

Mickle Trafford Village School



First Aid Policy (Including Managing Medicines and Child Health in School)

Date of policy	Spring 2026
Date for Review	Spring 2027
Date policy approved by School Governing Body:	11.2.2026

We care, we learn, we belong

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

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, guidance from the Health and Safety Executive (HSE) on incident reporting 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

Roles and responsibilities

Qualified First Aider names are displayed in the office and staff room. All first Aiders wear a green badge on their lanyard.

3.1 Appointed person(s) and first aiders

Who is responsible-

- Taking charge when someone is injured or becomes ill; First Aider, Class teacher and SLT
- Ensuring that an ambulance or other professional medical help is summoned when appropriate; First Aider, Admin, SLT
- 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 – with consent of SLT
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.
- Keeping their contact details up to date

3.2 The local authority and governing board

Cheshire West and Chester 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 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 managers 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 is not called
- Informing the headteacher or their manager of any specific health conditions or first aid needs

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 seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- 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 the scene until help arrives. A member of staff will accompany a pupil to hospital if required, remaining with them until a parent 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 admin will contact parents immediately
- The first aider and headteacher will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an 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 school/personal mobile phone
- A portable first aid kit including, at minimum:
- A leaflet giving general advice on first aid

- 6 individually wrapped sterile adhesive dressings
- 1 large sterile unmedicated dressing
- 2 triangular bandages – individually wrapped and preferably sterile
- 2 safety pins
- Individually wrapped moist cleansing wipes
- 2 pairs of disposable gloves
- Information about the specific medical needs of pupils.
- Additional medication that children require (e.g. epi-pens, inhalers).
- Emergency numbers of staff in school to access parent numbers/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 paediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

5. First aid equipment

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

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room
- The school kitchens
- Each Classroom

6. Record-keeping and reporting

6.1 First aid and accident record

All accidents are recorded on EdAware. Any head bumps are recorded and parents are informed by letter with a detached return notice. In addition to this pupils wear a wristband to alert parents that they have suffered a head bump at school.

Accident data is reviewed regularly to identify any trends and inform risk assessment.

6.2 Reporting to the HSE

The school 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 SLT 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.

School staff: reportable injuries, diseases or dangerous occurrences

These 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) which:
 - Covers more than 10% of the whole body's total surface area; or
 - Causes significant damage to the eyes, respiratory system or other vital organs
- 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
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the headteacher will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - Carpal tunnel syndrome
 - Severe cramp of the hand or forearm
 - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
 - Hand-arm vibration syndrome
 - Occupational asthma, e.g. from wood dust
 - Tendonitis or tenosynovitis of the hand or forearm
 - Any occupational cancer
 - Any disease attributed to an occupational exposure to a biological agent
- 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

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*

- An injury that arose from, or was in connection with, a work activity* and the person is taken directly from the scene of the accident to hospital for treatment
- *An accident “arises out of” or is “connected with a work activity” if it was caused by:
 - A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
 - The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
 - The condition of the premises (e.g. poorly maintained or slippery floors)
- 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)
<http://www.hse.gov.uk/riddor/report.htm>

6.3 Notifying parents

The class teacher or teaching assistant 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. Any head bumps are recorded and parents are informed by letter with a detached return notice. In addition to this pupils wear a wristband sticker to alert parents that they have suffered a head bump at school.

7. Medical Information

Medical information about a child is gathered through the data collection sheets, which are updated annually, as well as through information provided by parent or carer. All important medical information is provided for class teachers and kept on EdAware as well as on sheets in register packs.

Records about those children with particular medical conditions or allergies is displayed securely in staff-only areas, with access limited to those who need to know, in line with data protection requirements.

All emergency phone numbers are kept in the contact file in the office or can be accessed by teachers on SIMs.

8. Pupils with Long term or complex medical needs

Mickle Trafford Village School will not discriminate against pupils with medical needs. In certain circumstances it may be necessary to have in place an Individual

Healthcare Plan. This will help staff identify the necessary safety measures to help support young people with medical needs and ensure that they, and others, are not put at risk. These plans will be drawn up in consultation with parents and relevant health professionals. They will include the following information:

- Details of the young person's condition
- Special requirements i.e. dietary needs, pre-activity precautions
- Any side effects of the medicines
- What constitutes an emergency
- What action to take in an emergency
- Who to contact in an emergency
- The role staff can play
- The IHP may also include arrangements for a pupil to self-administer medication where appropriate and agreed with parents.

In the case of the admission of a new pupil with medical needs, an IHP should be put in place as quickly as possible but admission may have to be delayed until appropriate arrangements can be put in place.

9. Pupils with disabilities or SEND

The school recognises that pupils with disabilities or SEND may require specific first aid responses or reasonable adjustments. Staff will be made aware of individual needs through SEND profiles and Individual Healthcare Plans, and first aid procedures will be adapted where necessary.

10. Administration of medicines

Medicines should only be brought into school if it is essential to administer during the school day. In the majority of cases, doses can be arranged around the school day. If medicines need to be given during the day, this can be done by the parent/carer calling in and administering the medicine themselves or by requesting that a member of staff administers the medicine.

Medicines that have been prescribed by a doctor, dentist or nurse prescriber should always be provided in the original container as dispensed by a pharmacist and include the prescribers instructions for administration. We will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parents' instructions.

In some instances we will administer medicines that have been bought over the counter such as Piriton and Calpol in order to promote regular attendance. However staff will never give a non-prescribed medicine to a young person unless there is a specific prior written agreement from parents or the permission has been obtained from the parent or carer by telephone and a written record is kept of this. A young person under 16 should never be given aspirin. Ibuprofen will only be administered with parental consent and in line with the school's medicines procedures.

Medicines brought into school are kept in the fridge in the kitchen or the lockable cupboard in the main office. They are stored strictly in accordance with the product instructions and in the original container in which dispensed. Staff ensure that the supplied container is clearly labelled with the name of the young person, name and dosage of the medicine and the frequency of administration.

Details of any medication required are recorded in the medicine file in the main office and recorded on the noticeboard as a reminder. The pupil's class teacher is also given a red slip to keep in the classroom.

If a medicine is given on an 'as required' basis (Calpol, Piriton etc), parents will be given a 'medicine administered slip' detailing the dosage and time of administration.

All Medicines, including controlled drugs, will be returned to the parent when no longer required, for them to arrange for safe disposal. If parents do not collect medicines they should be taken to a local pharmacy for safe disposal.

Pupils must not bring medicines into school for self-administration. Parents are asked to pass medication to the school office. Medication consent forms are available on the website for parents to download and fill in at home or in the school office.

11. Asthma and Anaphylaxis

Parents of asthmatic children are asked to ensure that their child is equipped with a labelled inhaler and to note the condition of the pupil data sheet. Inhalers are stored in the classrooms and the child has access to them at all times. They are taken onto the school field for PE lessons, outdoor lunches or sports events and taken to any off-site sports events by the staff member in charge.

A list of children in school with asthma and/or severe allergies is kept on the notice board in the front office and in the pupil contacts file and is updated regularly.

We encourage children with asthma to participate in all aspects of the curriculum including PE. The school does all that it can to ensure that the environment is favourable to pupils with asthma.

Use of Epipens for Anaphylaxis: Epipens are kept in the classroom first aid box and centrally in the staffroom on top of the SEND cupboard. Epipen pen training delivered 6.1.2026.

The school may hold spare adrenaline auto-injectors in line with DfE guidance, stored securely and used only in an emergency where appropriate consent is in place.

11. Controlled Drugs

Controlled drugs will be stored securely in a non-portable container to which only named staff have access. Administration will be witnessed by a second member of staff. Records will be kept of administration, doses used and the amount held in school. Pupils are not deemed competent to carry medication themselves.

13. Training

All school staff are able to undertake first aid training if they would like to.

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.

The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

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. The PFA certificate will be renewed every 3 years.

14. Monitoring arrangements

This policy will be reviewed by the SLT every year.

At every review, the policy will be approved by the headteacher and the governing board.

15. Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Risk assessment policy
- Policy on supporting pupils with medical conditions

