



# Vernon Primary School

## First Aid Policy

|                                                    |                                                                                                 |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>School</b>                                      | Vernon Primary School                                                                           |
| <b>Allergy Safety Lead</b>                         | Louise Currall                                                                                  |
| <b>Mental health / emotional wellbeing support</b> | Karen Wood                                                                                      |
| <b>Behaviour-related allergy concerns</b>          | Senior Leadership Team                                                                          |
| <b>Policy date</b>                                 | September 2026                                                                                  |
| <b>Review date</b>                                 | September 2027, or sooner following a significant incident, change in need or relevant guidance |

**Policy relationship:** This policy should be read alongside Vernon's Allergy Safety Policy and Supporting Pupils with Medical Conditions / Administration of Medicines arrangements. It sets out the school's first-response framework; condition-specific prevention, care planning and emergency arrangements remain in the relevant linked policies and Individual Healthcare Plans.

## **Aims and principles**

Vernon Primary School is committed to providing first aid arrangements that are proportionate, accessible and reliable. The purpose of first aid is to preserve life, prevent deterioration and promote recovery while appropriate professional medical help is obtained where needed.

Our approach is based on clear responsibility, competent staff, rapid access to appropriate equipment and information, and learning from incidents. First aid is one part of a wider system for supporting pupils with medical conditions; it does not replace Individual Healthcare Plans (IHPs), clinical action plans or condition-specific school policies.

- protect the health and safety of pupils, staff and visitors;
- ensure an appropriate and timely response to injury, sudden illness and medical emergencies;
- ensure staff understand when to summon emergency services and when condition-specific emergency procedures apply;
- maintain sufficient trained first aid provision, including paediatric first aid where required;
- ensure essential emergency medication and medical information are accessible without avoidable delay;
- record and communicate first aid and significant medical incidents appropriately; and
- use incident and near-miss information to strengthen practice and reduce foreseeable risk.

## **Legislation and guidance**

This policy has regard to the current legal and guidance framework in England, including:

- 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 (RIDDOR);
- School Premises (England) Regulations 2012;
- Social Security (Claims and Payments) Regulations 1979;
- Children and Families Act 2014, section 100, as amended by the Children's Wellbeing and Schools Act 2026;
- Department for Education (DfE), First aid in schools, early years and further education;
- DfE, Supporting pupils at school with medical conditions (statutory guidance), which remains in force pending further update;
- DfE, Allergy safety in schools (statutory guidance, July 2026);
- Department of Health and Social Care guidance on the use of adrenaline auto-injectors in schools;
- the statutory Early Years Foundation Stage framework where applicable; and
- Keeping Children Safe in Education 2026 and the school's wider safeguarding arrangements.

The Children's Wellbeing and Schools Act 2026 introduced specific allergy-safety duties. Vernon's detailed arrangements are set out in the separate Allergy Safety Policy; this First Aid Policy aligns the school's immediate emergency response with those arrangements.

## **Roles and responsibilities**

### **Governing Board**

- provide strategic oversight of health and safety and seek assurance that first aid provision is suitable and sufficient;
- ensure arrangements for pupils with medical conditions and allergies are properly implemented; and
- review relevant incident themes and improvement actions at an appropriate level of confidentiality.

### **Headteacher**

- ensure an appropriate number and distribution of trained first aiders are available, taking account of the school day, site, activities and absences;
- ensure first aiders remain appropriately trained and competent;
- ensure all staff understand how to summon first aid and emergency medical assistance;

- ensure suitable first aid facilities, equipment and risk assessments are in place;
- ensure significant incidents are reviewed and external reports are made where legally required; and
- ensure this policy works consistently with the school's medical conditions, allergy safety, safeguarding and educational visits arrangements.

#### First aiders

- act as first responders to injury or sudden illness and provide immediate treatment within the scope of their training;
- assess whether additional assistance or emergency services are required and remain with the person until appropriate help takes over;
- follow relevant IHPs and clinical action plans where these are available and applicable, without delaying life-saving action;
- ensure the incident and treatment are recorded promptly and accurately; and
- identify concerns, equipment shortages or learning points and report them through the school's agreed route.

#### All staff

- know how to obtain first aid and call 999 in an emergency;
- follow school emergency procedures and the relevant medical/allergy action plan when caring for a pupil with a known condition;
- never delay urgent treatment while waiting for a designated first aider where immediate life-saving action is required and they are able to act;
- complete or contribute to incident records when required; and
- inform the Headteacher/appropriate manager of relevant personal health or first aid needs.

#### Allergy Safety Lead

Louise Currall is Vernon's named Allergy Safety Lead. Her allergy-specific responsibilities, including the allergy register, IHP oversight, staff allergy-awareness training, spare adrenaline auto-injectors and allergy incident review, are set out in the Allergy Safety Policy.

#### First aid needs and provision

The school will assess its first aid needs and maintain provision that reflects pupil and staff numbers, the age and needs of pupils, site layout, higher-risk activities, educational visits, extended provision and foreseeable absences of trained staff.

Where EYFS children are present, at least one person with a current paediatric first aid certificate meeting the applicable statutory requirements will be available as required, including on relevant outings.

A current list of trained first aiders will be maintained and made readily available to staff. Appendix 1 should be updated whenever staffing or qualification dates change.

#### In-school first aid procedures

In the event of an injury, sudden illness or medical emergency:

1. The closest member of staff will make the immediate area safe, assess the situation and summon a trained first aider where appropriate.
2. Life-threatening emergencies take priority. Staff should call 999 promptly when the person's condition requires emergency medical assistance.
3. The first aider will assess the person, provide treatment within their competence and decide whether further help is required.
4. The person will not be moved unnecessarily. Positioning will reflect the nature of the emergency and current first aid guidance.

5. If a pupil is too unwell to remain in school but does not require emergency treatment, parents/carers will be contacted to collect them and given relevant information about the incident and treatment.
6. If emergency services are called for a pupil, parents/carers will be contacted as soon as practicable after urgent care has begun.
7. The incident and treatment will be recorded on Medical Tracker or the school's appropriate recording system as soon as reasonably practicable.

Staff will respect dignity and privacy while ensuring appropriate supervision. Appropriate personal protective equipment and infection-control procedures will be used when there is a risk of contact with blood or bodily fluids.

### Medical emergencies and known medical conditions

Where a pupil has a known medical condition, first aid and emergency response must connect with the pupil's agreed school arrangements. Relevant staff should know how to access the pupil's IHP and any clinical action plan.

- an emergency must never be delayed solely because a written plan cannot immediately be located;
- essential prescribed emergency medication must be accessible to the pupil without avoidable delay;
- staff should act within their training and follow the current clinical plan and school procedures;
- where the pupil's condition is life-threatening or deteriorating, 999 should be called promptly; and
- after a significant medical incident, the school will consider whether the IHP, risk assessment, staff information or training needs review.

Administration of routine and prescribed medicines is governed by the school's Supporting Pupils with Medical Conditions / Administration of Medicines arrangements. This First Aid Policy does not impose a blanket prohibition on short-term prescribed medication; decisions must be made in accordance with the school's medicines policy and statutory medical-conditions guidance.

### Allergy and anaphylaxis

This section provides the immediate first-aid interface with Vernon's Allergy Safety Policy. The Allergy Safety Policy contains the school's full arrangements for prevention, risk assessment, IHPs, Allergy Action Plans, prescribed and spare adrenaline devices, training, wellbeing and incident learning.

**Suspected anaphylaxis:** Treat as a medical emergency. Adrenaline should be administered without avoidable delay in accordance with the individual's Allergy Action Plan and Vernon's Allergy Safety Policy, and 999 should be called.

1. Stay with the pupil/person and call for help. Do not send them to another room or ask them to walk to their medication.
2. Follow the current Allergy Action Plan where available.
3. For suspected anaphylaxis, give the person's prescribed adrenaline immediately if available; otherwise use an appropriate school-held spare AAI in accordance with current law and school procedures.
4. Call 999 and state 'anaphylaxis'. Do not delay adrenaline while waiting to make the call.
5. Position the person appropriately: usually lying flat with legs raised; if breathing is difficult they may sit up gently. Do not allow them to stand or walk.
6. If there is no improvement after 5 minutes, give a second dose of adrenaline using a second device if available.
7. Commence CPR if there are no signs of life and follow emergency-service instructions.
8. Contact parents/carers as soon as practicable after emergency treatment has begun and record the incident, medication and timings.

An asthma reliever inhaler must not be used instead of adrenaline to treat anaphylaxis. Where a pupil with both asthma and allergy develops sudden breathing difficulty after possible allergen exposure, staff should consider anaphylaxis and follow the pupil's Allergy Action Plan.

Allergy-related serious incidents and near misses will be reviewed under the Allergy Safety Policy as well as being recorded through the school's first aid/medical incident system.

### **Off-site visits and educational activities**

First aid arrangements must form part of educational visit planning and risk assessment. Pupils with medical conditions or allergies will not be excluded from trips solely because of their condition; reasonable adjustments and individual controls will be planned to support safe participation.

- a school mobile phone and an appropriate portable first aid kit will be available;
- trip leaders will have access to relevant emergency contacts and necessary information about pupils' medical needs;
- essential emergency medication, including AAls and inhalers, will travel with the pupil and remain rapidly accessible rather than being packed where it cannot be reached quickly;
- relevant IHPs and action plans will be available to adults who may need to act;
- allergy-specific risk assessment and food/provider arrangements will be completed where required;
- an appropriately trained adult will be present in accordance with the needs of the group and statutory EYFS requirements; and
- the school's emergency procedures will be followed as closely as circumstances allow.

### **First aid equipment, AED and emergency medication**

First aid kits will be stocked according to the school's assessed needs and checked and replenished routinely. Vernon's current arrangements include first aid kits in classrooms, corridor areas and the school office. The school also has an automated external defibrillator (AED) on site; its location and access arrangements will be clearly communicated to staff.

Routine medication is not stored in general first aid kits. Emergency medication - including pupils' prescribed emergency medication, school-held spare AAls and an emergency salbutamol inhaler where the school holds one - is stored and managed separately under the relevant school policy and national guidance.

Emergency medication must be accessible without avoidable delay. In a medical emergency, medication should be brought to the pupil/person; an unwell pupil must not be sent to retrieve it.

- first aid kits will contain suitable dressings, gloves and other supplies identified through the first aid needs assessment;
- stock will be checked regularly and expired or used items replaced;
- the AED will be maintained in accordance with manufacturer requirements and local arrangements; and
- emergency medicines and devices will be subject to their own storage, expiry-checking and recording procedures.

### **Record keeping, parent communication and reporting**

#### **Medical Tracker / incident records**

An appropriate record will be made as soon as reasonably practicable following an incident requiring first aid or a significant medical response. Records should be factual, proportionate and sufficiently detailed to support continuity of care and any subsequent review.

- date, time and location;
- person affected and relevant class/role;
- what happened and any known trigger or cause;
- observed injury, illness or symptoms;
- first aid or emergency medication given, including timings where relevant;
- whether parents/carers, 999 or another healthcare service were contacted;
- immediate outcome and any follow-up action; and
- name of the member(s) of staff responding.

### Informing parents/carers

Parents/carers will be informed of accidents, significant illness, allergic reactions and first aid treatment on the same day or as soon as reasonably practicable. The school will continue its established arrangements for parent notification, including specific communication following head injuries. Where emergency services are called, parents/carers will be contacted promptly once immediate treatment is underway.

### RIDDOR and other statutory reporting

The School Business Manager will ensure that incidents meeting the legal threshold for reporting under RIDDOR are reported to the Health and Safety Executive using the school's agreed local-authority reporting arrangements. Not every accident, hospital attendance, allergic reaction or near miss is RIDDOR-reportable; the statutory criteria will be applied to the circumstances of each case. Where another statutory reporting route applies - for example food-safety reporting, safeguarding notification or requirements relating to separately registered early years provision - the school will make the appropriate notification.

### Serious incidents, near misses and learning

Vernon will distinguish routine first aid events from serious incidents and near misses that reveal a significant risk or potential system failure. A near miss is an event that caused no harm but had clear potential to do so.

The school will use a 'no blame, learn and improve' approach. This supports openness and system learning while retaining appropriate professional accountability.

- record the event and immediate response;
- inform the appropriate senior leader and, for allergy-related events, Louise Currall;
- seek the views of the pupil and parents/carers where appropriate;
- consider whether risk assessments, IHPs, action plans, equipment, staffing, training or communication require change;
- identify actions, owners and timescales and check that actions are completed;
- share relevant learning with staff without unnecessary disclosure of personal medical information; and
- escalate to governors or external agencies where the seriousness or legal reporting requirements make this appropriate.

### Training and competence

All designated first aiders must complete appropriate accredited training and hold a current certificate of competence. The school will maintain a training register and plan renewal before certificates expire.

At all times required by the EYFS framework, at least one member of staff with a current qualifying paediatric first aid certificate will be available.

All pupil-facing staff will receive allergy-awareness and anaphylaxis emergency-response training at least annually in accordance with Vernon's Allergy Safety Policy. This is a whole-school requirement and is separate from holding a first aid qualification.

- new staff will receive appropriate first aid and medical-emergency information during induction;
- supply, temporary and visiting pupil-facing staff will receive the essential information needed to respond safely;
- staff asked to undertake specific medical support will receive suitable training and be assessed as competent where required; and
- practical rehearsal or emergency drills may be used to test whether arrangements work reliably in practice.

### **Emotional wellbeing following significant incidents**

A serious injury or medical emergency can have an emotional impact on the pupil, their family, peers, witnesses and staff who responded. The school will consider wellbeing needs following significant incidents rather than treating the event as complete once the immediate physical emergency has ended. Karen Wood will provide or coordinate additional emotional wellbeing or mental health support where appropriate. Allergy-related bullying, deliberate exposure, threats or misuse of another pupil's emergency medication will be referred to the Senior Leadership Team and managed under the school's behaviour and safeguarding procedures.

### **Monitoring and review**

First aid provision will be reviewed at least annually and sooner where an incident, near miss, staffing change, change in pupil need or change in guidance indicates that arrangements should be reconsidered.

- number, distribution and currency of first aid and paediatric first aid qualifications;
- first aid kit and AED availability and maintenance;
- accessibility of emergency medication and medical information;
- Medical Tracker recording and parent communication;
- educational visit and extended-provision arrangements;
- themes from serious incidents and near misses;
- interface with the Allergy Safety Policy and medical-conditions arrangements; and
- completion and impact of agreed improvement actions.

The Governing Board will approve the policy in accordance with the school's governance arrangements. Implementation will be judged by whether procedures are understood and work reliably in practice, not simply by whether documentation exists.

### **Links with other policies**

- Allergy Safety Policy
- Supporting Pupils with Medical Conditions / Administration of Medicines
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Educational Visits Policy
- Risk Assessment arrangements
- Behaviour and Anti-Bullying Policy
- Data Protection Policy
- Equality / Accessibility arrangements
- Early Years policies and procedures, where applicable

## Appendix 1. Trained first aiders

This appendix should be maintained as a live list. The following names and qualification information have been carried forward from Vernon's September 2026 First Aid Policy and should be checked against current training records before approval.

| Name                    | Position           | Qualification        | Expiry date |
|-------------------------|--------------------|----------------------|-------------|
| Mrs Julie Evans         | Teacher            | First Aid at Work    | Sept 2027   |
| Mrs Louise Currall      | SBM                | First Aid at Work    | Sept 2027   |
| Mr Chris Christoforou   | Site Manager       | First Aid at Work    | Sept 2027   |
| Mrs Penny Brammar       | Teacher            | Paediatric First Aid | May 2029    |
| Mrs Kate Delaney Morris | Teaching Assistant | Paediatric First Aid | May 2029    |
| Mrs Debbie Wilson       | Teacher            | Paediatric First Aid | May 2029    |
| Mrs Wendy Beresford     | Office             | Paediatric First Aid | May 2029    |
| Mrs Mel Schofield       | Teaching Assistant | Paediatric First Aid | May 2029    |
| Mrs Julie Bowden        | MDA                | Paediatric First Aid | May 2029    |
| Mrs Kath Rose           | MDA                | Paediatric First Aid | Sept 2027   |
| Mrs Rebecca Spackman    | Teaching Assistant | Paediatric First Aid | Jan 2028    |
| Mrs Katie Power         | Teacher            | Paediatric First Aid | Feb 2028    |

**Mental Health First Aiders:** Karen Wood and Kerry Walmsley (carried forward from the September 2026 policy).

## Appendix 2. Emergency response prompts

|                                   |                                                                                                                                                                                   |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Life-threatening emergency</b> | Call 999 promptly. Provide immediate life-saving first aid within training. Send another adult to meet/direct the ambulance where possible.                                       |
| <b>Anaphylaxis</b>                | Give adrenaline without avoidable delay; call 999 and say 'anaphylaxis'; follow the Allergy Action Plan and Allergy Safety Policy; second dose after 5 minutes if no improvement. |
| <b>Unconscious but breathing</b>  | Maintain airway and use an appropriate safe position, taking account of the suspected condition/injury; monitor continuously and call emergency services as required.             |
| <b>Not breathing normally</b>     | Call 999/AED, start CPR and use the AED as soon as available, following its prompts.                                                                                              |
| <b>Known medical condition</b>    | Follow the current IHP/action plan where available. Do not delay urgent life-saving action while searching for paperwork.                                                         |

## Appendix 3. First aid / medical incident record checklist

- ☐ Person affected and class/role
- ☐ Date, time and location
- ☐ Description of incident / symptoms
- ☐ Known trigger or cause, if relevant
- ☐ First aid treatment provided
- ☐ Emergency medication, dose/device and time
- ☐ 999 / healthcare contact and time

- ☐ Parent/carer contact and time
- ☐ Outcome / collection / hospital transfer
- ☐ Responder(s)
- ☐ Follow-up required
- ☐ Serious incident / near miss review required?

#### Reference framework

This policy has been drafted with reference to the following current national framework. Vernon should review the policy if these requirements change.

- Department for Education (2026), Allergy safety in schools - statutory guidance.
- Children's Wellbeing and Schools Act 2026, section 34, inserting allergy safety duties into the Children and Families Act 2014.
- Department for Education, Supporting pupils at school with medical conditions - statutory guidance (current guidance remains in force pending update).
- Department for Education, First aid in schools, early years and further education.
- Department of Health and Social Care, Guidance on the use of adrenaline auto-injectors in schools.
- Health and Safety Executive guidance on first aid at work and RIDDOR.
- Statutory Framework for the Early Years Foundation Stage, where applicable.

Drafting note: the term 'Benedict's Law' is widely used to describe the school allergy-safety reforms.

Formal legal references in this policy use the Children's Wellbeing and Schools Act 2026 and the DfE statutory Allergy safety in schools guidance.