



Christleton Primary School
Be the best you can be

First Aid Policy

Document Name		Reviewed by	
First Aid Policy		Full Governing Body	
Author	Mr Mitchell	Version number	2.0
Date of Policy	Policy Reviewed	Next Review	
September 2026		September 2028	
Signed Headteacher		<i>Mr Mitchell</i>	
Signed Chair of Governors			

Christleton Primary School

First Aid Policy

1. Purpose and scope

Christleton Primary School will provide adequate, appropriate and accessible first-aid arrangements for employees and will include pupils, visitors, volunteers and contractors in its assessment of need. First aid is immediate assistance intended to preserve life, prevent deterioration and promote recovery until further medical help is available.

Nothing in this policy prevents any person calling 999. In a serious emergency, one adult should call emergency services while another provides first aid, sends for the AED/medication and arranges access and supervision.

2. Employer and legal framework

Cheshire West and Chester Council is the employer for this community school. The school will follow the Council's current health-and-safety, accident-reporting and insurance procedures. The policy has regard to the Health and Safety at Work etc. Act, the Health and Safety (First-Aid) Regulations 1981, the Management Regulations 1999, RIDDOR 2013, DfE first-aid guidance, the EYFS framework and statutory guidance on supporting pupils with medical conditions.

3. First-aid needs assessment

The headteacher will ensure a documented needs assessment is completed and reviewed annually and after material change. It will consider staff numbers and work patterns; pupil age and needs; EYFS; SEND/medical risks; site size/layout; playground and PE; kitchens/workshops; off-site activities; lone/out-of-hours work; previous incidents; access for emergency services; absence/leave; and community users.

The assessment determines the number, qualification and deployment of first aiders, appointed persons, paediatric first aiders, kits, AEDs and facilities. There is no single national pupil-to-first-aider ratio for the whole school.

4. Roles and responsibilities

4.1 Governing board and headteacher

- The governing board receives assurance that employer requirements and the needs assessment are met. The headteacher implements arrangements, ensures resources and appoints a coordinator.

4.2 First Aid Coordinator

- The coordinator is Mrs Clare Mesney. They maintain the needs assessment, training matrix, rotas, equipment checks, records and liaison with CW&C.

4.3 Appointed person

An appointed person takes charge of arrangements, calls emergency services and maintains equipment when a first aider is not required by the risk assessment. Appointment alone does not qualify a person to provide first aid beyond basic emergency assistance within their competence.

4.4 First aiders

First aiders provide treatment within their training, protect dignity, use infection-control precautions, record care, escalate appropriately and maintain confidentiality. They do not diagnose, exceed competence or delay professional help.

4.5 All staff

All staff know how to summon help, locate first-aid equipment/AED and report an accident. Staff have a duty to act reasonably in an emergency within their competence; they will be supported when acting in good faith under training and policy.

5. Training and competence

Training levels will be selected through the needs assessment and may include First Aid at Work, Emergency First Aid at Work, paediatric first aid, anaphylaxis, asthma, epilepsy, diabetes, emergency medication and specialist risk training.

The school will select competent training organisations through due diligence; HSE does not approve individual providers. Certificates, course content, trainer competence, practical assessment and quality assurance will be checked. Refresher training and annual practical updates will be arranged according to guidance and assessed need.

Name	Date of first aid qualification
Mr Mitchell	January 2024
Mrs Croft	January 2024
Mrs Grooms	January 2024
Mrs Hughes	March 2026
Mrs Shaw	November 2024*
Mrs King	October 2023
Miss Speed	November 2024**
Mrs Maddison	July 2026
*	Re-qualification
**	New Qualification

6. EYFS paediatric first aid

At least one person with a current full paediatric first-aid certificate will be available on the premises whenever EYFS children are present and will accompany EYFS outings, as required by the statutory framework. Staffing plans will provide sufficient cover for breaks, absence, outdoor provision and emergencies.

7. First-aid equipment and facilities

First-aid kits will be located according to the needs assessment, clearly identified, accessible to staff but secure from unsupervised pupil access, and available for trips. Contents will reflect HSE guidance and local risks; medication will not normally be stored in general kits. Kits are checked half-termly by Mrs Hughes, with used/expired items replaced promptly.

The medical/first-aid space will provide privacy, handwashing or nearby facilities, a couch where required and access to a toilet, while remaining available for its purpose. The location of the AED is by the main entrance. AED readiness and consumable expiry will be checked and emergency-service registration considered.

8. Emergency procedure

1. Assess danger and make the area safe without placing others at unreasonable risk.
2. Check response, airway and breathing; send for a qualified first aider, emergency medication and AED as needed.
3. Call 999 immediately for life-threatening illness/injury, breathing difficulty, suspected anaphylaxis, seizure meeting emergency criteria, unconsciousness,

severe bleeding, suspected spinal/serious head injury, major burn or other serious concern.

4. Give the exact location, access point and callback number; send an adult to meet the ambulance and keep routes clear.
5. Contact parents as soon as practicable without delaying treatment. Maintain supervision of other pupils and protect privacy.
6. Record the incident, treatment, transfer and notifications and complete safeguarding/RIDDOR/LA reports where applicable.

A child needing emergency treatment will not be left alone. A school adult will accompany or follow to hospital where required until a parent arrives, subject to staffing and emergency-service advice.

9. Transport to medical care

An ambulance will be requested where clinically indicated. For non-emergency assessment, parents will normally collect and transport the pupil. Transport in a staff member's vehicle is exceptional and may occur only where authorised, safe, insured for the purpose, risk assessed and accompanied by another responsible adult where practicable. It must not replace an ambulance when emergency care is needed.

10. Consent, dignity and communication

The school seeks general emergency/medical information from parents, but emergency first aid will not be withheld because a parent cannot be contacted or has not signed a routine form. Staff act in the child's best interests and within law and competence. A competent child's views and privacy will be respected as far as the emergency permits.

Parents will be informed of significant treatment and injuries on the same day and immediately for serious incidents. Written advice will be given where ongoing observation is needed. Translation or accessible communication will be offered.

11. Head injuries and concussion

Any head injury will be assessed and recorded. Emergency help will be sought for red flags such as loss of consciousness, seizure, worsening headache, repeated vomiting, confusion, unusual drowsiness, weakness, fluid from ears/nose, severe mechanism or staff concern. The pupil will be monitored and parents informed.

A pupil with suspected concussion will not return to sport or strenuous activity the same day and will follow current NHS/sports guidance and medical advice before

staged return. Staff will not rely on a "bump note" alone where symptoms require direct contact.

12. Allergies, anaphylaxis and emergency medication

Allergy and medical arrangements are set out in the Supporting Pupils with Medical Conditions and Allergy/Anaphylaxis procedures. Individual healthcare plans identify triggers, medication, storage, emergency action and staff training. Emergency adrenaline auto-injectors or inhalers held by the school will be used only under applicable legislation, guidance and consent arrangements.

Suspected anaphylaxis is a medical emergency: administer the prescribed/authorised adrenaline auto-injector without delay, call 999, give a second dose after the advised interval if symptoms persist and a second device is available, position appropriately and do not allow the person to stand or walk.

13. Infection prevention and bodily fluids

Staff use hand hygiene, disposable gloves and suitable protective equipment, cover cuts and dispose of contaminated waste safely. Blood/body-fluid spills are cleaned using the school procedure. Sharps are not handled by pupils and are placed in approved containers. Exposure incidents are reported for medical/occupational-health advice.

14. Educational visits, PE, clubs and community use

Visit/activity risk assessment will determine first-aid competence, kits, medication, communication and emergency access. EYFS outings include a current paediatric first aider. School-organised clubs and out-of-hours activities maintain adequate cover.

External hirers are responsible for their own first-aid arrangements unless the letting agreement states otherwise. They must know emergency access and reporting requirements; the school's provision is not automatically available to replace theirs.

15. Accident records and RIDDOR

Every accident requiring first aid will be recorded promptly with date/time, place, circumstances, injury/illness, treatment, person providing care, parent contact and outcome. Records will be factual, legible, secure and retained under the school/CW&C schedule. Significant incidents will be reviewed for hazards and safeguarding concerns.

RIDDOR reports will be made only where the statutory criteria are met. Most accidents to pupils in schools are not reportable. A pupil/visitor injury is generally reportable only where it results from or is connected with a work activity and the person is taken directly from the scene to hospital for treatment, or another specified event applies. Employee injuries/diseases/dangerous occurrences follow the separate criteria. The school will consult CW&C competent H&S advice before reporting where uncertain.

16. Safeguarding and allegations

An injury, explanation, delay in seeking help or pattern may raise safeguarding concern. Staff will report this to the DSL and record it separately from the accident record where required. First aid will not be used to conduct an investigative examination. Concerns about an adult's actions follow the allegations/low-level-concern procedure.

17. Monitoring and review

The coordinator will review incidents for trends, equipment and training monthly/termly as determined by risk. The headteacher will review the needs assessment and policy regularly and after a serious incident, RIDDOR report, site/staffing change or guidance update. Governors receive anonymised assurance.