




# First Aid Policy and Procedure

## July 2025

Version	Bramingham Primary School First Aid Policy V.3 Key Model Policy		
Policy Adopted By:	Bramingham Primary School Finance & Resources Committee		
Policy Sign off by (Print Name)	Chair Governors P Turner	Signature:	
Date:			
Review date:	Sept 2026 Any addendum to this policy will be shared with the full governing board.		

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## 1. Aims

Bramingham Primary School is committed to providing emergency first aid provision to deal with accidents and incidents affecting staff, pupils, and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school regarding all staff, pupils, and visitors.

The school will take every reasonable precaution to ensure the safety and wellbeing of all staff, pupils, and visitors.

This policy aims to:

- Ensure that the school has adequate, safe, and effective first aid provision for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.
- Ensure that staff and pupils are aware of the procedures in the event of any illness, accident, or injury.
- Ensure that medicines are only administered at the school when express permission has been granted for this.
- Ensure that all medicines are appropriately stored.
- Promote effective infection control.

Nothing in this policy will affect 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 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site

## 2. Legislation and guidance

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#) and [Early years foundation stage: coronavirus disapplications](#) guidance, advice from the Department for Education on [first aid in schools](#), [health and safety in schools](#) and [actions for schools during the coronavirus outbreak](#), 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
- Health and Safety at Work etc. Act 1974
- 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 School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils
- The Road Vehicles (Construction and Use) Regulations 1986
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2019) 'Automated external defibrillators (AEDs)'
- DfE (2024) 'Statutory framework for the early years foundation stage'
- DfE (2022) First aid in schools, early years and further education'

### 3. Roles and responsibilities

#### 3.1 Appointed person(s) and First Aiders

The school's appointed person is the Assistant SENCo, H Shepherd, who is responsible for:

- Taking charge when someone is injured or becomes ill
- Overseeing the school's first aid arrangements
- Ensuring the General Assistant replenishes the contents of first aid kits providing adequate supply of medical materials, checks expiry dates and records checks in smartlog.
- Participating in emergency first aid training and refresher training where appropriate, to ensure knowledge of:
  - What to do in an emergency
  - Cardiopulmonary resuscitation
  - First Aid for the unconscious casualty
  - First Aid for the wounded or bleeding
  - Maintaining injury & illness records as required
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Conducting defibrillator checks and recording in smartlog.
- Monitors expiry dates of medication in school ensuring replacement medications are requested from parents using Medical Tracker to monitor medications in school.
- Ensures care plans are uploaded to Medical Tracker, notifying administrators when records need updating to the Medical Tracker system.

**Teaching Assistants** at Bramingham Primary School receive regular, basic first aid awareness training.

First Aiders are trained and qualified to carry out the role (see section 7) 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, acting safely.
- Sending pupils home to recover, where necessary

- Adding an accident/incident report on Medical Tracker on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 2 where additional information is required to complete an Assessnet record)
- Ensuring their First Aid training & certificates are kept up to date through liaison with the HR Manager.

Our school's appointed person and First Aiders are listed in appendix 1. Their names will also be displayed prominently around the school.

### **3.2 The Local Authority and Governing Board**

Luton 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 as follows: -

- The overarching development and implementation of this policy and all corresponding procedures.
- Ensuring that the relevant risk assessments, and assessments of the first aid needs of the school specifically, have been conducted.
- Ensuring that there is a sufficient number of appointed First Aiders within the school based upon these assessments.
- Ensuring that there are procedures and arrangements in place for first aid during off-site or out-of-hours activities, e.g. educational visits or parents' evenings.
- Ensuring that insurance arrangements provide full cover for any potential claims arising from actions of staff acting within the scope of their employment.
- Ensuring that appropriate and sufficient first aid training is provided for staff and ensuring that processes are in place to validate that staff who have undertaken training have sufficient understanding, confidence, and expertise in carrying out first aid duties.
- Ensuring that adequate equipment and facilities are provided for the school site.
- Ensuring that first aid provision for staff does not fall below the required standard and that provision for pupils and others complies with the relevant legislation and guidance.
- Ensuring that an 'appointed person' is selected from amongst staff to take the lead in first aid arrangements and procedures for the school.

The Governing Board delegates operational matters and day-to-day tasks to the Co-Headteachers and staff members.

### **3.4 The Co-Headteachers**

The Co-Headteachers are responsible for the implementation of this policy, including:

- The development and implementation of this policy and its related procedures.
- Ensuring that all staff and parents are made aware of the school's policy and arrangements regarding first aid.
- Ensuring that First Aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- Ensuring that all staff are aware of the locations of first aid equipment and how it can be accessed, particularly in the case of an emergency.

- Ensuring that all pupils and staff are aware of the identities of the school First Aiders and how to contact them if necessary.
- Undertaking, or ensuring that staff/managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.
- Ensuring that adequate space is available for catering to the medical needs of pupils.
- Reporting specified incidents to the HSE when necessary (see section 6)
- When selecting First Aiders, the school will follow the criteria laid out in government guidance considering the individuals:
  - 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.
  - Availability to respond immediately to an emergency.

### **3.5 Staff**

School staff are responsible for:

- Ensuring that they have sufficient awareness of this policy and the outlined procedures, including making sure that they know who to contact in the event of any illness, accident, or injury.
- Securing the welfare of the pupils at school.
- Ensuring they know who the First Aiders in school are.
- Making pupils aware of the procedures to follow in the event of illness, accident, or injury.
- Completing accident reports (see appendices 2 & 3) for all incidents they attend to where a First Aider/appointed person is not called.
- Informing the Co-Headteachers or their manager of any specific health conditions or first aid needs
- Where spills of bodily fluids, staff should refer to appendix 5 for safe cleaning procedures.

### **4. First aid equipment**

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes

- Scissors
- Cold compresses (travel kits)

Kitchen First Aid Kit to include in addition blue plasters, burn dressings.

No medication is kept in first aid kits. (See Supporting pupils with medical conditions policy)

First aid kits are stored in:

- Reception (labelled cupboard) 2 x Large, 1 medium & 3 x travel
- The Dell
- The school kitchen
- School vehicles
- Butterflies

## **5 Automated external defibrillators (AEDs)**

The school has an AED.

Where the use of the AED is required, individuals will follow the step-by-step instructions relayed by the device. Staff with First Aid at work training are also AED trained and would be called upon to support in an emergency situation.

A defibrillator is stored in the labelled cupboard in reception and the clean room.

## **Accommodation**

The school's first aid room will be suitable to use as and when it is needed, and any additional medical accommodation will be available in accordance with the school's first aid needs assessment.

The first aid room will be used to enable the medical examination and treatment of pupils and for the short-term care of sick or injured pupils. The first aid room includes a wash basin and is situated near a toilet.

The first aid room will not be used for teaching purposes.

The first aid room will:

- Be large enough to hold an examination bed or medical couch.
- Have washable surfaces and adequate heating, ventilation and lighting.
- Be kept clean, tidy, accessible and available for use at all times when employees are at work.
- Have a sink with hot and cold running water.
- Be positioned as near as possible to a point of access for transport to hospital.

## **7. 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 (Appendix 3).

Staff will receive a small allowance in recognition of their training and appointed role as a trained 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 and is updated at least every 3 years.

## **8. Monitoring arrangements**

This policy will be reviewed by the Senior Leadership Team every year.

At every review, the policy will be approved by the Governing Body, Finance & Resource Committee.

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

This first aid policy is linked to the

- Health and Safety Policy
- Policy on Supporting Pupils with Medical Conditions
- Fire Evacuation Policy & Procedures
- Individuals Risk Assessments



## **First Aid Procedures**

### **Emergency Procedures**

In the event of an accident resulting in injury:

- 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 an incident, illness, or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a First Aider.
- If called, a First Aider will assess the situation and take charge of first aid administration. If the First Aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they will arrange for the injured person to access appropriate medical treatment without delay.
- Where an initial assessment by the First Aider indicates a moderate to serious injury has been sustained, or the individual has become seriously unwell, a responding staff member will call 999 immediately.
- Where necessary, a trained staff member will administer emergency help and first aid to all injured persons. The purpose of this is to keep the victim alive and, if possible, comfortable, before professional medical help arrives. In some situations, immediate action can prevent accidents from becoming increasingly serious, or from involving more victims.
- The First Aider will also decide whether the injured person should be moved or placed in a recovery position.
- The school will ensure that no further injury can result from any incidents that occur, either by making the scene of the incident safe, or, if they are fit to be moved, by removing injured persons from the scene.
- Where an ambulance is required, a staff member accompanies the pupil in the ambulance and the appointed person calls the pupil's parent immediately to inform them of the course of action taken. The staff member remains with the pupil at the hospital until a parent arrives.
- Responding staff members will see to any pupils who may have witnessed the incident or its aftermath and who may be worried or traumatised, despite not being directly involved. These pupils will be escorted from the scene of the incident and comforted. Younger or more vulnerable pupils may need parental support to be called immediately.
- The First Aider/relevant member of staff will complete an accident report on the same day or as soon as is reasonably practical after an incident resulting in an injury.

Once the above action has been taken, details of the incident will be reported promptly to:

- The Co-Head teachers.
- The parents of the injured.

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 ensure they always have the following:

- A mobile phone
- A portable first aid kit
- Emergency inhaler
- 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.

For Early Years 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.

## **6. Record-keeping and reporting**

### **6.1 First aid and accident record form**

- An accident record will be completed by the First Aider/relevant member of staff on the same day or as soon as possible after all incidents resulting in an injury.
- As much detail as possible should be supplied when reporting an accident for minor incidents. A record must be directly reported on the Medical Tracker system. For more serious incidents where a child has been taken directly to hospital or a staff member has been injured, RIDDOR reporting may be necessary and an accident reporting form (Appendix 2) must be completed and submitted to the School Business Manager for submission on Assessnet to the Local Authority.
- All staff/visitor accidents and any accidents involving a child where further medical treatment or advice is needed must be recorded on "Assessnet" by the administrator (School Business Manager.) By completing an Assessnet record 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) will be identified.
- The School Business Manager will report any accidents logged on Assessnet to the Governing Body, Resources & Finance Committee, together with any trends or remedial actions required as identified in data from both Assessnet and Medical Tracker.
- Records 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.

### **6.2 Reporting to the HSE**

The School Business Manager will record on Assessnet 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). This is automatically relayed to the Local Authority.

The Local Authority in liaison with the School Business Manager will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences 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)
- Any scalding 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

➤ Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)

➤ Where an accident leads to someone being taken to hospital

➤ 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

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>

Injury resulting from physical violence is to be reported as above; in addition, a violence at work incident report form must also be completed.

### 6.3 Notifying parents

Parents will be informed of any minor accident or injury sustained by a pupil, and any first aid treatment given on the same day, or as soon as reasonably practicable by receipt of an email generated through the input of data into the Medical Tracker system. In addition, parents are notified of any concerning head bump injuries and treatment given by telephone or answerphone message. Where contact cannot be made during the school day a letter

will also be sent home with the child. This is followed up with the accident recording email being sent on the day of the injury via Medical Tracker.

#### **6.4 Reporting to Ofsted and child protection agencies**

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

The Co-Headteachers will also notify Luton MASH of any serious accident or injury, or the death of, a pupil while in the school's care.

#### **Storage of medication**

Medicines will be stored securely and appropriately in accordance with individual product instructions. Medicines will be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration, and properly labelled, showing the name of the patient, the date of prescription and the date of expiry of the medicine.

An emergency supply of medication will be available for pupils with medical conditions that require regular medication or potentially lifesaving equipment, e.g. an emergency inhaler.

Parents will advise the school when a child has a chronic medical condition or severe allergy so that an IHP can be implemented, and staff can be trained to deal with any emergency in an appropriate way. A disclaimer will be signed by the parents in this regard and reviewed via the Medical Tracker system, where parents must approve the information recorded by the school.

Pupils will have any medication stored and, where appropriate, administered, in accordance with their EHC plans, care plans and the school's Supporting Children In School With Medical Conditions Policy.

#### **Illnesses and allergies**

When a pupil becomes ill during the school day, their parent will be contacted and asked to pick their child up as soon as possible.

A quiet area will be set aside for withdrawal and for pupils to rest while they wait for their parent to pick them up. Pupils will be monitored during this time.

The school will manage any emergencies relating to illnesses and allergies in accordance with the Emergency procedures section of this policy.

#### **Consent**

Parents will be asked to complete and sign a medical consent form when their child is admitted to the school, which includes emergency numbers, alongside details of allergies and chronic conditions – these forms will be updated throughout each school year.

Staff will not act 'in loco parentis' in making medical decisions as this has no basis in law. Staff will always aim to act and respond to accidents and illnesses based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the pupil in mind.

## **Monitoring and Review**

This policy will be reviewed annually by the governing board, and any changes will be communicated to all members of staff.

Staff will be required to familiarise themselves with this policy as part of their induction programme. Staff will be informed of the arrangements that have been made in connection with the provision of first aid, including the location of equipment, facilities and personnel.

**Appendix 1: list of [appointed persons(s) for first aid and/or trained First Aiders]**

STAFF MEMBER'S NAME	ROLE	CONTACT DETAILS
H Shepherd	Appointed Person (Clerical Assistant)	207
S Huckle	Breakfast Club	209
L Blake	Teaching Assistant	215
R Murray	Admissions & Attendance Officer	203
Z Metelkova	Teaching Assistant	223
J Burrino	Teaching Assistant	215
E Kent	Teaching Assistant	215
R O'Toole	Sports Coach	
K Phipps	Teaching Assistant	223

## Appendix 2: Assessnet accident report form

NAME OF INJURED PERSON		ROLE/CLASS	
DATE AND TIME OF INCIDENT		LOCATION OF INCIDENT	
<b>INCIDENT DETAILS</b>			
Describe in detail what happened, how it happened and what injuries the person incurred			
<b>ACTION TAKEN</b>			
Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.			
<b>FOLLOW-UP ACTION REQUIRED</b>			
Outline what steps the school will take to check on the injured person, and what it will do to reduce the risk of the incident happening again			
NAME OF PERSON ATTENDING THE INCIDENT			
SIGNATURE		DATE	

### Appendix 3: first aid training log

NAME/TYPE OF TRAINING	STAFF WHO ATTENDED (INDIVIDUAL STAFF MEMBERS OR GROUPS)	DATE ATTENDED	DATE FOR TRAINING TO BE UPDATED (WHERE APPLICABLE)
Level 3 First Aid at Work	H Shepherd	10.07.23	10.07.26
Emergency Paediatric First Aid L3	S Huckle	21.11.22	21.11.25
Emergency Paediatric First Aid L3	J Borino	03.07.23	03.07.26
Emergency Paediatric First Aid L3	Ryan O'Toole	06.01.23	06.01.26
Emergency Paediatric First Aid L3	Zuzanna Metelkova	04.01.23	04.01.26
Level 3 Paediatric First Aid	Kirsty Phipps	09.06.25	09.06.28
Level 3 First Aid at Work	L Blake	07.05.25	07.05.28
Emergency Paediatric First Aid L3	E Kent	10.01.24	10.01.27
Paediatric First Aid L3	R Murray	23.06.23	23.06.26




#### **Appendix 4: What to do if you need to clean up vomit/blood/other bodily fluids**

- Locate cleaning box in the Premises Manager's office: - Plastic aprons, gloves, black bags, sani-dry granules, disinfectant spray & red cloths, scraper/brush & pan. For mop/bucket request from premises or business manager (located premises manager office)
  - Temporarily isolate/close the area
  - Put on apron & disposable gloves
  - Sprinkle granules on liquid spills & allow to soak up the mess
  - Scrape up granules with a plastic pan & brush that must later be disinfected
  - Dispose of granules in black sack
  - Clean contaminated surfaces with disinfectant spray & dispose of red cloths once used
  - Wipe area with dry paper towels and dispose of paper towels, apron, gloves, red cloths in a black sack and dispose of bag in clinical waste or nappy bin located in the medical room or Dell
  - Thoroughly wash hands
  - Advise the appointed officer of any items that need re-ordering

(Please also refer to Generic risk assessment (Appendix 6) – Blood Borne Viruses)

## Appendix 5:

<b>Bramingham Primary School</b> <b>Generic Risk Assessment – Blood Borne Viruses</b>	
<b>Description of Activity</b> <p>Blood borne viruses (BBV's) are viruses which some people carry in their blood, the most common being Hepatitis A,B,C,D and HIV – BBV's can be transmitted by direct exposure to infected blood or other bodily fluids contaminated with infected blood, for example open wounds. In terms of first aid – Injury to the employee could result in direct contamination when administering first aid to an open wound.</p>	<b>People at Risk</b> <p>All staff coming into contact with blood/bodily fluids and also those dealing with invasive procedures</p>
<b>Significant Hazards</b> <p>Direct exposure to infected blood or other bodily fluids contaminated with infected blood (i.e., open wounds, skin abrasions etc.)</p> <p>Sharps injuries</p> <p>Biting</p> <p>Inappropriate use of equipment</p>	<b>Adverse Effects</b> <p>Nausea and vomiting</p> <p>Abdominal pain, aching muscles</p> <p>Fever</p> <p>Jaundice, dark urine</p> <p>Long term liver damage</p> <p>Loss of appetite</p>
<b>Existing Control Measures</b> <ul style="list-style-type: none"> <li>• Always wear gloves when dealing with injuries and/or clinical waste.</li> <li>• Wash hands before &amp; after contact with each injured person and before putting on and after removing gloves.</li> <li>• Change gloves between treating people</li> <li>• Cover any existing wounds, skin lesions and all breaks in exposed skin with waterproof dressings</li> <li>• Avoid sharps usage where possible and where sharps usage is essential, exercise particular care in handling and disposal</li> <li>• Avoid wearing open footwear</li> <li>• Clean up spillages of blood and body fluids promptly and disinfect surfaces</li> <li>• Remove protective clothing on leaving a contaminated area</li> <li>• Dispose of contaminated waste &amp; personal protective equipment safely</li> <li>• Follow safe procedures for disposal of</li> </ul>	<b>Other Factors to Consider and Supporting Legislation</b> <p>Health &amp; safety at Work Act 1974</p> <p>Management of Health &amp; safety at work 1999</p> <p>RIDDOR 1995</p> <p>Control of substances hazardous to health 2002</p> <p>Health &amp; Safety Guidance &amp; Approved Codes of Practice (ACOP)</p> <p>Control &amp; Disposal of Waste Legislation</p> <p>Procedures for disinfecting</p> <p>DOH guidance on Blood Borne Viruses</p> <p>Bedfordshire Health CCDC Team</p> <p>Luton Council Occupational Health Unit</p> <p>Workplace Health &amp; Safety &amp; welfare regs 1992</p> <p>Luton Council Health &amp; Safety Policies &amp;</p>

contaminated waste	<p>procedures</p> <p>Management supervision/induction/training</p> <p>Where identified through Risk Assessment Hepatitis B vaccination may be offered as an additional control measure to safe working practice.</p> <p>Water resistant protective clothing (including gloves)</p> <p>Good personal hygiene</p> <p>Obtain specialist help if necessary</p>
<b>Risk Rating using Risk Assessment Matrix</b>	<b>B3 Low</b>
<p>Date: 23.06.25</p> <p>Assessed by H Wilson</p>	School Business Manager