff will wait for the parent to arrive to give consent to any form of treatment once at the hospital.

Record Keeping

A file is kept in the medical room with:

- Medicines Policy
- First Aid Policy
- List of children with known medical conditions
- Pupil medication requests kept in Children's Medicines File
- Individual treatment plans
- An Electronic File is kept for daily recording of all injuries to Children (serious and minor)
- An Electronic File is kept for recording of staff accidents for the recording of any accidents incurred at work by a member of staff
- An Electronic File is kept for the Administration of medicines, recording medicines administered during the day
- Mid-day Supervisors take out their own separate First Aid Bag. They also complete the Electronic File for daily recording of all injuries to children (serious and minor)
- For Serious Injuries where a child is sent to hospital the injury needs to be reported on the online Surrey County Council Incident Notification Form via www.surreycc-safety.net/scc. This is submitted to Surrey Health and Safety and Insurance Section.

Head Bumps / Concussion

For all serious head bumps, once first aid has been administered, a record is made in the Electronic File, and parents are informed by telephone, and the child sent home/hospital. For minor head bumps, first aid is administered, the electronic accident file is completed and a Head bump wristband and sticker is placed on the child's clothing and head bump wrist band is placed on the child's wrist. so that the parent/carer/teacher is aware of the incident. If concussion is suspected – parents/carers are informed immediately and recommendation to seek further medical advice.

Risk assessment

In the event of a serious medical incident and have attended hospital must have a risk assessment completed (before starting back) to ensure appropriate support and provision can be made to prevent further injury.

Defibrillators: There are two defibrillators on the school site (Main reception and the Year 6 block).Follow instructions with the defibrillators if needed.