FIRST AID POLICY

January 2026

The Downs Primary School and Nursery

Part of the Passmores Co-operative Learning Community

Reviewed Jan 2026

Review Jan 2027

FIRST AID & ACCIDENT RECORDING (ONE- PAGE SUMMARY)

EVERYONE'S RESPONSIBILITY

- All staff have a **duty of care** under the First Aid Policy.
- **All accidents and first aid treatment must be recorded** – pupils, staff and visitors.
- If **more than one injury occurs**, **record every injury separately**.

RECORDING ACCIDENTS – NON-NEGOTIABLE

- **Minor injuries**: Record in the **class accident book**.
- **Staff injuries**: Record in the **staff first aid book / Arbor**.
- **Major incidents** (hospital treatment required):
- Inform a qualified first aider
- Complete a **RIDDOR form within 24 hours If in doubt – record it.**

HEAD INJURIES – ALWAYS RECORD

Any bump to the head is treated as serious

You must: - Treat with an **ice pack** - **Record the head injury** in the accident book - **Inform parents/ carers** (phone or email) - Send home a **head injury letter** - Ensure the child is **closely monitored** for signs of concussion

Even if another injury seems more serious (e.g. wrist or leg injury), **the head injury must still be recorded**.

PLAYGROUND & CLASSROOM INCIDENTS

- The nearest adult deals with minor injuries.

➢ **Ask a qualified first aider** for:

- Head injuries
- Serious injuries
- Any situation you are unsure about

MEDICATION & MEDICAL NEEDS

- Children with medical conditions must have an **Individual Healthcare Plan (IHP)**.
- Only **prescribed, labelled medication** can be given.
- **All medication administered must be recorded**.
- Emergency asthma inhalers may be used **only according to policy and must be logged**.

EMERGENCIES

- The **trained first aider** decides if emergency services are called.
- **Headteacher or Deputy Headteacher must be informed**.
- Parents/carers (or next of kin for staff) must be contacted immediately.

KEY MESSAGE

RECORDING PROTECTS: The child or adult, You as a staff member, The school

When in doubt – record it. When it's a head injury – always record it.

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Statement of First Aid Organisation

The school's arrangements for carrying out the policy include eight key principles.

- Places a duty on the governing body to approve, implement and review the policy.
- Place individual duties on all employees.
- To report, record and where appropriate investigate all accidents.
- Record all occasions when first aid is administered to employees, pupils and visitors.
- Provide equipment and materials to carry out first aid treatment.
- Make arrangements to provide training to employees, maintain a record of that training and review annually or as required.
- Establish a procedure for managing accidents in school which require First Aid treatment.
- Provide information to employees on the arrangements for first aid.

Materials, equipment and facilities:

The school will provide materials, equipment and facilities as set out in DfE 'Guidance on 'First Aid for schools'.

The Appointed Person: Currently the appointed person is Natalie Cooper. She will regularly check that materials and equipment are available. She will ensure that new materials are ordered when supplies are running low.

Each class, have their own first aid box. These are stored where they are visible and easy to access. The school has a medical cupboard containing first aid equipment. It is the responsibility of the class staff to notify the appointed person if stock runs low.

The school has their own trip first aid bum-bags. It is the responsibility of the adults of that class to notify the appointed person if stocks in the trip bag are running low.

Responsibility to regularly check first aid boxes located in the classrooms lies with staff working in the classes. If first aid boxes need replenishing, the appointed person should be immediately notified and extra supplies should be requested.

Playground:

It is every supervising adult's responsibility to provide first aid in case of a minor accident. Should an adult not have first aid training, they then can request help/ second opinion from a qualified first aider.

In case of a major accident or a head injury a qualified first aider should be asked to assist in giving first aid.

Administering medicine in school:

At the beginning of each academic year, any medical conditions are shared with staff and a list of these children and their conditions is kept in in the inclusion folder and on Arbor.

Children with specific medical conditions (e.g. an allergy that requires an EpiPen) have to have an Individual Healthcare Plan (IHP), signed by parents/ carers – see appendix 1. These need to be reviewed regularly. IHPs are uploaded to Arbor. Paper copies are kept with the medication. Class based medication is kept in the medical bags in the classrooms. Lunchtime medication and refrigerated medication are stored in the main school office. Medication is clearly labelled with the child's name.

Lunchtime and refrigerated medication which is administered in the school office is logged on the 'Medicines to be administered to pupils' form. See appendix 2. Administration of class based medication is recorded by class staff.

Recording of Minor Injuries:

Minor pupil injuries are logged in the School Accident Report Books located in classes.

Recording of Major Incidents:

For major incidents a RIDDOR form must be completed within 24 hours of the incident. Any incident that results in the individual being taken to hospital is considered a major incident. See Appendix 3.

Recording of Staff Injuries:

Staff injuries are logged in the staff-first aid book located in the main school office/ Arbor.

Cuts:

The nearest adult deals with small cuts. All open cuts should be covered after they have been treated with a cleansing wipe. Any adult can treat more severe cuts, but a fully trained first aider must attend if advice is needed. Minor cuts should be recorded in the accident file. Severe cuts should be recorded in the accident file and an accident form should be given to the parents/carers. *Anyone treating an open cut should wear latex/ rubber gloves.*

Head injuries:

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack. Parents and guardians must be informed by email or telephone. The adults in the child's classroom should be informed and keep a close eye on the child, to monitor for signs of concussion. All bumped head accidents should be recorded in the accident file. Children with a bumped head should be given a head injury letter to take home.

Asthma:

Children with asthma require an IHP signed by their parent/ carer. It is the parents/carers responsibility to provide the school with up-to date asthma pumps for their children. The appointed person checks the expiry date on the pumps regularly and inform parents, should the pumps expire or run out. Asthma pumps are stored in the child's classroom and is clearly labelled with the child's name. Asthma sufferers should not share inhalers. It is the class adult's responsibility to ensure asthma pumps are taken on all out of school activities.

<u>Generic emergency salbutamol asthma inhalers:</u>

In accordance with Human Medicines Regulations, amendment No2, 2014, the school is in possession of 'generic asthma inhalers', to use in an emergency.

These inhalers can be used for pupils who are on the school's asthma register. The inhalers can be used if pupils' prescribed inhaler is not available (for example, if it is broken or empty). The emergency inhalers are stored in the office. The inhalers are clearly labelled.

In case of an emergency, an adult needs to be sent to get the asthma pump while a first aider remains with the child. Once the pump has been administered, (older children can administer it for themselves under supervision) the first aider needs to record the time and dose of salbutamol (how many puffs have been administered). This needs to be recorded.

Adults may also use the emergency inhaler in an emergency and should follow the above instructions on recording the use of the inhalers.

Other Medicines:

Medications such as the short-term use of antibiotics or painkillers can be administered only if the parent /carer complete the 'parental agreement for school to administer medicine' form. See Appendix 4. Parents can obtain the form from the office on the first day of requesting the medicine to be administered at school. The office will make sure the medicine is administered.

The copy of the 'parental agreement for school to administer medicine' form must be uploaded to Arbor. Staff should encourage parents/ carers to administer all other medicine at home. All medication administered at school must be prescription medicine, prescribed by a doctor and obtained from the pharmacy, clearly labelled with the child's name and address. Medications that need to be kept in the fridge can be stored in the office.

Calling the Emergency services:

In case of a major incident, it is the decision of the fully trained first aider if the emergency services are to be called. Staff are expected to support and assist the first aider in their decision.

The headteacher or deputy headteacher should be informed if such a decision has been made, even if the accident happened on a school trip or school journey.

If the casualty is a child, their parents/ carers should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are available from the school office.

Headlice:

Staff do not touch children and examine them for headlice. If we suspect a child or children have headlice we will inform parents/carers. An email may be sent home to all the children in that class where the suspected headlice incidence is. If we have concerns over headlice, the school nurse can be called, to give advice and guidance to parents/carers on how best to treat headlice.

Chicken pox, other diseases and rashes:

If a child is suspected of having chicken pox etc., a member of staff will look at the child's arms or legs. Chest and back will only be looked at if we are further concerned, and two adults should be present. The child should always be consulted before this happens.

Appendix 1: Individual Healthcare Plan

PUPIL MEDICAL INFORMATION			
Child's name:	Date of Birth:	Date:	To be reviewed yearly (or earlier if required)
Family/ Emergency Contact Information:			
Name:	Relationship to child:	Address:	Contact numbers:
Name:	Relationship to child:	Address:	Contact numbers:
Name:	Relationship to child:	Address:	Contact numbers:
GP name and address:		GP phone no.:	

Medical condition/diagnosis:	
Signs/Symptoms and Triggers:	
Name of medicine:	
Expiry date of medicine:	
How much to give (dosage):	
When to be given (time and details such as before or after food etc):	
Special instructions (please attach a detailed treatment plan from your child's doctor, if applicable):	
Side effects of medicine:	
Procedures to take in an emergency:	

I give permission for the school to contact paramedics in the case of an emergency.
I give permission for the school to administer First Aid if necessary.
I agree to ensure all medication required in present and in date.
I will inform the school immediately in writing of any changes to my child's medical needs, including dosage and

frequency of medication, or if the medication is stopped.
The following are for children with specific medical needs and will only apply to certain children:
I give permission for my child to use their asthma inhaler at school, as recommended by a healthcare professional.
I give permission for my child to use the school's spare asthma inhaler and spacer in emergencies.
I give permission for a staff member to administer my child's adrenaline auto-injector (AAI) (EpiPen) in the case of anaphylaxis.
I give permission for a staff member to administer the school's spare AAI (EpiPen) to my child, in the case of anaphylaxis.
I give permission for my child to use their diabetes equipment at school, as recommended by a healthcare professional.
I give permission for the school staff to administer medicine in accordance with the school policy.

The above information is, to the nest of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the school policy.
I will inform the school immediately, in writing, if there is a change in the dosage or frequency of the medicine or if the medication is stopped.

Appendix 2: Medicines to be administered to pupils

Date	Pupil	Class	Name of Medicine	Dosage	Time	Initials

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Appendix 3: RIDDOR form: Report of an Injury

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Appendix 4: Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine

Name of School: The Downs Primary School and Nursery

Date:	_____/_____/_____
Child's Name:	
Class:	
Name and strength of medicine:	
Expiry date:	_____/_____/_____
How much to give (i.e. dose to be given):	
When to give:	
Any other instructions:	
Number of tablets / quantity to be given to school:	

Note: Medicines must be in the original container as dispensed by the pharmacy

Daytime phone no. of Parent or Adult Contact	
Name and phone no. of GP	

Parents' Signature	
Print Name	
Date	_____/_____/_____