Brookmead School
Bringing learning to life and life to learning

First aid policy

Approved by:	Governing Body	**Date:**	April 2026

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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 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
- 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

Early Years First Aid Requirements

The school ensures full compliance with the Early Years Foundation Stage (EYFS) statutory framework by maintaining appropriate paediatric first aid provision at all times. Whenever Early Years children are on the premises, at least one member of staff with a current full Paediatric First Aid (PFA) certificate is present and immediately available, and a PFA-qualified member of staff accompanies all EYFS groups on outings.

Any member of staff counted in the EYFS staff:child ratios—including apprentices aged 16+, students on long-term placements, volunteers aged 17+, and staff qualified through the Experience-Based Route—must hold a full 12-hour PFA qualification. Emergency Paediatric First Aid (EPFA) alone does not meet ratio requirements. The school's first aid arrangements for Early Years are informed by a first aid needs assessment and ensure that sufficient trained personnel, equipment, and procedures are in place to respond promptly and effectively to accidents or medical emergencies involving young children.

The school maintains appropriate first aid provision for all employees in line with the Health and Safety (First Aid) Regulations 1981. We currently have two members of staff who hold full First Aid at Work (FAW) qualifications, ensuring competent first aid cover for staff at all times. In addition, all staff on site receive first aid training**,** which is refreshed and renewed in accordance with statutory requirements and recognised training cycles.

Our first aid arrangements are informed by first aid needs assessment**,** which considers the nature of staff duties, the number of employees, and the size and layout of the school. While the minimum legal requirement is to have an appointed person to oversee first aid equipment, facilities, and emergency procedures, the school exceeds this requirement through the provision of trained first aiders. The appointed person does not

need to be first-aid trained; however, where an appointed person is not designated, the responsibilities outlined in Section 3.1 are allocated to appropriate staff members.

3.1 Appointed person(s) and first aiders

The school's appointed first aiders are listed in appendix 1. They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- 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
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- Keeping their contact details up to date
- Our school's first aiders are listed in appendix 1. Their names will also be displayed prominently around the school.

3.2 The governing board

The governing board has ultimate responsibility for health and safety matters in the school, but 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 appointed persons and/or trained first aid personnel are present in the school at all times
- In 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 first aiders/ leaders 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)

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 accident reports (see appendix 2) for all incidents they attend to where a first aider/appointed person is not called
- Informing the headteacher or their leader of any specific health conditions or first aid needs

4. First aid procedures

Sections 4.1 and 4.2 below assume that most schools have a first aider. Adapt these procedures as necessary to suit your context. In particular, if you have an appointed person as well as or instead of a first aider, set out their role in the procedures here.

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 seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment -all staff are first aid trained.
- The first aider 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 Headteacher/Office Manager will contact parents immediately
- The first aider/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
- Staff should ensure that they wear protective gloves when dealing with bloods and bodily fluids. They should ensure that these are disposed of in a hazard bag.

Head Bumps / Injuries

- For children who have been assessed by the first aider as having a low level head bump which does not pose a significant concern in their professional judgement, the first aider will put a head bump sticker on the child in order that parents and staff are aware. A slip will be handed to the person teaching the class by the first aider to be given out at the end of the day.
- For children who have been assessed by the first aider as having a more significant head bump, a call will be made to the parent / carer by the member of staff who is first aid trained who deals with the head injury to advise monitoring or collection. Where the child does not need to be collected, a sticker will be put on the child to ensure staff and parents are aware. A slip will be handed to the person teaching the class by the first aider to be given out at the end of the day.
- With more significant head injuries, emergency procedures will be followed by the first aider dealing with the head injury.

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 with the school contact number

- A portable first aid kit
- 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.

There will always be at least 1 first aider with a current first aid certificate on school trips and visits. For early years trips, there will always be a PFA in attendance.

There will always be at least 1 first aider on school trips and visits.

When on a residential trip, staff will carry Nurofen and Calpol to dispense as and when required. Parental permission to administer these medicines will have been obtained prior to the residential trip.

4.2 Outbreak procedures

Where an outbreak (such as respiratory conditions or Norovirus) is identified, the school will immediately contact the Health Security Agency and follow the procedures and actions in the outbreak folder. This is kept in the medical room and contains all relevant information, procedures and actions. These can also be found as an addendum and in the medical policies electronic folder.

5. First aid equipment

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

- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Cold compresses

No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room
- The school kitchens

6. Record-keeping and reporting

In addition to the below, maintained schools should check whether they have any obligations to report accident and first aid records to their local authority.

6.1 First aid and accident record book

- An accident form (duplicate book) will be completed by the first aider/relevant member of staff on the same day or as soon as possible after an incident resulting in an injury – this book can be found in the Medical Room.
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the required accident form

- Serious incident require records to be held in the formal first aid and accident book 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 or to ACCESSNET

The First Aider/Bursar 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 First Aider/School Business Manager will report these to the Health and Safety Executive / ACCESSNET 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

Schools with Early Years Foundation Stage provision add sections 6.3 and 6.4 below:

6.3 Notifying parents

The classteacher will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable using an accident slip. In some cases, there may be the need to telephone a parent.

6.4 Reporting to Ofsted and child protection agencies

The Headteacher 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 DSL/Headteacher will also notify all relevant agencies of any serious accident or injury to, or the death of, a pupil while in the school's care.

7. Training

All school staff are expected to attend first aid training and renew this when directed by the senior leadership team.

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 (see appendix 3).

Staff will be provided with time 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.

8. Monitoring arrangements

This policy will be reviewed by the Governance and Strategy Committee every 3 years.

At every review, the policy will be approved by the Headteacher and Chair of the Governance and Strategy Committee.

9. Links with other policies

This first aid policy is linked to the

- Health and safety policy

Appendix 1: list of appointed persons(s) for first aid and/or trained first aiders

STAFF MEMBER'S NAME	ROLE
Liz Singer	Nurture Lead / First Aider (main)
Sophie Fernandez Lewis Megan Randall Natasha Baughan Michaela Lamon Claire Miller Anna King	Paediatric First Aider
A list of staff who have had first aid training and when they completed their training is available via the school office for audit purposes. All other staff received emergency paediatric first aid training in the spring term 2026.	

Appendix 2: reporting accident

See Accident Book for record of low level accidents – duplicate kept in school and copy sent home

Significant incidents involving calling 999 will require a full Incident Accident report form being completed and a report to Assessnet.

Appendix 3: first aid training log

The Office Manager keeps a record of first aid training, including those members of staff who have received paediatric first aid training.

Appendix 4: Outbreak Procedures

South East Region	**Respiratory Outbreaks** **tion card aims to explain the key actions for managing cases and outbreaks of respiratory ons in an education or childcare setting, in line with published guidance:** Health protection in ion and childcare settings - GOV.UK (www.gov.uk) contact your local Health Protection Team if: ● You are a SEND or other setting with children who have heath conditions and there are laboratory confirmed influenza cases ● you are a mainstream or SEND school and have any pupils who are seriously unwell in hospital or any deaths from a respiratory illness.
Transmission Route	Person to person spread through small droplets, aerosols and through direct contact. Surfaces and belongings can also be contaminated when people with the infection cough or sneeze or touch them. The risk of spread is greatest when people are close to each other, especially in poorly ventilated indoor spaces.

Exclusion	Guidance (including translations) for children in educational settings included in People with symptoms of a respiratory infection including COVID-19 - GOV.UK (www.gov.uk) • Children and young people who are unwell and have a high temperature should stay at home and where possible avoid contact with other people. They can go back to an education or childcare setting when they no longer have a high temperature, and they are well enough. • It is not recommended that children and young people are tested for COVID-19 unless directed to by a health professional. • If a child or young person has a positive COVID-19 test result they should try to stay at home and where possible avoid contact with other people for 3 days after the day they took the test. • Adults with a positive COVID-19 test result should try to stay at home and avoid contact with other people for 5 days. • Children and young people who usually go to school, college or childcare and who live with someone who has COVID-19 or another respiratory illness such as flu should continue to attend as normal unless they become unwell. • Children with mild symptoms such as a runny nose, sore throat, or mild cough, who are otherwise well, can continue to attend their education or childcare setting.
Closures	It is not necessary to close the school unless there are operational reasons such as significant staff absence. This would be a decision for the school in conjunction with the relevant educational authority.
Recommended actions for limiting transmission	
Hand and respiratory hygiene	• Children should be supervised and/or encouraged to wash their hand regularly • Hand washing with liquid soap and warm water preferred over alcohol gel • Paper towels or hand dryers should be used for drying hands (and a wastepaper bin provided for disposal of towels if applicable) • Encourage good respiratory hygiene (using and disposing of tissues) • e-Bug | England Home has a range of educational resources for ages 3-16 to learn about microbes, infection prevention and control, antibiotics and vaccination.
Cleaning and disinfection	• Regular cleaning using standard cleaning products such as detergents and bleach is an important part of reducing transmission • Frequently touched surfaces such as door handles, light switches and work surfaces should be wiped down twice a day and one of these should be at the beginning or the end of the working day • Cleaning frequently touched surfaces is particularly important in bathrooms and kitchens.
Ventilation and use of outdoor space	• Consider use of outdoor spaces if possible • Ensure occupied spaces are well ventilated and let fresh air in. Further information: COVID-19: ventilation of indoor spaces to stop the spread of coronavirus - GOV.UK (www.gov.uk)
Communications	In the event of an outbreak, consider communications to raise awareness among parents and guardians and reinforce key messages, including the use of hand and respiratory hygiene measures.