EMSWORTH
PRIMARY SCHOOL

First Aid Policy

Date:	September 2026
Review Date:	September 2027
Responsibility:	Headteacher
STATUTORY	No
Checked against Equality Policy	Yes

Agreed by Governors: John Overton	Date: 24th September 2026
Headteacher: Rebecca Mitchell	Date: 24th September 2026

Enjoy *Persevere* *Succeed*

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 (DfE) 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

Emsworth Primary School has both appointed persons and First aiders. As we have an Early Years Foundation Stage (EYFS) Provision, at least 1 person who has a current paediatric first aid certificate must be on the premises at all times when the school is open to children.

Appointed person(s) and first aiders

The expectations for appointed persons and first aiders, as set out in the 1981 first aid regulations and the DfE guidance listed above, are detailed here.

The ***appointed person(s)*** 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 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
- Keeping their contact details up to date

The school's list of appointed person(s) and first aiders can be found in *appendix 1*. Their names will also be displayed around the school site.

The local authority and governing board

Hampshire County Council 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.

Lettings and hire agreements

The school adhere to Hampshire County Council's hire agreement, the terms of which state: 'There is no legal requirement for the School to provide first aid facilities for the Hirer. It is the Hirer's responsibility to make their own arrangements, such as the provision of first aid training for supervising personnel, and the provision of a first aid kit, particularly in the case of sports hiring' and that '…use of the School's resources is not available.'

When accepting a hire agreement from a third-party a request for valid first aid certification is also requested and kept on file in the Business Manager's office, for the duration of the hire period.

The school aims to ensure that in addition to this there is always one First Aider on site at all times when the school is open (including wrap-around care times), although this cannot be guaranteed.

The headteacher
The headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and/or 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)

Staff
School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the appointed person(s) and first aiders in school are
- Informing the headteacher or their manager of any specific health conditions or first aid needs

First aid procedures

In-school procedures
In the event of an accident resulting in injury/emergency services/near miss:

- 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
- 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 emergency services are required these are called by the School Office or nearest available adult via the nearest wall-mounted internal telephone.
- If the first aider judges that a pupil is too unwell to remain in school but emergency services are not required, parents/carers will be contacted and asked to collect their child. On their arrival, the first aider will recommend next steps to the parents/carers

- If emergency services are called, a member of the Office team will contact parents/carers immediately.
- The First Aider will complete or request the School Office completes an entry on Arbor under 'Medical Event' outlining the injury and actions taken.
- A Hampshire County Council Accident and Incident trained member of staff will complete an Accident and Incident report and an Accident and Incident Investigation will then be carried out by a second trained member of staff, following Hampshire County Council online reporting: HCC - Report an accident or incident The initial report will be completed on the same day or as soon as reasonably practical after an injury/emergency services/near miss incident.
- There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times when the school is open to children.

In the event of a seizure occurring:

- All members of staff are trained annually in Basic Epilepsy for Schools
- The first aider will check if the child has an Individual Healthcare Plan (IHCP) for diagnosed seizures and if they do will follow the written guidance given by medical professionals as outlined on this plan (e.g., administer specific medication).
- Copies of IHCPs for individual children can be found in:
    - The back of the left hand door of the tall cupboard in the School Office.
    - The child's classroom in the class profile folder.
    - On the doors of the archiving cupboard in the staff room.
    - Uploaded to CPOMs documents for that child's record
    - Note: all IHCPs include the most recent photograph the school has of the child for quick recognition.
- If the child does not have an existing IHCP then emergency services will be called via the School Office or nearest available adult via the nearest wall-mounted internal telephone.
- If the emergency services call is done via an internal phone call the School Office will be notified as a priority.
- A member of the School Office team will call the child's parents/carers and notify them of the situation
- SLT will be informed
- The First Aider in charge of the incident will complete a Seizure recording form (see Appendix 3). This form will be scanned and uploaded to CPOMS and Arbor and filed in the child's physical file.

Allergic reactions and anaphylaxis

All school staff are trained annually in how to treat an allergic reaction, including in the administering of Adrenaline Auto-injectors (AAIs) in school. For more information on this please see *Allergy and Anaphylaxis Policy – September 2026.*

Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A 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
    - I individually wrapped moist cleansing wipes
    - 2 pairs of disposable gloves
- Information about the specific medical needs of pupils
- Parents/carers' contact details if contact with the school is likely to be difficult

When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15cm × 20 cm)
- 2 sterile eye pads, with attachments
- 1 pair of rustproof blunt-ended scissors

Risk assessments will be completed by the trip leader prior to any educational visit that necessitates taking pupils off school premises. These will be uploaded to Evolve and checked by the Education Visits Coordinator (EVC)

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 (EYFS).

Inhaler Bags

- Asthma inhalers will be kept in designated zip lock bags, including child's name, class and photograph in each child's classroom. These will then be placed in bags that are easily identifiable (orange) and will be taken on all school trips so that the children have access to their medicine.
- The trip leader will designate a responsible person to look after the bag on the trip and ensure it is returned to its usual position in the classroom at the end of the trip.

Adrenaline Auto-injector (AAI) Bag

- One spare age-appropriate Adrenaline Auto-injector (AAI) in a red travel pack with belt clip will be obtained from the School Office before leaving the premises.
- The trip leader will designate a responsible person to look after the AAI bag and ensure it is returned to its usual position in the classroom at the end of the trip.

For more information on this please see *Allergy and Anaphylaxis Policy – September 2026.*

First aid equipment

A typical first aid kit in our school will include the following: (Appendix 2)

- 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 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 main office
- The school hall
- All shared areas
- The school kitchen
- School vehicles
- The staffroom
- Butterflies classroom

Record-keeping and reporting

First aid and accident recording

- An accident and incident report and investigation will be completed by the appointed person(s) on the same day or as soon as possible after an incident resulting in an injury/emergency services/near miss.
- A 'Medical Event' will be logged under the child's name in Arbor where First aid was carried out, not including the application of plasters or small wounds requiring washing, which will instead be logged in the small medical book(s) contained in individual First aid kits throughout the school.
- Small medical books contained in the individual First aid kits will be checked once per week by the First Aid lead to check for appropriate recording and track trends. The First Aider will sign and date to show this check has been carried out.
- Where an accident and incident report is required, a copy of the report and the follow-up investigation will also be added to the pupil's educational record (CPOMS).
- Accident and Incident reports and investigations will be printed out and stored physically upon the child/adult leaving school and will be retained in hard copy for a minimum of 3 years for adults and for children their date of birth plus 22 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

Inhaler Bags

- Asthma inhalers will be kept in designated zip lock bags, including child's name, class and photograph in each child's classroom. These will then be placed in bags that are easily identifiable (orange) and will be taken with the class when moving rooms e.g., for assembly or PE.
- The School Office will note the asthma inhaler medication and expiry date in the 'Medical condition' / 'Treatment' section of the child's profile in Arbor.
- Asthma inhalers will travel with the child on all school trips so that the children have access to their medicine.
- A class-based member of staff must inform the school office by internal telephone or face to face, as well as making a record on the child's asthma card of the time and dosage given for each administration of their inhaler.
- The school office will then create a record on Arbor under medical event and the child's parents/carers via email.
- At the end of each academic year, it is the current teacher's responsibility to return the medication to parents/carers.
- The updated asthma inhaler bags will then be redistributed to the new classrooms before the children start back to school.

Reporting to the HSE

The Office Manager and Business Manager will keep a record of any accident that results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Office Manager and Business Manager 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.

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 Business Manager 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 where 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

Notifying parents/carers

The Office Team will inform parents/carers 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. Parents/carers will also be informed if emergency services are called.

Training

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 1).
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 that meets the requirements set out in the Early Years Foundation Stage statutory framework. The PFA certificate will be renewed every 3 years.

Monitoring arrangements

This policy will be reviewed every 3 years by the Governing Body in line with their policy schedule or earlier if changes are made.

Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Risk assessment policy
- Administering Medicine and Supporting Pupils with Medical Needs Policy
- Equalities Policy

Appendix 1: First Aid Qualified Staff Members

NAME/TYPE OF TRAINING	STAFF WHO ATTENDED (INDIVIDUAL STAFF MEMBERS OR GROUPS)	DATE ATTENDED	DATE FOR TRAINING TO BE RENEWED (WHERE APPLICABLE)
Emergency First Aid at Work/ Paediatric	Kim Baldwin	October 2024/ March 2025	September 2027/ March 2028
Emergency First Aid at Work/ Paediatric	Sarah Keegan	October 2024/ October 2025	September 2027/ October 2028
Paediatric First Aid	Emma Austin	October 2025	October 2028
Paediatric First Aid	Jo Twigger	October 2025	October 2028
Paediatric First Aid	Megan Carr	June 2025	June 2028
Paediatric First Aid	Emma Greenway	November 2023	November 2026
Paediatric First Aid	Steve May	June 2026	June 2029
Schools First Aid	Ellie Broughton	September 2024	September 2027
Schools First Aid	Claire Bloomfield	September 2024	September 2027
Schools First Aid	Sarah Denney	September 2024	September 2027
Schools First Aid	Mandy Eccleston	September 2024	September 2027
Schools First Aid	Elvira Hilliard	September 2024	September 2027
Schools First Aid	Victoria Heasman	September 2024	September 2027
Schools First Aid	Tracey Hamblin	September 2024	September 2027
Schools First Aid	Donna Haines	September 2024	September 2027
Schools First Aid	Angie Mckeown	September 2024	September 2027
Schools First Aid	Holly MacLean	September 2024	September 2027
Schools First Aid	Paula Sullivan	September 2024	September 2027
Schools First Aid	Hayley Treagust	September 2024	September 2027
Schools First Aid	Melanie Turner	September 2024	September 2027
Schools First Aid	Gemma Williams	September 2024	September 2027
Schools First Aid	Lynsey Davis-Windsor	October 2024	October 2027
Schools First Aid	Kirsty Yates	September 2024	September 2027

Appendix 2: First Aid Checklist

CHILDREN'S SERVICES ASSESSMENT FORM

First Aid Kit Checklist

First Aid Kit Checklist	
Location of First Aid Kit/Box	
Vehicle & Registration No. *(if applicable)*	
Identity No. of First Aid Kit/Box *(if applicable)*	
Date of Initial First Aid Kit/Box Check	
Name of Assessing First Aider	

Contents Check

No.	Premises First Aid Box	Minimum Required	Required Quantity	Actual Quantity
1	Guidance card	1	1	
2	Individually wrapped sterile adhesive dressings (assorted sizes)	20	20	
3	Sterile eye pads	2	2	
4	Individually wrapped triangular bandages (preferably sterile)	2	2	
5	Safety pins	6	6	
6	Medium individually wrapped sterile un-medicated wound dressings	2	6	
7	Large individually wrapped sterile un-medicated wound dressings	2	2	
8	Pair of disposable gloves	2	3	
No.	**Portable First Aid Kit**	**Minimum Required**	**Required Quantity**	**Actual Quantity**
1	Guidance card	1	1	
2	Individually wrapped sterile adhesive dressings (assorted sizes)	2	6	
3	Individually wrapped triangular bandages (preferably sterile)	2	2	
4	Large sterile un-medicated dressing	1	1	
5	Safety pins	2	2	
6	Pair of disposable gloves	2	2	

Additional Checks

1	Are all items of first aid within expiry date?	YES	NO
2	Are all items of first aid in good, undamaged condition?	YES	NO
3	Is the first aid kit/box in good condition & undamaged?	YES	NO
4	Is the location of the first aid kit/box clean and accessible?	YES	NO
5	Is the first aid location sign present & in good condition?	YES	NO
6	Is the list/sign of trained first aiders present & up-to-date?	YES	NO

Summary of Actions

FIRST AID KIT PASSED (e.g. 3-MONTH) CHECK & NO ACTION REQUIRED	**YES**	**NO**
Actions required if 'NO'		

Name of Assessor		**Signature of Assessor**		**Assessed Date**	

Follow-up Actions

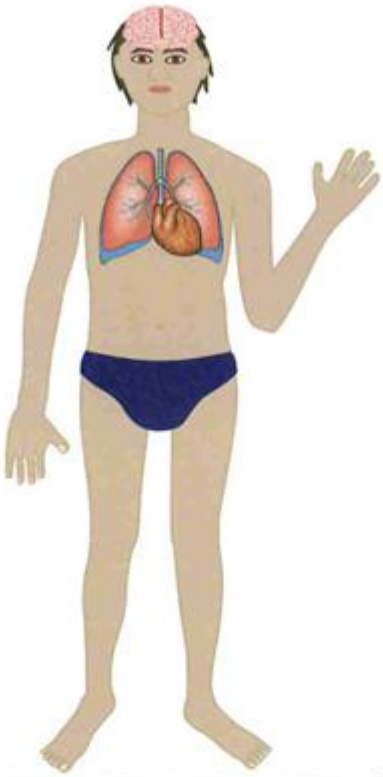
REQUIRED ACTIONS IMPLEMENTED/SHORTAGES REPLENISHED				**YES**	**NO**
Name		**Signature**		**Date**	

Note:
Minimum Required – Minimum contents required in any first aid kit under ACOP (legal) guidance
Required Quantity – Your own contents requirements based upon your selected size of first aid kit
Actual Quantity – Actual contents noted at the time of this periodic check of the first aid kit

Appendix 3: Seizure Recording Form

Name:
DOB:
NHS:

Seizure Recording Form



Head/Face
Did it
- ☐ Turn
- ☐ Drop

Which way?.....
- ☐ Jerking
- ☐ Facial grimace
- ☐ Which way?.....
- ☐ Other.....

Eyes
- ☐ Open
- ☐ Closed
- ☐ Blinking
- ☐ Eyes flickering
- ☐ Eyelids flickering
- ☐ Eyes rolling
- ☐ Fixed stare
- ☐ Other.....

Skin
- ☐ Cold
- ☐ Sweaty
- ☐ Blue
- ☐ Red
- ☐ Pale
- ☐ Other .....

Arms
- ☐ Left
- ☐ Right
- ☐ Rigid/ stiff
- ☐ Floppy
- ☐ Brief Jerks
- ☐ Continuous Rhythmic Jerking
- ☐ Other.....

Use the items ticked to describe the seizure in as much detail as possible overleaf.
Please note: These are prompts and not exhaustive so ensure that any other details not mentioned above are also included (for example: any abnormal behaviours, such as fiddling, picking)

Consciousness
- ☐ Aware
- ☐ Impaired awareness
- ☐ Loss of consciousness

Mouth/tongue
- ☐ Slurred speech
- ☐ Gasp
- ☐ Shout
- ☐ Open
- ☐ Closed
- ☐ Tongue protruding
- ☐ Bitten tongue
- ☐ Blue lips
- ☐ Lip smacking/chewing
- ☐ Excess salivation
- ☐ Repeated swallowing
- ☐ Other.....

Breathing
- ☐ Faster
- ☐ Slower
- ☐ Laboured
- ☐ Noisy

Heart rate
- ☐ Faster
- ☐ Slower

Incontinence
- ☐ Urine
- ☐ Faeces

Legs
- ☐ Left
- ☐ Right
- ☐ Rigid/ stiff
- ☐ Floppy
- ☐ Brief Jerks
- ☐ Continuous Rhythmic Jerking
- ☐ Other.....

Witnessed by:.....

Signature: .....

Date: Start time of seizure: End time of seizure: Length of recovery time:	Were they: ☐ Awake ☐ Asleep Did they fall? If so ☐ Forwards ☐ Backwards	**Triggers:** Menstruation Poor Sleep Constipation Emotions Illness Other	**PRN Medication** Medication given: ..... Time:..... ☐ Ambulance called

Name:
DOB:
NHS:

Seizure Recording Form

Remember that clear, detailed and accurate recording is essential for ensuring that the person is on the correct treatment

Time	WHAT WAS HAPPENING BEFORE (include any unusual behaviours)	Time	DESCRIPTION OF SEIZURE	Time	WHAT HAPPENED AFTERWARDS