

John T. Rice Infant and Nursery School

First Aid Policy



2026-2027

Reviewed autumn 2026

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 (DfE) 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
- [The 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

3. Roles and responsibilities

At least 1 person who has a current paediatric first aid (PFA) certificate is on the premises at all times when children are present, and accompany children on outings.

3.1 Appointed person(s) and first aiders

The school's appointed person is Ms. Tait Parkin. She is responsible for:

- Making sure there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits

First aiders are trained and qualified to carry out the role 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 as, or as soon as is reasonably practicable, after an incident – ensuring it is accurate, dated and signed
- Keeping their contact details up to date
- Ensuring the head teacher or Deputy head teacher has been alerted to more serious incidents/ accidents
- Ensuring an ambulance has been contacted if needed

Selection of first aiders

All members of staff are trained to the same high standard in First Aid and have their paediatric first aid and work place first aid qualification. When selecting first aiders, we considered the persons:-

- * reliability and communication skills.
 - * aptitude and ability to absorb new knowledge and learn new skills.
 - * ability to cope with stressful and physically demanding emergency procedures.
- normal duties.
- *a first aider must be able to leave to go immediately to an emergency.

All staff renewed their paediatric & work place first aid qualification on **22.12.2023** and will renew again in **October 2026**.

3.2 The local authority and governing board

Nottinghamshire County Council has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.3 The governing board

The governing board 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.

3.4 The headteacher

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

- Making sure that an appropriate number of **trained first aid personnel** are present in the school at all times
- Making sure all staff are aware of first aid procedures
- Making sure appropriate risk assessments are completed and appropriate measures are put in place

- Undertaking, or making sure that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Making sure that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary
- Ensuring parents/ carers have been contacted and staying in contact after a more serious accident has taken place

3.5 Staff

School staff are responsible for:

- Making sure they follow first aid procedures
- Making sure they know who the **first aid trained staff are** in school
- Completing accident reports for all incidents they attend to where a is not called
- Informing the headteacher or their manager of any specific health conditions or first aid needs
- Taking part in updating their first aid qualification every 3 years

WHAT ARE A FIRST AIDER'S MAIN DUTIES?

First aiders have completed a training course approved by the Health and Safety Executive (HSE). At school, the main duties of a first aider is someone who:-

- _ takes charge when someone is injured or becomes ill;
- _ looks after the first-aid equipment e.g. restocking the first-aid container;
- _ ensures that an ambulance or other professional medical help is rang for when appropriate.
- _ gives immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school;
- _ when necessary, ensure that an ambulance or other professional medical help is called
- _ knows what to do in an emergency;
- _ who can perform cardiopulmonary resuscitation;
- _ can give first aid for the unconscious casualty;
- _ can give first aid for the wounded or bleeding.

A list of trained staff in 'First Aid at Work' is kept in the HT office CPD file (Health & Safety Policy). Midday Supervisors are encouraged and advised to undertake first aid at work training. Training is facilitated by Tiger Lilly First Aid who provide training (HSE approved). Off-site visits are carefully planned to ensure there is a trained member of staff still back in school as well as another out with the group.

As we are an Infant and Nursery school, Paediatric first aid training is also undertaken by all staff.

Only members of staff should administer first aid (not students). Midday Supervisors are also trained in first aid but **must** inform class teachers of all incidents and the appointed person of any significant treatment/ incident. An entry of all incidents needing medical administration should be made in the appropriate classes first aid book, which is kept in the child's class. This should be completed in pen and details made in full. On the child's page a description of the incident, time and

date any treatment given should be entered and then signed. It is important to state the site of the injury e.g. graze to palm of left hand. (Please do not name any other child involved in the incident). The child then needs a "Mr Bump" note filling in and given to the class teacher so parents are informed. Any major injuries/incidents should be reported to Mrs Shelley Bennett or Mrs Joanne Smith. An incident form should be filled in as soon as possible and an entry onto the H&S accident Excel is made. This is saved on Sharepoint/ H&S/ Accidents.

All first aid incidents that result in a more serious injury are recorded on the First Aid excel/ office/ H&S/ Accident reporting. This is completed by the Head or Deputy head teacher. A meeting will be set up with the HT or DHT with the parents to review the incident and share any information from both parties.

If the child needs to be sent home or taken for further treatment/medical advice, the parents/carers must be contacted. If unable to contact, the next emergency contacts on the child's record should be tried. If all this fails and the child needs to be seen by the local hospital, an insured member of staff will take the child (usually the HT) and parents/carers can meet the child there. The name of any children sent home should also be entered on the "signing out" screen in reception with details of why. Any emergency treatment required, dial 999 ensuring you have all the details of the child, incident, medical/injury condition etc.(usually done by the appointed first aider or office staff) and contact parents immediately.

4. First Aid procedures

4.1 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, if they are suitably trained and have completed their paediatric and work place first aid training in the last 3 years, they will provide first aid. They may call for an additional first aider if the situation requires it
- Emergency services will be called if the injury requires it
- 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, the assistance of the Head teacher or Deputy head teacher will be called for. They will contact parents/carers and ask them to collect their child. On the parents/carers' arrival, the first aider will recommend next steps to them in conjunction with the Head teacher or Deputy head teacher. The parent/ carer will be asked if they have their own transport and if they do not transport will be offered
- If emergency services are called, the **head teacher or deputy head teacher** will contact parents/carers immediately
- The **first aider** will complete an accident report form on the same day or as soon as is reasonably practicable after an incident resulting in an injury & a bump note that will be sent 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 Off-site procedures

When taking pupils off the school premises, staff will make sure that they always have the following:

- A mobile phone
- A portable first aid kit including, at minimum:

The following are based on the HSE's recommendation for a minimum travelling first aid kit – adapt the list to reflect your school's first aid needs assessment and arrangements.

- A leaflet giving general advice on first aid
 - 6 individually wrapped sterile adhesive dressings
 - 1 large sterile unmedicated dressing
 - 2 triangular bandages – individually wrapped and preferably sterile
 - 2 safety pins
 - Individually wrapped moist cleansing wipes
 - 2 pairs of disposable gloves
- Information about the specific medical needs of pupils
 - Parents/carers' contact details
 - 10 antiseptic wipes, foil packed
 - 1 conforming disposable bandage (not less than 7.5cm wide)
 - 2 triangular bandages
 - 1 packet of 24 assorted adhesive dressings
 - 3 large sterile unmedicated ambulance dressings (not less than 15cm x 20 cm)
 - 2 sterile eye pads, with attachments
 - 12 assorted safety pins
 - 1 pair of rustproof blunt-ended scissors

Risk assessments will be completed by the **visit leader** prior to any educational visit that necessitates taking pupils off school premises.

The procedure in 4.1 will be followed as closely as possible for any off-site accidents (though whether the parents/carers can collect their child will depend on the location and duration of the trip).

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 (EYFS).

4.3 Treatment

Minor Injuries

Bump on the head – apply **cold** compress. The child should rest for a while. Keep an eye on him/her and ensure a “bumped head slip” goes home. These can be found in the staffroom. Parents/carers are usually contacted and given the option of coming in to school to assess the child or take the child home and monitor for any changes in condition.

Burns – immerse in cold water for at least 10 minutes.

Bruises – a cold compress held to the bruise for at least 10 minutes.

Cuts – Clean with antiseptic wipe, cover if necessary with plaster or clean gauze.

Nose bleeds – tilt head forwards and get child to pinch nose just below the bone. A cold compress can help. If it has not stopped after 20, minutes seek medical advice.

Splinters – Do not try to get them out (contact parents/carers if causing pain)

Eyes – irrigate with cold water

The main advice is to keep calm and use common sense. Parents will be contacted if a staff member feels the child needs just to be checked over. This may result in the parent/ carer taking the child home or they may decide their child is well enough to stay in class. At JTR we air on the side of caution where injuries and first aid are concerned.

Inhalers (see separate Asthma Policy which mentions Asthma plans)

Children who use inhalers should have them kept in the inhaler basket in their classroom. They should be clearly labelled with the child's name and dosage. Inhalers should be taken, by the child, to PE and on school visits. Individual asthma plans should be kept in the child's class with their class teacher and a copy be given to the SENCO, this copy will be uploaded to CPOMS/ Medical.

Hygiene/Infection control

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Red buckets, mops and cleaning equipment will be kept in the disabled toilet in **Pandas** classroom. Sick buckets with yellow bags and wet floor signs will be in the P.E cupboard at the back of the hall. Staff have access to single-use disposable glove, aprons and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment.

- **Dealing with vomit, urine or soiling incidents.** (on hard floor) cover with sawdust and clean up before mopping. (on carpet) sprinkle with absorbent granules and clean up before spraying with disinfectant spray. Dispose of vomit in the staff room yellow bin and urine and faeces in nursery disabled toilet yellow bin.
- **Dealing with blood**-bag and dispose items in yellow bin in the staff room.

Mr G Richardson (site Manager) will be available to deal with incidents up to 11:00 and Mrs K England will be available from 3:00pm-5:30pm.

4.4 First Aid Kits

First aid supplies are available in the staffroom. Please inform the school office for any shortages.

Classrooms all have their own mini first aid kit and it is the responsibility of the class teacher/ TA to ensure this is updated weekly.

There are very strict government regulations on contents of kits. Kits should contain the following (as a minimum):

- 20 individually wrapped sterile adhesive dressings (assorted sizes);

- two sterile eye pads;
- four individually wrapped triangular bandages (preferably sterile);
- six safety pins;
- six medium sized (approximately 12cm x 12cm) individually wrapped sterile un-medicated wound dressings;
- two large (approximately 18cm x 18cm) sterile individually wrapped un-medicated wound dressings;
- one pair of disposable gloves.

Other items are available as optional extras. Larger stock of all the items is kept in the staff room first aid cupboard.

4.5 AED Unit & Anaphylaxis kit

There is an AED unit with both adult connective pads and child connective pads stored in school outside the HT office. Staff have had basic training in the use of this during the first aid training in December 2023 and will have this again in October 2026.

In line with Benedict's Law there is an anaphylaxis kit with both adult and child pens (x2 of each) in school. This is stored outside the HT office on the wall and is not locked but only at an accessible height for adults. Training for anaphylaxis was given in December 2023, will also be given again October 2026 with a recap training unit in September 2026.

5. Record-keeping and reporting

5.1 First aid and accident record book

- An accident form (Mr Bump note) will be completed by the **first aider** on the same day or as soon as possible after an incident resulting in an injury. This will be sent home that day and if not a phone call home will be made
- As much detail as possible will be supplied when reporting an accident
- For accidents involving pupils, a copy of the accident report form will also be added to the pupil's accident record. These are kept in the classroom in the accident folder and when a child leaves JTR a copy of their accident sheet will be added to their pupil folder and passed onto their new school
- 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.

5.2 Reporting to the HSE

The **head teacher** will keep a record of any accident that results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The **head teacher** 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** 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 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. Monitoring arrangements

This policy will be monitored by **Shelley Bennett (Head teacher)** and reviewed by Wendy Moss (School business manager) annually.

At every review, the policy will be approved by the **Finance and Personnel committee.**

The first aid provision will be reviewed by the **Head teacher and first aiders** at least annually.

7. Links with other policies

This first aid policy is linked to the:

- Health and safety policy 2026
- Risk assessments 2026
- Policy on supporting pupils with medical conditions 2026
- Allergies policy 2026

This policy was agreed by staff and governors in **Autumn 2026** and reviewed annually.

Decision making chart

When making a decision as to whether a child needs to attend A & E or seek further medical intervention, it is important to remain calm. If possible, it is important the adult in charge of the first aid is being supported by either a member of SLT or a senior first aider.

Decisions about next steps will often be made by the group as a whole who are dealing with the first aid incident and rarely just by one member of staff.

Questions staff applying first aid need to consider:

- 1. Is the child bleeding heavily/ are you unable to stop the bleeding?**

(Ring 999)

- 2. Is the child unconscious or did they lose consciousness? (Ring 999)**
- 3. Is the child breathing in an irregular way? (Ring 999)**
- 4. Is there evidence of a broken bone or possible broken bone? (Ring parent if not life threatening or 999)**
- 5. Has the child had trauma to the head which has caused them to be sick, lose consciousness or become incoherent? (Ring 999)**
- 6. Is the child behaving differently or strangely since their accident in comparison to their regular behaviour? (Ring 999)**

If the answer to any of these questions creates concerns, then a decision will need to be made about ringing an ambulance. When calling an ambulance, ensure all details about the child are readily available (name, date of birth, age, incident, resulting injury, postal address of school).

There will be times after a first aid incident, where staff feel a parent needs to be called and in their opinion it does not warrant calling an ambulance, but the child still needs

to be taken to A&E or the doctors/ dentists. Staff will make this phone call immediately to parents/ carers and discuss the injury and further medical treatments when the parent/carers collect. This will be recorded on the accident EXCEL (Sharepoint/ H&S/ Accidents - and on the school first aid records. This will be followed up later that day or the following day by a phone call from a member of SLT to ensure further medical intervention was sought and the outcome.