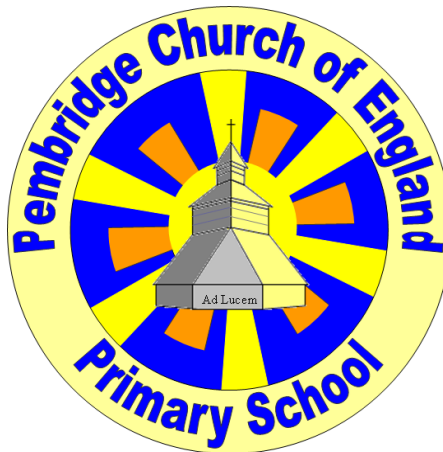


POLICY FOR FIRST AID

2026



INSPIRING LEARNING THROUGH FAITH AND VALUES

Pembridge is a school where we encourage everyone to be inspired through faith in God and to live by Christian values so that our teaching and learning is of the highest quality and our children achieve their very best.

Reviewed: Sept 2026

Reviewed by: Katie Froggatt (Acting Executive Headteacher)

1. Introduction

Pembridge CE Primary School undertakes to promote good health and safety within the school and during activities where there will be areas of risk. It aims for our whole community to flourish and be worthy of praise. Therefore, it strives to provide a secure environment for pupils, parents, employees and visitors.

This policy outlines the school's commitment and responsibility to provide caring, adequate and appropriate first aid and medical attention to all who are part of the environment. It will be shared with all established members of staff and those newly entering the school environment.

The policy will be reviewed annually by the Head Teacher and the Governing Body.

Objectives

- to appoint the appropriate number of 'First Aiders at Work' and 'Appointed Persons' to least meet the needs of the school (DFE guidelines)
- to provide training and monitoring
- to provide sufficient and appropriate resources
- to inform all staff, volunteers and parents of the school's arrangements for First Aid
- to keep appropriate records of all accidents
- to report incidents and accidents to the HSE if required by means of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR); this is at the Head Teacher's request.

2. First Aid Provision and Responsibilities.

No member of staff is a qualified paramedic. All have volunteered to have the necessary skills and knowledge to support children and adults who need first aid. We endeavour to have all members of staff trained in Emergency First Aid at Work. The team will give immediate help to casualties with minor injuries, illnesses and those that require more specific medical intervention. All emergency incidents will be referred to a member of staff who will assess the situation and decide on the appropriate action in conjunction with the Head Teacher or equivalent in his absence. If appropriate, the casualty will be accompanied by a first aider until the parents / carers arrive, or an ambulance arrives.

First Aid at Work training is updated every three years through an accredited independent provider. First aiders must also agree to in-house training to administer specific life-saving medication for designated children with specific conditions.

Paediatric first aid training is also provided for staff who are currently working with children under the age of five. This is updated every three years.

A designated member of staff will be responsible for checking and ordering first aid supplies in accordance with the DFE guidance.

3. Contacts

In all instances of illness or accident, every attempt will be made to contact a parent / carer or next-of-kin, but if it is deemed that emergency action is required, the school undertakes to refer the patient to the appropriate professionals without prior consent. Therefore, all contact numbers are kept up to date in the school office near the phone or on SIMS; we aim for at least two contact numbers for each pupil.

4. First Aid Equipment

The main first aid supplies are located in the first aid cupboard. Prescribed medication and care plans for identified children are kept in an additional locked first aid cabinet in the nurture room.

Other first aid boxes and resources are located in:

- 1) The freezer in the kitchen.
- 2) There is a first aid 'outdoor bag' also located in the First Aid room which is taken when on off site visits.

Any member of staff (including lunch-time supervisors, teaching and non-teaching staff) who has used any of the first aid resources at any time should replace used items to ensure that the bags and boxes are kept fully equipped. All supplies are kept in the drawers in the first aid room.

Plastic gloves are supplied in all bags and boxes and must be worn by everyone to protect themselves and the casualty when dealing with any open cuts / wounds.

5. Logging injuries/accidents

Any injuries sustained will be recorded via **I Am Compliant**. Where appropriate, a copy of the completed online form will be email to parents. See Appendix 1 for information as to what should be reported to parents. For head injuries, parents/carers will also be telephoned.

If a member of staff assesses the casualty and who does not have the First Aid at Work certificate, they should seek immediate support and advice but at no point leave the pupil or adult unattended.

Reporting to the HSE

The office administrator will keep a record of 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).

The office administrator 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.

6. Monitoring of Accidents/Injuries

Monitoring of the accident reports will take place on a termly basis by the School Business Manager and by the school governors to ensure that any recurring injuries may be investigated promptly, and any new procedures put in place and communicated to staff. This also allows staff to ensure effective safeguarding of children.

7. Medical Information

First aid and medical provision is made according to an assessment of risk for each situation, (classroom, field, forest area, playground, extra-curricular activities, trips etc), and with knowledge of specific children. These will be reviewed as far as it is reasonably possible according to the changes in information and the medical needs of pupils and employees.

It is the responsibility of parents / carers to keep the school informed and updated in writing of any changes to the health and medical requirements of their children. The school cannot be responsible for any shortcomings in medical provision if this information is not forthcoming.

The school will keep medical information about particular pupils and the members of staff responsible for that pupil should make themselves aware of his or her medical requirements.

It is the responsibility of employees and voluntary helpers to keep the school informed and updated of any changes to their own health and any medication that may pose a risk to the health and safety of themselves, the pupils and their colleagues during the everyday performance of their tasks.

8. Procedures for pupil illness and accidents during school hours

If a child is unwell or injured and the class teacher (in discussion with a first aider) deems they should go home, parents should be contacted in order to pick up their child. If the child has a significant or worrying injury, then the school will contact parents / carers to assess their individual child. In such circumstances, children should wait by reception until picked up, with the office door open. If the child is particularly unwell / injured (e.g. being sick), a first aider should wait with them. If this is not required, a first aider should check up on the child every 10 minutes. If a child's circumstances change or if the school office is unattended at any time whilst a child is waiting for collection, a first aider will be sought to remain with the child.

When making a phone call to the emergency services, 112 should be rung (rather than 999) as this enables the call centre to triangulate the exact location. In the event of a call being made out of range of the cordless phone, a staff member's mobile phone, or walkie-talkie system, should be used. Information regarding ICE (In Case of Emergency) is in the school office.

9. Provision and Administration for Medicines

A record of allergies and medical conditions are listed in the first aid folder in the first aid room, in the classrooms and the staff room. These are on individual and class care plans. An allergy and updated medical list are provided to each class at the start of an academic year and updated accordingly. An allergy list is provided to the lunchtime staff also.

It is usually not necessary for medication to be taken during the school day. In exceptional circumstances, a member of staff may undertake to administer a dose of prescription medication, with the consent of the Head Teacher. This should be named and in the original packaging with a medical consent form completed by the parent / carer. Both are then stored in the school office, or the staffroom fridge.

Asthmatics are encouraged to carry an inhaler with them at all times and to provide an additional inhaler to be kept with their class teacher. Inhalers should be carried off-site in the first aid 'outdoor bag' e.g. for sports activities and other visits. The school has two spare inhalers and these are kept in the first aid cabinet.

Medication for specific medical conditions that require care plans must be kept in the locked main first aid cabinet in the nurture room, only to be administered by staff and with written parental consent. Two staff must be present for the administration of any prescription medicine.

Diabetics who require medication during the school day will be aided by trained staff, with written parental consent and guidelines.

Contagious diseases and infections (for example impetigo, chickenpox, conjunctivitis etc.) if suspected, should be referred to the doctor, and appropriate action taken. The Head Teacher may elect to refuse attendance for a specified period, on the grounds of contagion risk based on advice given from Health Services.

10. School Visits and Activities

On all trips, members of staff are required to check the medical requirements of all those taking part and to carry all relevant information with them. Staff have emergency contact numbers with them and a thorough

risk assessment is completed beforehand. Staff are equipped with the mobile first aid bag and any individual medications and care plans for specific children. Staff will ensure a mobile phone is available to use in case of an emergency. In the event of a child being taken to hospital by emergency services, a member of staff must remain with the child where possible.

This policy will be reviewed at least annually.

Appendix 1



Guidance for reporting first aid to parents

The key principle should be:

Parents should be informed whenever an injury, illness or first-aid incident could reasonably affect the child's wellbeing, comfort, participation in school or require monitoring after school.

We will look to classify incidents into **Must Report**, **Should Report**, and **Do Not Normally Report** categories.

Must Report to Parents Immediately

Contact parents as soon as possible (telephone first, followed by I Am Compliant email where appropriate):

- Any head injury, however minor.
- Any injury to the face, eye, mouth or teeth.
- Any incident involving loss of consciousness, confusion, dizziness or vomiting.
- Any suspected fracture, dislocation, sprain or significant soft-tissue injury.
- Any injury requiring emergency services or medical assessment.
- Any wound requiring closure (stitches, glue, steri-strips).
- Significant bleeding.
- Burns or scalds beyond very minor redness.
- Allergic reactions.
- Asthma attacks requiring medication or intervention.
- Seizures.
- Administration of prescribed emergency medication.
- Any incident involving a safeguarding concern.
- Any incident where the child remains distressed, unwell or unable to participate normally.
- Any injury resulting from a significant accident, altercation, restraint or unusual event.

Should Report to Parents (Same Day)

Inform parents by the end of the school day, using I Am Compliant:

- Bumps to the body requiring an ice pack/cold compress.
- Minor cuts requiring cleaning and a plaster.
- Minor nosebleeds that stop quickly.
- Minor grazes requiring first aid.

- Minor knocks that cause temporary discomfort.
- Minor insect stings or bites requiring treatment.
- Episodes of illness where the child recovered and remained in school.
- Any repeated first-aid attendances on the same day.

Do Not Normally Require Parent Notification

Provided the child recovers immediately and no ongoing treatment is needed:

- Application of a cold compress for less than a few minutes where no injury is evident.
- Assistance with routine hygiene (washing hands, cleaning mud, etc.).
- Provision of tissues or comfort following minor upset with no injury.
- Very minor superficial scratches requiring no treatment.
- Routine care already covered by an agreed medical care plan.

Additional Principles

When in Doubt, Inform

If staff are uncertain whether an incident is significant, they should err on the side of informing parents.

Focus on Impact, Not Treatment

The decision to notify should depend on:

- Location of injury.
- Severity.
- Potential for delayed symptoms.
- Ongoing discomfort.
- Need for parental monitoring.

rather than solely on whether first aid was administered.

Special Rule for Head Injuries

All head injuries should:

- Be recorded.
- Be reported to parents the same day.
- Include advice on symptoms that require medical attention.

Example Decision Table

Incident	Notify Parents?
Grazed knee cleaned and plaster applied	Yes – same day
Small paper cut requiring no treatment	Usually no
Head bump with cold compress	Yes – same day
Nosebleed lasting 2 minutes	Yes – same day
Child faints	Immediate contact
Minor scratch noticed but no treatment required	Usually no

Incident	Notify Parents?
Suspected broken finger	Immediate contact
This approach balances transparency with practicality, ensuring parents are informed about incidents that matter while avoiding excessive reporting of trivial events.	