



East Sheen Primary School

First Aid Policy

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](#), 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 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

3.1 Appointed person(s) and first aiders

The school has a number of both fully qualified and paediatric first aiders. They are responsible for:

- Taking charge when someone is injured or becomes ill
- 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:

- 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
- Completing school records and reporting (see section 6)

The Welfare Officer is responsible for:

- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits (these are checked monthly and a reminder is recorded in the school calendar).
- Filling in an accident report on the same day (as required), or as soon as is reasonably practicable, after an incident and sending this to RBK Health and Safety Adviser as advised. This is done on the school's accident management system, Evolve.

3.2 The local authority and governing board

Richmond upon Thames Local Authority 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 Headteacher

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

- 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 aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that staff 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
- Ensuring specified incidents are reported when necessary (see section 6)
- Ensuring that an anaphylaxis risk assessment is completed for pupils known to experience serious allergies that on exposure are likely to result in anaphylaxis. See Appendix 1.

3.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing first aid records for all incidents they attend to where a first aider is not called
- Informing the headteacher or their phase-leader of any specific health conditions or first aid needs
- In an emergency situation, school staff are required under common law duty of care to act like any reasonably prudent parent/carer. This may include administering medication (see [‘Supporting Pupils with Medical Conditions Policy’](#)).

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 and refer the child to a qualified first aider, if appropriate, who will provide the required first aid treatment. Children /staff will go to the Medical Room for treatment if they are able to get there safely. Otherwise the first aider will be called to the injured person.
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on 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, the school administration team or headship team will contact parents immediately. If an ambulance is required and the parent is not available in time to accompany the child in the ambulance then a member of staff will go with the child and remain at hospital until the parent arrives.
- The relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.

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
- Information about the specific medical needs of pupils, and any individual medications needed
- Access to parents' contact details

Risk assessments will be completed by the lead member of staff prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

There will always be at least one first aider on school trips and visits in Key Stage 1 and 2 unless first aid is available at the venue and on the transport to and from the venue.

5. 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
- Burns dressings

No medication is kept in first aid kits.

First aid kits are available:

- At various locations around the school – in marked cabinets
- In the medical room

6. Record-keeping and reporting

6.1 First aid and accident records/Notifying parents

- A record is completed of all instances where first aid is applied. We currently use the Evolve online system. This system is used to notify parents and class teachers of any first aid.
- If an injury is anything other than a minor injury, on the head or otherwise, the parents will be contacted by telephone so that a full explanation of the accident/injury can be provided.
- A RBK Incident Form will be completed (online via the Workrite platform) by the relevant member of staff on the same day or as soon as possible after a major incident resulting in an injury. This is sent to RBK Health and Safety adviser who reports such incidents to HSE (Riddor) on behalf of the school.
- As much detail as possible should be supplied when reporting an accident.
- All our records are held in line with our [Data Retention Policy](#).

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 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
- 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

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.

Staff are encouraged to renew their first aid training when it is no longer valid.

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.

Approved by Governors: Spring 2026
Next review date: Spring 2027

Anaphylaxis Risk Assessment

This form should be completed by the setting in liaison with the parents/carers and the child, if appropriate, for any children known to experience serious allergies that on exposure are likely to result in anaphylaxis. It should be shared with everyone who has contact with the child.

Child's Name: <input style="width: 80%;" type="text"/>	Date of Birth: <input style="width: 15%;" type="text"/>
Setting/School: East Sheen Primary School	Class: <input style="width: 15%;" type="text"/>
Phase: Primary	
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment: <input style="width: 15%;" type="text"/>	Reassessment due (this would usually be annually, unless there is an incident, at which point the risk assessment should be reviewed):
I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:	
Signatures:	
Headteacher: _____	Date <input style="width: 10%;" type="text"/>
Parents/Carers	Date <input style="width: 10%;" type="text"/>
Child (if appropriate) _____	Date <input style="width: 10%;" type="text"/>
What is this child/young person allergic to?	
Allergen exposure risks to be considered	Ingestion Direct contact Indirect contact

Does this child already have an Allergy Action Plan or an Individual Healthcare Plan?	YES	NO
Is the child prescribed adrenaline auto-injectors (AAIs)?	YES	NO
Summary of current medical evidence seen as part of the risk assessment (copies attached)		
Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.		
Activities		
Crayons/painting:		
Creative activities: i.e. craft paste/glue, pasta		
Science type activity: i.e. bird feeders, planting seeds, food		
Musical instrument sharing (cross contamination issue):		
Cooking (food prep area and ingredients):		
Meal time: kitchen prepared food (is allergy information available): packed lunches:		
Snacks (is allergy information available):		
Drinks:		
Celebrations: e.g. Birthday, Easter:		
Hand washing (secondary school how accessible is this for the child):		
Indoor play/PE (AAIs to be with the child):		
Outdoor play/PE (AAIs to be with the child):		
School field (AAIs to be with the child):		
Forest school (AAIs to be with the child):		

Offsite trips (are staff who accompany trip trained to use AAI?):	
Allergy Management	
Does the child know when they are having an allergic reaction?	
What signs are there that the child is having an allergic reaction?	
What action needs to be taken if the child has an allergic reaction?	
If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? Yes No	
If Yes state when and how this can be adjusted: n/a	
If the child is trained and confident can the medication be carried by them throughout the day? Yes No	
If No state reason:	
Does the child have two of their own prescribed AAIs?	
How many staff need to be trained to meet this child's need (note that all staff in the school receive annual allergy and AAI training)?	
Are there backup spare AAIs available and where are they located?	
	Outcome of Risk Assessment
New Allergy Action Plan/Individual Healthcare Plan required?	YES NO
Existing Allergy Action Plan/Individual Healthcare Plan to be updated?	YES NO