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First Aid Policy

1. Aims

The aims of this policy are to:

- Ensure the health, safety and welfare of all staff, pupils and visitors
- Ensure staff and governors understand their responsibilities
- Provide a clear framework for responding to illness and injury
- Ensure appropriate first aid provision across all school environments
- Ensure compliance with statutory requirements

2. Legislation and Guidance

This policy is based on guidance from the Department for Education and the Health and Safety Executive and is read alongside the school's Medical Needs Policy and Allergy Safety Policy. It complies with:

 Health and Safety (First Aid) Regulations 1981
 Management of Health and Safety at Work Regulations 1999
 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
 Social Security (Claims and Payments) Regulations 1979
 School Premises (England) Regulations 2012
 Children and Families Act 2014, as amended by the Children’s Wellbeing and Schools Act 2026 (allergy safety provisions)
 Department for Education statutory guidance: Allergy safety in schools (July 2026)

- Health and Safety (First Aid) Regulations 1981
- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Social Security (Claims and Payments) Regulations 1979
- School Premises (England) Regulations 2012

Key statutory guidance:
https://www.hse.gov.uk/firstaid/
https://www.hse.gov.uk/education/schools.htm
https://www.hse.gov.uk/riddor/

2.1 Benedict’s Law and Allergy Safety

From September 2026, Pattishall CE Primary School will operate in accordance with the Department for Education statutory guidance on Allergy safety in schools. The statutory requirements strengthen whole-school allergy safety, including allergy awareness and emergency-response training for staff, individual healthcare planning, access to spare adrenaline auto-injectors (AAIs), and recording and learning from serious incidents and near misses.

Benedict’s Law is reflected in this First Aid Policy through the following arrangements:

 All staff will receive allergy awareness and emergency-response training, including recognition of anaphylaxis and familiarisation with adrenaline auto-injectors. From September 2026, this training will be refreshed annually.

 The school will maintain a clear process for identifying pupils with allergies and ensuring appropriate Individual Healthcare Plans (IHPs) and allergy action plans are available to staff who need them.

 The school will maintain in-date spare adrenaline auto-injectors (AAIs) for emergency use in accordance with the statutory guidance. Their accessibility, expiry dates and checks will be monitored.

 Children's own prescribed medication is kept either with the child or with their class teacher, depending on the child's age and individual needs. The arrangements for each child are recorded in their Individual Healthcare Plan and/or relevant medical documentation.

 Spare adrenaline auto-injector pens, including devices appropriate for different age groups, and emergency inhalers are kept in the school office and are readily accessible in an emergency. The school will check these devices regularly, including expiry dates, and arrange replacement when necessary.

 Where anaphylaxis is suspected, adrenaline must be administered without delay in accordance with the child's individual plan and the statutory emergency-response guidance, and 999 must be called.

 Allergy incidents and serious near misses will be recorded, reviewed and used to identify lessons and improve practice.

 The Headteacher, is the senior leader responsible for oversight of allergy safety. Detailed arrangements are set out in the school's Allergy Safety Policy.

 Allergy safety arrangements apply across the school day and to trips, visits, clubs, activities, dining and other settings where pupils may be exposed to allergens.

3. First Aid Needs Assessment
The school determines first aid provision through a formal First Aid Needs Assessment, completed and reviewed by the Headteacher and Senior Leadership Team and **signed off by governors**, in line with guidance from the Health and Safety Executive.
This considers:

- Number of pupils and staff
- Site layout and multiple outdoor learning environments
- Higher-risk provision including:
  - Forest School
  - Swimming pool
  - Climbing structures (The Fort)
  - Outdoor gym equipment
  - Zoned playground areas (soft surface, tarmac sports, courtyard zones)
- SEND and medical needs
- Accident trends

This assessment is reviewed annually or following significant change.

4. Roles and Responsibilities
4.1 First Aiders
The school aims to train as many staff as possible in first aid.
Current provision includes:

- 2 staff trained in First Aid at Work (FAW)
- EYFS team trained in Paediatric First Aid (PFA)
- At least 1 midday supervisor trained in PFA
- Additional trained staff across the school day

First aiders are responsible for:

- Responding promptly to incidents
- Providing immediate care
- Calling emergency services where required
- Maintaining supplies
- Recording incidents

- Advising on next steps

In the absence of a first aider, the nearest trained member of staff will take charge until a first aider arrives.

4.2 Governing Board
Responsible for strategic oversight and monitoring of health and safety compliance.

4.3 Headteacher
Responsible for:

- Implementation of this policy
- Ensuring adequate first aid provision based on risk assessment
- Staff training and deployment
- Safe systems of work
- Reporting under RIDDOR where required
- Communication with parents and external agencies

4.4 Staff
All staff must:

- Follow first aid procedures
- Maintain supervision of pupils
- Summon assistance when required
- Record incidents appropriately

5. First Aid Procedures
5.1 In-School Procedures

- First aid is requested via nearest available staff member
- A trained first aider attends the scene
- Treatment is provided and next steps assessed
- Parents are informed where appropriate
- Emergency services are called if required

Supervision principle:
Staff call for first aid to attend the incident rather than leaving supervision zones, ensuring safe ratios are maintained.

Head injuries:
Mild head injury (no red flags)

- Symptoms: brief pain, small bump, no loss of consciousness, acting normally
- Care:
    - Sit child down, rest
    - Cold compress 10–15 mins
    - Observe for at least 1 hour

Contact parents same day if:

- Any knock to the head occurred
- A bump, bruise, or headache developed

When to seek medical advice (NHS 111 / urgent assessment)

- Headache worsening or not settling
- Vomiting once (without other red flags)
- Child seems more tired than usual
- Uncertainty about the severity

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Call 999 immediately if ANY red flag:

- Loss of consciousness (even brief)
- More than one episode of vomiting
- Seizure
- Confusion, drowsiness, or unusual behaviour
- Severe or worsening headache
- Unequal pupils or vision problems
- Bleeding from ears/nose or clear fluid
- Weakness, poor coordination, or difficulty speaking

DO NOT LEAVE THE CHILD ALONE, avoid sports and do not let them eat if they appear to have worsening symptoms.

Asthma:
Inform parents **the same day** if:

- The inhaler was needed during school hours (even if symptoms improved quickly)
- Symptoms were mild and resolved after 1–2 doses
- This is a **first-time episode at school**
- The child is needing their inhaler **more often than usual**
- You don't need to call immediately during class unless the child is distressed—end-of-day communication is usually appropriate for mild cases.

Contact Parents and NHS111 if:

- Symptoms **don't improve after initial doses** (e.g. 6–10 puffs via spacer)
- The child needs repeated doses within a short time
- You're unsure if the child is improving
- There's no individual healthcare plan and symptoms are moderate

Call 999 if:

- Is **too breathless to talk or eat**
- Has **blue lips or face**
- Is **not improving after multiple inhaler doses**
- Appears exhausted, confused, or collapsing
- Has worsening symptoms despite treatment

While waiting for help:

- Continue giving the inhaler (usually 1 puff every 30–60 seconds, up to 10 puffs, repeating as needed)
- Keep the child sitting upright and calm
- Do **not** leave them alone

Allergies:
Mild allergic reaction (no breathing problems)

- Symptoms: itching, mild rash, local swelling
- Give: **Piriton** (if prescribed)
- Monitor closely in case symptoms progress

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Suspected anaphylaxis (any airway/breathing/circulation issue)
Under Benedict's Law and the school's allergy safety arrangements, staff must act immediately on suspected anaphylaxis and must not wait for a designated first aider if delay would place the child at risk.

- **Give adrenaline immediately** using the auto-injector (e.g. **EpiPen**)
- Call **999** straight away (say "anaphylaxis")
- Lie child flat (or sit upright if breathing is difficult)
- Give a **second injector after 5 minutes** if no improvement
- Stay with the child at all times
-

Adrenaline first, antihistamine second. Do **not** delay the injector to give Piriton.

When to contact parents
Non-emergency (mild reaction only)
Contact parents the same day if:

- Piriton was given and symptoms resolved
- Mild symptoms did not progress
- This was a first-time reaction at school

Urgent / emergency situations

- If an adrenaline injector is used → **Call parents immediately after calling 999**
- The child must go to hospital **even if they improve**

When to seek medical advice (non-999)
This is less common with allergies, but consider **NHS 111** if:

- Symptoms are unclear or slowly worsening
- You're unsure whether it's progressing toward anaphylaxis
- No care plan is available

When in doubt, **err on the side of using the auto-injector and calling 999**.

Always call 999 if:

- Adrenaline auto-injector has been used
- Breathing is difficult or noisy
- There is throat swelling or voice change
- The child collapses, is drowsy, or unresponsive
- Symptoms are rapidly worsening

Common bites & stings in school

- Insects: bees, wasps, mosquitoes, midges
- Spiders (rarely serious in the UK)
- Ticks (during outdoor activities/woodland visits)

Typical mild reaction:

- Local pain, redness, swelling, itching

Immediate first aid
Mild local reaction

- Move the child away from the area (avoid further stings)
- If a **bee sting** is visible, **remove the sting promptly** (scrape sideways—don't squeeze)
- Wash with soap and water

- Apply a cold compress for 10–15 minutes
- Elevate the area if swollen (e.g., hand/arm)
- Consider an age-appropriate antihistamine such as Piriton **if prescribed in their care plan**
- Observe for 30–60 minutes in case symptoms progress

When to contact parents (non-emergency)
Inform parents **the same day** if:

- The child was stung/bitten, even if symptoms were mild
- Noticeable swelling or discomfort required first aid
- Antihistamine was given
- This is a **first known reaction** at school

When to seek medical advice (NHS 111)
Consider advice if:

- Swelling is **large or worsening** (e.g., extends beyond a joint)
- Pain, redness, or warmth suggests possible infection after a bite
- A **tick** was removed and you're unsure about next steps
- The child has multiple stings or is very uncomfortable
- You're unsure whether symptoms could be developing into an allergic reaction

When to call 999 (possible anaphylaxis)
Treat as an emergency if any of the following occur:

- Difficulty breathing, wheeze, or persistent cough
- Swelling of lips, tongue, or throat
- Hoarse voice or difficulty speaking
- Dizziness, fainting, or collapse
- Rapidly spreading rash with other symptoms

If the child has a prescribed auto-injector (e.g. EpiPen), **use it immediately** and call 999.

Suspected broken bone
Possible fracture (stable)

- Signs: pain, swelling, bruising, difficulty using limb
- Care:
    - **Keep still**; support the limb in a comfortable position
    - Use a sling/splint if trained to do so
    - Apply a cold compress (wrapped)
    - Do **not** attempt to straighten

Contact parents to collect and seek medical assessment (A&E/minor injuries):

- Suspected arm, wrist, hand, leg, ankle, or foot fracture
- Child is stable and comfortable when immobilised

When to seek urgent medical advice / ambulance

- Severe pain not settling
- Unable to move or weight-bear
- Significant swelling or deformity
- Injury to **collarbone, hip, or upper leg**
- You're unsure about the severity

Call 999 immediately if:

- Bone is **clearly deformed** or out of place
- **Open fracture** (bone visible or wound over fracture)
- **Circulation problems** (pale/blue, numb, or cold limb)
- **Severe bleeding**
- Injury after a **high-impact accident** or with suspected head/spine injury

5.2 Outdoor Provision & Supervision

The school operates a zoned supervision model across:

- Forest School
- Swimming pool area
- The Fort (large climbing structure)
- Outdoor gym equipment
- Soft surface playground (EYFS/KS1)
- Tarmac sports playground (zoned games)
- Courtyard quiet/reading areas

Each large zone (two playgrounds, field, The Fort) has a designated adult responsible for supervision and escalation. Supervision and first aid provision are adjusted dynamically according to risk levels across different environments.

5.3 Swimming Pool Provision (Specialist Activity)

Swimming sessions take place under enhanced supervision due to the increased risk associated with water-based activity and the school’s above-ground shallow pool system.

All swimming sessions are supervised by designated Swimming Supervisors who hold appropriate training in:

- Poolside supervision and rescue awareness
- Emergency procedures specific to the school’s above-ground shallow pool system
- First aid, including response to water-related incidents

At least one member of staff supervising swimming activities holds a current first aid qualification.

Swimming Supervisors are trained in safe rescue procedures appropriate to the pool structure, including safe extraction from shallow water and immediate emergency response.

Emergency procedures for swimming activities are included in site-specific risk assessments and are reviewed regularly.

5.4 Off-Site Visits

Staff carry:

- Mobile phone
- First aid kit
- Medical information
- Emergency contacts

All educational visits are subject to a written risk assessment which determines first aid provision requirements. Staffing ratios and first aid cover are determined by risk assessment in line with expectations from the Health and Safety Executive.

6. First Aid Equipment and Facilities

The school provides:

Emergency medication arrangements, including the storage of spare adrenaline auto-injectors and emergency inhalers, are set out in the school's Allergy Safety Policy and Individual Healthcare Plans.

- First aid kits across all key areas
- Portable kits for outdoor learning and visits
- A designated medical/first aid space
- Access to an Automated External Defibrillator (AED)

 Access to in-date spare adrenaline auto-injectors (AAIs) for emergency use, maintained in accordance with the school's Allergy Safety Policy and the Department for Education statutory guidance.

The AED is owned and maintained by the Parish Council. The school maintains oversight of AED checks and ensures availability in coordination with the Parish Council. Checks are carried out regularly by the Parish Council in accordance with agreed maintenance arrangements, and school staff are trained in its use and location.
All equipment is stored securely and separately from food items.
Personal protective equipment (PPE) is used when dealing with bodily fluids, and appropriate hygiene procedures are followed, including spill response where required.

7. Record Keeping and Reporting

7.1 Incident Recording

All incidents are recorded using Medical Tracker. Allergy incidents and serious allergy-related near misses are recorded, reviewed and used to identify lessons and improve allergy safety.

7.2 Data Protection

Records are managed in line with:

- UK GDPR
- Data Protection Act 2018

7.3 Accident Records

- Completed on the same day or as soon as possible
- First aid and accident records are retained for a minimum of 3 years in line with statutory requirements (Social Security (Claims and Payments) Regulations 1979) and longer where deemed necessary for safeguarding, insurance, or ongoing pupil welfare considerations

7.4 Near Misses

Near misses are recorded and reviewed to improve safety systems.

7.5 RIDDOR Reporting

Where required, incidents are reported under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.
Reporting decisions are made in accordance with thresholds set under RIDDOR and associated guidance issued by the Health and Safety Executive. https://www.hse.gov.uk/riddor/

7.6 Local Authority Reporting

Serious incidents are reported to West Northamptonshire Council in line with local procedures.

7.7 Communication with Parents

Parents/carers are informed:

- On the same day for all injuries
- Immediately for serious incidents
- Always for head injuries

8. Training

 Training records are centrally held and reviewed by the Headteacher.

 Training includes recognition of anaphylaxis and familiarisation with adrenaline auto-injectors.

 From September 2026, allergy awareness and emergency-response training will be refreshed annually.

 All staff receive allergy awareness and emergency-response training in line with the Department for Education statutory guidance.

- First aiders hold valid qualifications
- Training is maintained and renewed as required
- Training records are centrally held
- EYFS PFA requirements are always met
- Staff are actively encouraged to undertake first aid training
- First aid awareness is included within staff induction

9. Monitoring and Review

This policy is reviewed annually by the Headteacher and approved by Governors. Allergy safety arrangements are reviewed at least annually and following any serious allergy incident or near miss, with lessons learned used to update procedures, training and risk controls.

Monitoring includes:

- Incident data review via Medical Tracker
- Governor monitoring visits
- Review of first aid provision against risk profile
- Analysis of trends and required actions

10. Links with Other Policies

- Health and Safety Policy
- Medical Needs Policy
- Medicines Policy
- Safeguarding Policy
- Head Bump Procedure