



Sutton CE (VC) Primary School

First Aid Policy

March 2026



DfE Guidance on First Aid in Schools

First Aid can save lives and prevent minor injuries becoming major ones. Under Health and Safety legislation employers have to ensure that there are adequate and appropriate equipment and facilities for providing First Aid in the workplace. Schools and Local Authorities develop their own policies and procedures for First Aid based on assessment of local need.

The minimum first-aid provision is:

- a suitably stocked first-aid container
- an appointed person to take charge of first-aid
- information for employees on first-aid arrangements

This minimum provision must be supplemented with a risk assessment to determine any additional provision. First-aid provision must be available at all times while people are on school premises, and also off the premises whilst on school visits.

First Aid at Sutton CE Primary School

Sutton CE Primary School is committed to caring for, and protecting, the health, safety and welfare of its pupils, staff and visitors.

We confirm our adherence to the following standards at all times:

- To make practical arrangements for the provision of First Aid on our premises, during off-site sport and out of school visits.
- To ensure that trained First Aid staff renew, update or extend their HSE approved qualifications at least every three years.
- To have a minimum of four trained First Aiders on site at any one time, including a person with a paediatric first aid qualification whenever EYFS pupils are present. Such people will be able to responsibly deliver or organise emergency treatment.
- To ensure that a trained first aider accompanies every off-site visit and activity. In visits involving EYFS pupils, such a person will have a current paediatric first aid qualification.
- To record accidents and illnesses appropriately, reporting to parents and the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013).
- To provide accessible first aid kits at various locations on site, along with a portable kit for trips, excursions and sport.
- To record and make arrangements for pupils and staff with specific medical conditions.
- To deal with the disposal of bodily fluids and other medical waste accordingly, providing facilities for the hygienic and safe practice of first aid.
- To contact the medical emergency services if they are needed, informing next of kin immediately in such a situation.
- To communicate clearly to pupils and staff where they can find medical assistance if a person is ill or an accident has occurred.
- To communicate clearly in writing to parents or guardians if a child has sustained a bump to the head at school, however minor, and to communicate in writing in relation to every instance of accident or first aid or the administration of medicine for pupils in EYFS

Location of First Aid Facilities

- The First Aid room is located in the library and is for staff and pupils to rest/recover if feeling unwell.
- This includes; first aid supplies, a water supply and sink, hygiene supplies such as gloves and paper towels and an adjacent bathroom.
- A portable first aid kit must be obtained from the office for school visits.

Responsibilities of the Headteacher

- Ensure that the school has an adequate number of appropriately trained First Aiders.
- Co-ordinate First Aiders and arrange for training to be renewed as necessary.
- Maintain adequate facilities.
- Ensure that correct provision is made for pupils with special medical requirements both in school and on offsite visits.
- On a monthly basis, review First Aid records to identify any trends or patterns and report to the Local Governing Board of the school
- Fulfil the school's commitment to report to RIDDOR, as described below
- Liaise with managers of external facilities, such as the local sports facilities, to ensure appropriate first aid provision.
- Contact emergency medical services as required.
- Maintain an up-to-date knowledge and understanding of guidance and advice from appropriate agencies

Responsibilities of the Lead First Aider

- Ensure that all staff and pupils are familiar with the school's first aid and medical procedures.
- Ensure that all staff are familiar with measure to provide appropriate care for pupils with particular medical needs (eg. Diabetic needs, auto injector-pens (epi pens and inhalers).
- Ensure that a list is maintained and available to staff of all pupils with particular medical needs and appropriate measures needed to care for them.
- Monitor and re-stock supplies and ensure that first aid kits are replenished.

Responsibilities of the Trained First Aiders

- Provide appropriate care for pupils of staff who are ill or sustain an injury
- Record all accidents centrally on Medical Tracker (dedicated laptop is located in First Aid room for this).
- In the event of any injury to the head, however minor, ensure that a message is sent via Medical Tracker to parents/guardians. A phone call is also made to parents.
- Make arrangements with parents/guardians to collect children and take them home if they are deemed too unwell to continue the school day.

What to do in the case of an accident, injury or illness

- A member of staff or pupil witnessing an accident, injury or illness should immediately contact a named trained first aider (see above). The school office should be contacted if the location of a trained first aider is uncertain.
- Any pupil or member of staff sustaining an injury whilst at school should be seen by a first aider who will provide immediate first aid and summon additional help as needed.
- The pupil or member of staff should not be left unattended.

- The first aider will organise an injured pupil's transfer to the sick room if possible and appropriate and to hospital in the case of an emergency.
- Parents should be informed as necessary via Medical Tracker by the person dealing with the incident.
- A record of all accidents, injuries and the administration of first aid on Medical Tracker.

Contacting parents

Medical Tracker should be completed in all instances and if child remains at school the incident monitoring form needs to be completed.

Parents should be informed by telephone as soon as possible after an emergency or following a serious / significant injury including:

- Head injury
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis & following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia for pupils, staff or visitors with diabetes
- Asthma attack
- Difficulty breathing
- Bleeding injury
- Loss of consciousness
- If the pupil is generally unwell

If non-emergency transportation is required, an authorised taxi service will be used if parents are delayed. A member of staff will accompany the pupil until a parent arrives.

Parents can be informed of smaller incidents by Medical Tracker.

Contacting the Emergency Services

An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives. All cases of a pupil becoming unconsciousness (not including a faint) or following the administration of an Epi-pen, must be taken to hospital.

Accident reporting

Medical Tracker must be completed for any accident or injury occurring at school, at the local sports facilities, or on a school trip. This includes any accident involving staff or visitors. The medical tracker will be monitored by the Headteacher as certain injuries require reporting (RIDDOR requirements). Care should be taken that the accident log, whether hard copy or electronic, is stored securely so that it can be seen only by those who have authority to read it.

Pupils who are unwell in school

Any pupil who is unwell cannot be left to rest unsupervised in the sick room. If a pupil becomes unwell, a parent should be contacted as soon as possible by the office. In the event a parent is unavailable the school should attempt to contact the secondary contact. Anyone not well enough to be in school should be collected as soon as possible by a parent. Staff should ensure that a pupil who goes home ill remembers to sign out at the school office.

First Aid equipment and materials

The Lead First Aider is responsible for stocking and checking the first aid kits. Staff are asked to notify the Lead First Aider when supplies have been used in order that they can be restocked. The first aid boxes contain (based on HSE guidance):

- A first aid guidance card
- At least 20 adhesive hypo allergenic plasters (including blue plasters for home economics)
- 4 triangular bandages (slings)
- Safety pins
- Cleaning wipes
- Adhesive tape
- 2 sterile eye pads
- 6 medium sized unmedicated dressings
- 2 large sized unmedicated dressings
- Disposable gloves
- 1 resuscitator
- Yellow clinical waste bag
- Sterile eye wash
- Tape for dressings
- Clingfilm for burns

First aid for school trips

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate first aid qualification (paediatric certificate) and undertake a risk assessment to ensure an appropriate level of first aid cover, with reference to the educational visits policy, which includes further guidance. **This must be referenced in Evolve submission as outlined in Educational Visits Policy.**

Commented [EF1]: I noted that first aid kits were being taken from classrooms to go on trips

Commented [RG2R1]:

Commented [RG3R1]:

A First Aid kit for school trips must be checked prior to the trip and replenished on return (green bum bags kept in class cupboards). Any accidents/injuries must be reported to the trip lead and to parents and recorded on Medical Tracker as soon as possible after the trip.

RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury the appropriate health & safety procedure must be followed. The person responsible for completing a RIDDOR report is the Headteacher as Health & Safety Lead.

Emergency care and/or medication plans and treatment boxes

The Lead First Aider ensures that staff are made aware of any pupil with an emergency care plan. These care plans are emailed around to all staff by the office monthly. Pupils with a serious medical condition will have an emergency care plan and/or personal medication plan drawn up and agreed by the Lead First Aider, parents and, where appropriate, the child's doctor. Emergency treatment boxes must always be taken if the pupil is out of school, indicated on the risk assessment.

Pupils using crutches or having limited mobility - Parents must inform the school of the nature of injury and the anticipated duration of immobility. The form tutor will arrange for a 'class partner' to carry books, open doors etc. Information about the condition will be discussed in staff meetings to enable teachers to be fully aware of the pupil's needs. Arrangements will be made for the pupil to arrive/leave lessons early to allow for a safe transfer around school. Parents must inform the school of any particular difficulties.

Pupils with medical conditions – Details are emailed around monthly by the office and kept in the ‘Medical’ folder on the gdrive. If a child has a medical condition this is stated with an M on the fire register. If staff become aware of any condition not on these lists please inform the Lead First Aider.

If a pupil has either temporary or ongoing limited mobility, the school will consider whether the pupil requires a personal evacuation plan, for implementation in fire drills and similar occasions. If this is the case, the lead first aider will ensure that a plan is drawn up, taking advice from parents and healthcare professionals, as appropriate, and will ensure that relevant staff are trained in its implementation.

Automated External Defibrillator (AED)

There is a fully automated external defibrillator (AED) situated outside the hall. It is designed to be used by anyone and doesn’t require any specific training as it provides automated verbal and visual commands during usage.

Dealing with bodily fluids

In order to maintain protection from disease, all bodily fluids should be considered infected. To prevent contact with bodily fluids the following guidelines should be followed.

- When dealing with any bodily fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of the following bodily fluids must be cleaned up immediately.
- Bodily fluids include:
- Blood, Faeces, Urine, Nasal and eye discharges, Saliva, Vomit Process
- Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution
- Never use a mop for cleaning up blood and bodily fluid spillages
- All contaminated material should be disposed of in a waste bag that is tied before putting in a regular bin bag.
- Avoid getting any bodily fluids in your eyes, nose, mouth or on any open sores.
- If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

Infectious diseases

If a child is suspected of having an infectious disease advice should be sought from the Lead First Aider who will follow the Health Protection Agency guidelines below to reduce the transmission of infectious diseases to other pupils and staff.

ILLNESS	PERIOD OF EXCLUSION	COMMENTS
Chickenpox	When all spots have crusted over.	Pregnant women up to 20 weeks and those in last 3weeks of pregnancy should inform their midwife that they have been in contact with chickenpox. Any children being treated for cancer or on high doses of steroids should also seek medical advice.
German Measles	4 days from onset of rash	Pregnant women should inform their midwife about contact

Impetigo	Until lesions are crusted or healed or after 48 hours of antibiotic cream	Antibiotic treatment by mouth may speed healing
Measles	4 days from onset of rash	Any children being treated for cancer or on high doses of steroids must seek medical advice
Scabies	Until treatment has commenced for 24 hours	Two treatments one week apart for cases. Treatment should include all household members and any other very close contacts
Scarlet fever	5 days after commencing antibiotics	Antibiotic treatment recommended
Slapped Cheek Syndrome	None – Unless a temp present if so child needs to stay off	Pregnant women up to 20 weeks must inform their midwife about contact
Diarrhoea	48 hours from last episode of diarrhoea	Exclusion from swimming may be needed
Vomiting	Until child is able to hold down food	
Hepatitis A	Exclusion may be necessary for 7 days	Consult the Health Protection Agency
Meningococcal meningitis	Until recovered	Communicable disease control will give advice on any treatment needed and identify contact requiring treatment. No need to exclude siblings or other close contacts.
Viral Meningitis	Until fully recovered	Milder illness
Threadworms	None	Treatment is recommended for the pupil and family members
Mumps	5 days from onset of swollen glands and well enough to return	
Head Lice	None once treated	Treatment is recommended for the pupil and close contacts if live lice are found
Conjunctivitis	None	Children do not usually need to stay off school with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis they should stay off school until they feel better
Influenza	Until fully recovered	
Cold sores	None	Avoid contact with the sores
Warts, verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Glandular fever	None	
Tonsillitis	None	
Strep A	24 hours after antibiotics	
Hand,foot and mouth	No exclusion required	
Covid 19	Exclude for 3 days if child has temp	
Ringworm	Once treatment started child can return to school	
Whooping cough	Exclude until child has had 48 hours treatment	

Administration of Medication in School

The school aims to support as far as possible, and maintain the safety of, pupils who require medication during the school day.

However, it should be noted that:

- No child should be given any medication without their parent's written consent.
- No Aspirin/Paracetamol products are to be given to any pupil at school, unless prescribed by a doctor

Children will need to take medication during the school day e.g. antibiotics. However, wherever possible the timing and dosage should be arranged so that the medication can be administered at home.

Communication will be sent each time medicine is administered via Medical Tracker.

Non-Prescription Medication

We strongly encourage parents to avoid asking the school to administer Non-Prescription Medication. Where a satisfactory reason has been provided (e.g. travel sickness pills etc.), then these are only to be administered by the Lead First Aider or a designated person if they have agreed to this extension of their role and have been appropriately trained.

A teacher may administer non-prescription medication on a residential school trip provided that written consent has been obtained in advance. This may include travel sickness pills or pain relief.

All medication administered must be documented, signed for and parents informed.

Prescription-Only Medication

Prescribed medicines may be given to a pupil by a trained First Aider or a designated person if they have agreed to this extension of their role and have been appropriately trained. Written consent must be obtained from the parent or guardian, clearly stating the name of the medication, dose, frequency and length of course. The school will accept medication from parents only if it is in its original container, with the original dosage instructions. Prescription medicines will not be administered unless they have been prescribed for the child by a doctor, dentist, nurse or pharmacist. Medicines containing aspirin will be given only if prescribed by a doctor.

A form for the administration of medicines in school is available from the school office and from the website.

Administration of Medication

Any member of staff administering medication should be trained to an appropriate level, this includes specific training e.g. use of auto-injector/Epi-pens

- The medication must be checked before administration by the member of staff confirming the medication name, pupil name, dose, time to be administered and the expiry date.
- It is advisable that a second adult is present when administering medicine to EYFS.
- Wash hands.
- Confirm that the pupil's name matches the name on the medication
- Explain to the pupil that his or her parents have requested the administration of the medication.
- Document, date and sign for what has been administered.

- Complete the form which goes back to parents
- Ensure that the medication is correctly stored in a locked drawer or cupboard, out of the reach of pupils.
- Antibiotics and any other medication which requires refrigeration should be stored in the fridge in the staff room. All medication should be clearly labelled with the pupil's name and dosage.
- Parents should be asked to dispose of any out of date medication.
- At the end of the school year:
 - all medication should be returned to parents
 - any remaining medication belonging to children should be disposed of via a pharmacy or GP surgery.
- Used needles and syringes must be disposed of in the sharps box kept in the sick room.

Emergency Medication

It is the parents' responsibility to inform the school of any long-term medical condition that may require regular or emergency medication to be given. In these circumstances a health care plan may be required and this will be completed and agreed with parents and, where relevant, the child's GP.

Emergency Asthma Inhalers and Emergency Adrenaline Auto-injectors (Epi-pens)

For a number of years, it has been possible for schools to keep emergency asthma inhalers to cover the eventuality of a pupil's inhaler being lost or running out during school time. Since October 2017, this provision has been extended to enable schools also to keep emergency Epi-pens. This provision enables schools to purchase Epi-pens, without a prescription, for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working.

Guidelines for reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)

By law any of the following accidents or injuries to pupils, staff, visitors, members of the public or other people not at work requires notification to be sent to the Health and Safety executive by phone, email or letter.

In relation to pupils, the list of reportable incidents is less extensive, since the school needs to take into consideration whether the accident is part of the "rough and tumble" of the activity being undertaken, or whether it is as a result of a shortcoming. Further guidance on this aspect of reporting can be found in the HSE guidance "Incident reporting in schools", which can be found here: <http://www.hse.gov.uk/pubns/edis1.pdf>

Major injuries from schedule 1 of the regulations:

- Any fracture, other than to the fingers, thumbs or toes.
- Any amputation.
- Dislocation of the shoulder, hip, knee or spine.
- Loss of sight (whether temporary or permanent)
- A chemical or hot metal burn to the eye or any penetrating injury to the eye.
- Any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products, leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
- Any other injury leading to hypothermia, heat induced illness or to unconsciousness requiring resuscitation or admittance to hospital for more than 24 hours
- Any other injury lasting over 3 days
- Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.

- Either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin:
- Acute illness requiring medical treatment; or
- Loss of consciousness
- Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
- Death
- A specified dangerous occurrence, where something happened which did not result in an injury, but could have done.