St Matthew's Catholic Primary School

First Aid Policy

Written September 2023

Reviewed and amended 2026

Leader – Mrs. Evans / Mrs. Chamberlain

1 Purpose and scope

St Matthew's Catholic Primary School will provide timely and appropriate first aid for pupils, staff, visitors and others who become injured or unwell while on the premises or participating in school-led activities. This policy explains the school's first-aid needs assessment, staffing, equipment, emergency response, recording, parental notification, educational visits and review arrangements.

First aid is the immediate assistance given to a person who is injured or becomes ill. It does not replace professional medical assessment or the arrangements in an Individual Healthcare Plan. This policy should be read with the Health and Safety Policy, Supporting Pupils with Medical Conditions Policy, Allergy Safety Policy, Child Protection and Safeguarding Policy, Educational Visits Policy and Infection Prevention procedures.

2 Legal and statutory framework

Health and Safety at Work etc Act 1974;
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;
DfE First aid in schools early years and colleges;
the Early Years Foundation Stage statutory framework 2026;
section 100 of the Children and Families Act 2014 and Supporting pupils at school with medical conditions;
Allergy safety in schools statutory guidance 2026;
Keeping Children Safe in Education 2026;
the Equality Act 2010; and
the UK General Data Protection Regulation and Data Protection Act 2018.
The Health and Safety First Aid Regulations apply directly to employees. The school's first-aid needs assessment also includes pupils, visitors, volunteers, contractors and members of the public who may be affected by school activities.

3 First aid needs assessment

The Headteacher will ensure that a suitable and sufficient first-aid needs assessment is completed and reviewed at least annually and whenever there is a significant change, incident or concern. Provision will not be based only on pupil numbers or a fixed contents list.

The assessment will consider:

the number, age and needs of pupils, including Reception and pupils with medical conditions, SEND or disabilities;
the number and location of staff, visitors and contractors;
the size and layout of the premises, split activities, playgrounds and response times;
higher-risk curriculum activities, PE, swimming, cooking, practical work, maintenance and contractors;
breakfast club, after-school provision, clubs, events and times when staffing is reduced;
educational visits, residentials, transport and remote locations;
patterns in accidents, illnesses, near misses and previous emergency responses;
staff absence, training expiry, cover and access to qualified first aiders; and
the location and suitability of first-aid bags, equipment, the medical room and AED.

4 Roles and responsibilities

4.1 Governing Body and Headteacher

ensure adequate and appropriate first-aid equipment, facilities and personnel are provided;
approve and monitor this policy and the first-aid needs assessment;
ensure staff receive appropriate information, instruction and training;
ensure suitable cover throughout the school day and school-led provision;
ensure required reports, investigations and improvements are completed; and
confirm that insurance and risk-protection arrangements are appropriate.

4.2 First Aid Leads

Mrs Jen Evans and Mrs Louisa Chamberlain lead and coordinate first-aid arrangements. They will:

maintain the First Aid Training Register, including qualifications and expiry dates;
coordinate first-aid training and ensure that cover remains sufficient;
maintain the first-aid needs assessment and equipment check schedule;
ensure first-aid bags, boxes, the medical room and AED are checked and replenished;
monitor CPOMS records, accident records, head injuries, incidents and near misses;
ensure significant incidents are reviewed and statutory reporting is considered; and
liaise with parents, staff, governors, health professionals and the local authority as appropriate.

4.3 All staff

All members of staff receive school first-aid information and appropriate training. They are expected to provide immediate assistance within the limits of their current training and competence. Staff must:

make the area safe without placing themselves or others at unnecessary risk;
assess the immediate situation, reassure the casualty and summon help;
call a qualified first aider for any injury or illness beyond basic treatment;
call 999 without delay where a serious or life-threatening emergency is suspected;
follow Individual Healthcare Plans and emergency procedures where applicable;
never provide treatment or undertake a procedure for which they are not trained or competent;
record all first aid provided and inform parents or carers as required; and
report defective, incomplete or used equipment promptly.
Nothing in this policy prevents any person from calling 999. Emergency assistance must not be delayed while seeking permission from a parent, manager or first aider.

4.4 Qualified first aiders and appointed persons

Qualified first aiders assess and provide first aid within the scope of their qualification, take charge when asked, protect the casualty from further harm and arrange professional medical help when needed. An appointed person coordinates equipment and calls emergency services but is not a qualified first aider unless they also hold a current certificate.

The school maintains a separate live register of trained staff rather than naming individuals in this policy. Certificates must be current. Staff with expired training will not be counted as qualified first aiders until retraining is completed.

5 Training and Early Years requirements

Training will reflect the first-aid needs assessment. Staff who provide first aid must hold an appropriate current qualification and refresh it within the required period. The school will provide updates following significant changes, incidents or identified gaps and will remind staff that competence includes recognising when to stop and seek professional help.

For Reception and any other EYFS provision, at least one person with a current paediatric first-aid certificate must be on the premises and available at all times when children are present. A paediatric first aider must accompany EYFS children on outings. Paediatric first-aid certificates must be renewed every three years. Rotas, breaks, clubs and absence cover will be planned so these requirements are maintained.

6 First aid equipment bags and facilities

First-aid equipment will be suitable for the risks identified in the needs assessment. First-aid containers will be clearly marked with a white cross on a green background, kept in an accessible location known to staff and protected from unauthorised access by pupils.

6.1 Classroom and portable first aid bags

A clearly labelled portable first-aid bag will be maintained in every classroom.
Additional portable bags will be available for the school office, medical room, playground and lunchtime, PE and sporting activities, Breakfast Club, After-School Club and educational visits.

A first-aid bag will accompany a class or group whenever it is working away from readily accessible school provision, including off-site visits.

First-aid bags must not contain medication, antiseptic creams, painkillers or other medicines. Individual medical bags and emergency medicines are managed separately under the Supporting Pupils with Medical Conditions and Allergy Safety Policies.

The responsible member of staff will check the bag after every use and report missing or used items immediately. The First Aid Leads will complete and record scheduled checks and arrange replenishment and disposal of expired items.

6.2 Suggested core contents

Exact contents will be determined by the needs assessment. As appropriate, bags may include sterile adhesive dressings, sterile wound dressings, triangular bandages, sterile eye pads, disposable nitrile gloves, a resuscitation face shield, cleansing wipes, an instant cold pack, foil blanket, scissors, adhesive tape, disposable bags and first-aid guidance. Additional equipment will be supplied for identified risks. Sterile items must be in date and packaging intact.

6.3 Medical room

The school will maintain a suitable area for first aid and for a pupil who becomes unwell while awaiting collection. The area will contain or provide ready access to handwashing, appropriate PPE, waste disposal, cleaning materials, a couch or suitable resting facility and communication with the office. A pupil who is unwell or injured will be supervised and will not be isolated.

7 Immediate response and emergency procedures

Assess danger and make the area safe. Do not move the casualty unless there is immediate danger or movement is necessary for life-saving treatment.

Check responsiveness and breathing. Send for a qualified first aider, the AED and emergency medication if relevant.

Call 999 immediately for a life-threatening or serious condition, uncertainty about breathing or consciousness, suspected severe allergic reaction, seizure beyond the pupil's plan, major bleeding, suspected spinal injury or other urgent concern.

Give first aid within training and follow the dispatcher's instructions. Do not leave the casualty alone.

Send an adult to meet the ambulance and direct it to the casualty. Keep access routes clear.

Contact parents or carers as soon as possible, but do not delay treatment or the ambulance while awaiting contact.

Provide paramedics with relevant information, including any Individual Healthcare Plan, treatment given and times.

A member of staff will accompany a pupil to hospital if a parent or carer has not arrived and remain until a safe handover occurs. Staff should not normally transport a seriously ill or injured person in a private vehicle.

Record the incident, treatment, decisions and outcome and complete follow-up actions.

8 Automated external defibrillator

The school AED is located in the main reception office. Its location will be clearly signed and accessible during school-led provision. Staff will follow the spoken and visual instructions on the device and the directions of emergency services. An AED may be used by any person in an emergency; training improves confidence but must not delay its use.

The First Aid Leads will ensure that recorded checks confirm the unit is rescue-ready, the battery and pads are present and in date, paediatric arrangements are understood, the cabinet or case is accessible and the device is replaced or restored promptly after use. Any use will be reported and reviewed.

9 Head injuries

All head injuries will be treated seriously. The pupil will be assessed by a trained first aider and monitored for concerning symptoms. Parents or carers will be informed on the same day, including for an apparently minor

injury, and will receive written head-injury guidance. Immediate medical advice or 999 assistance will be sought where symptoms indicate a potentially serious injury.

A pupil with a head injury will not be left alone or allowed to return to play, PE or an activity until assessed as safe. Staff supervising the pupil later that day, including wraparound staff, will be informed. The injury, observations, parent contact and outcome will be recorded on CPOMS.

10 Illness and infection control

A pupil who becomes unwell will be assessed, supervised in a suitable area and kept comfortable while parents or carers are contacted. Emergency help will be obtained where symptoms are serious or deteriorate. The school's infection-control and public-health procedures will be followed.

Wash hands before and after treatment where possible and use disposable gloves when contact with blood or bodily fluids is possible.

Cover cuts and abrasions on the first aider's hands. Use a resuscitation face shield where available.

Clean blood and bodily-fluid spills using the approved spill kit and procedure. Keep others away until the area is safe.

Place contaminated dressings and PPE in the appropriate waste. Dispose of sharps only in an approved sharps container.

Report exposure to blood or bodily fluids immediately and obtain occupational-health or medical advice as required.

11 Medicines medical conditions and allergies

Routine administration of medicine is not first aid and is governed by the Supporting Pupils with Medical Conditions Policy. Written parental permission, appropriate training and recording in the medication record book are required. Emergency treatment must not be delayed where immediate action is needed to preserve life.

Pupils' key medical conditions, allergies and alerts will be maintained on Arbor. Individual Healthcare Plans, detailed medical records and significant incidents will be maintained securely on CPOMS. Prescribed emergency medicines must be readily accessible and accompany the pupil where required.

The separate Allergy Safety Policy sets out the school's statutory arrangements for allergy-awareness training, Individual Healthcare Plans, allergen control, prescribed and spare adrenaline auto-injectors, emergency response, educational visits and the recording and review of allergic incidents and near misses.

12 Educational visits sport and swimming

The visit leader will complete a proportionate risk assessment and determine first-aid provision for every off-site activity. This will consider group size and age, individual medical needs, hazards, remoteness, transport, communications, access to emergency services and staff competence. A suitably stocked portable bag, relevant emergency medicine and necessary healthcare information will accompany the group.

A current paediatric first aider will accompany EYFS outings. Other visits will include a qualified first aider whenever required by the needs assessment, local-authority arrangements, venue rules or the nature of the activity. Swimming and higher-risk activities will follow the relevant specialist procedures.

13 Recording first aid

Every first-aid incident involving a pupil and every treatment provided must be recorded on CPOMS as soon as practicable and on the same day. The record will state the pupil, date, time, location, circumstances, injury or symptoms, assessment, treatment, staff involved, parent contact, outcome and any follow-up required. Records must be factual, timely and confidential.

Arbor will hold current medical conditions, allergies, alerts and emergency contact information. CPOMS is the detailed incident record and Arbor does not replace it. Any medicine administered must also be recorded immediately in the medication record book; CPOMS does not replace the medicine record.

Accidents involving staff, visitors, volunteers or contractors will be recorded using the school's employee and visitor accident-reporting arrangements. Serious incidents and recurring patterns will be reviewed by the First Aid Leads and Headteacher.

14 Informing parents and carers

Parents or carers will be informed promptly of a significant injury, illness, emergency treatment, use of emergency medication or concern requiring further observation or medical advice.

Serious incidents will be communicated by telephone as soon as possible. All available emergency contacts will be tried where necessary.

All head injuries will be reported on the same day and accompanied by written guidance.

Minor first aid will be communicated in the manner agreed by the school, taking account of the pupil's age, injury and need for monitoring.

The time, method and content of parent or carer contact will be recorded on CPOMS.

15 Accident investigation and RIDDOR

The Headteacher or delegated competent person will decide whether an incident requires investigation, insurer notification, local-authority or governing-body notification, or reporting under RIDDOR. Most incidents involving pupils are not reportable. A report will be made only when the legal criteria are met, including where a work-related accident results in a specified injury, qualifying absence, occupational disease or dangerous occurrence, or where a non-worker is taken directly from the scene to hospital for treatment and the accident arose from a work activity.

Records will show the reasoning for a RIDDOR decision. Statutory timescales will be followed. Evidence will be preserved where appropriate and resulting actions will be monitored to completion.

16 Safeguarding confidentiality and data protection

A first-aid incident may reveal a safeguarding concern. Staff must report concerns immediately to the Designated Safeguarding Lead and record them on CPOMS. Treatment must not be delayed while safeguarding advice is sought. Medical information will be shared only with those who need it to protect the person, provide treatment or fulfil a legal duty.

17 Monitoring and review

The First Aid Leads will monitor training, staffing, response times, equipment checks, CPOMS and accident records, parent notifications, AED readiness, incidents and near misses. The Headteacher will provide appropriate anonymised assurance to governors. This policy and the first-aid needs assessment will be reviewed at least annually and sooner following a significant incident, legal change or material change in provision.