



BITTERNE
C of E PRIMARY

First Aid Policy

Headteacher: Mrs. Jen Johnson

Reviewed by	Headteacher	Authorised by	Governing Body
Date	July 2026	Next Review	July 2027
Review Cycle	Annually	Signed by Chair of Governors	Rev Tony Palmer



Together we soar...



1. Aims

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.

The aim of this policy is to set out clearly the principles and procedures for First Aid at Bitterne CE Primary School.

2. Legislation

This policy is based on the Statutory Framework for the Early Years Foundation Stage, advice from the Department for Education on First Aid in schools and health and safety 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 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training.

The Limitation Act 1980 sets out that personal injury claims can be made up to 3 years after a child turns 18. The school will maintain records for serious injuries in line with the retention period defined in the Act.

The School Premises (England) Regulations 2012, which require that suitable space is provided to cater for the medical and therapy needs of pupils.

The Governors are committed to this procedure for reporting accidents and recognise their statutory duty to comply with 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.

3. Related Policies

The policy should be read alongside, other policies in school, including but not limited to:

- Safeguarding & Child Protection
- Intimate Care
- Health and Safety
- Supporting children with Medical Needs in school

4. Principles

- A First Aid Needs Risk Assessment is in place and reviewed regularly to determine the First Aid provision requirements
- This policy will be reviewed regularly to ensure that First Aid Needs are assessed or following any significant changes that may affect First Aid provision.
- Ensure that there are a sufficient number of trained First Aid staff on duty and available for the number of pupils and adults working on the school site
- Ensuring that there are suitable and sufficient facilities and equipment available to administer First Aid.
- Ensuring the above provisions are clear and shared with all who may require them.
- Ensuring that First-aid provision is available at all times while people are on school premises and also whilst on school visits.



5. Roles & Responsibilities

5.1 The Governing Body

The governing body has responsibility for health and safety matters in the school.

The governing board delegates operational matters and day-to-day tasks to the Headteacher and staff members.

5.2 The Headteacher

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

- Ensure that a suitable and sufficient risk assessment for the First Aid provision across the school and review this on an annual basis.
- Ensuring that an appropriate number of trained First Aid personnel are present in the school at all times.
- Ensuring that First Aiders have an appropriate qualification, keep their training up to date and remain competent to perform their role.
- Ensuring all staff are aware of First Aid procedures and reporting procedures.
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- Ensuring that adequate space and appropriate equipment is available for catering to the medical needs of pupils and adults.
- Inform all staff of the First Aid arrangements including the location of equipment, facilities and First Aid personnel.
- Reporting specified incidents to the Local Authority Health & Safety Team and HSE when necessary.

5.3 Staff

School staff are responsible for:

- Ensuring they follow First Aid procedures.
- Ensuring they know who the First Aiders in school are.
- Complete accident forms fully and accurately for all incidents they attend to where a First Aider is not called.
- Report any incidents to the office that need further support or contact to be made with parents / carers.
- Inform the Headteacher or their manager of any specific health conditions or First Aid needs
- Where necessary, ensure that the emergency services or other medical professional help is called.

5.4 First Aiders

First Aiders are responsible for:

- Must complete a training course approved by the Health & Safety Executive (HSE).
- Give immediate help to casualties with common injuries or illnesses.
- Where necessary, ensure that the emergency services or other medical professional help is called.

6. Five Key Rules of First Aid

1. **Check for Danger (Safety First)**: Before approaching, ensure the scene is safe for you, bystanders, and the injured person. Never put yourself in harm's way; only move someone if they're in immediate danger.
2. **Assess the Person (DRSABC)**: Check for Danger, Response (consciousness), Airway (clear?), Breathing (yes/no?), Circulation, and if needed, start CPR.



3. **Call for Help:** Once safe and basic life threats are addressed, immediately call emergency services (999, 911) for serious situations.
4. **Provide Immediate Care:** Focus on life-threatening issues like severe bleeding, choking, or lack of breathing, using techniques like CPR if necessary.
5. **Prevent Worsening & Comfort:** Keep the person calm and reassured, prevent infection (gloves!), and protect them from further harm or shock until professionals arrive, promoting recovery.

7. First Aid and managing accidents in school

In the event of an accident resulting in injury or a person becoming unwell, staff should follow the 5 key rules above when dealing with First Aid:

- The closest member of staff present will assess the seriousness of the incident and seek the assistance of a qualified First Aider, if appropriate, who will provide the required First Aid treatment.
- Staff should use the closest available First Aid kit
- First Aiders can be contacted via the two-way radio system or a phone call to their year group location or by contacting the main office.
- 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 scene until help arrives.
- The First Aider will also decide whether the injured person should be moved or placed in a recovery position.
- If safe to do so, the person can be moved to the medical room
- If the First Aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the First Aider will recommend next steps to the parents.
- A call should be made to the Emergency Services if necessary, First Aider should be available to talk to the ambulance control team.
- If emergency services are called, the Headteacher or if not available the School Office Team will contact parents immediately.
- The relevant member (the person who witnessed the injury / the First Aider / or the office team – depending the nature of the injury or incident) of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury using the Local Authority's Reporting Forms on the link below. As much detail as possible should be supplied when reporting an accident.
- All First Aid equipment used should be disposed of as per infection control guidelines as outlined in the Intimate Care Policy.
- Equipment should be checked and restocked following any incidents
- Any spillages to be cleaned up by First Aider and/or site maintenance team.
- Accidents should be documented on a HS1 form as detailed above.
- Parents/carers should be informed via the methods previously outlined.
- All staff will be aware of the procedure for contacting the Emergency Services. (Detailed at the end of the Policy Document).
- SLT / Site Manager / Business Manager to follow up and carry out an investigation into the accident and ensure all follow up actions are completed.

8. Minor Injuries to Pupils

Minor injuries with pupils at breaktimes and lunchtimes will be treated in the outside or in the year group.

- A member of staff will be on duty to support children during breaktimes.
- The lunchtime team will support with First Aid at lunchtime in each Key Stage.



- Pupils with minor injuries are administered First Aid and when able to can return to the playground or to their class.
- If the injury requires more treatment the child may be transferred to the medical room at KS1, if it is safe to do so.
- If the injury is more significant, a First Aider will be called.
- Minor injuries to pupils will be recorded on the Pupil Minor Injury Form which are located in each year group First Aid kit and the KS1 medical room. There is also a kit available in the music room and the breakfast / after school club rooms.
- If the minor injury involves a bump to any part of the head the child will be given a yellow wrist band to wear to show the person in class that they have bumped their head. The entry on the minor injury form will also be details to show this so that parents are informed of the head injury using a specific text template. The template message sent to parents will also include a link for further information on signs and symptoms of concussion.
- If the injury is more significant but the child can continue at school or the child is very distressed following the incident, parents will be contacted to explain what has occurred. Parents will be given the option to come and see their child if they feel this is appropriate.
- If the injury to the child requires some intimate care then as long as it is safe to do so, the child should be moved to the KS1 medical room for treatment. The treatment should be witnessed by another member of staff. Staff should follow the school's Intimate Care Policy when carrying out First Aid.
- The Lunchtime Team will inform the office of any pupils that require a telephone call to parents. The team will pass details of the incidents to the office so that the parents can be contacted and informed.
- The office team will collect all Pupil Minor Injury Forms at the end of each day and ensure a text is sent to parents.
- Injuries that have involved a bump to the head will be given a slightly different message that will inform parents to monitor their child for signs of concussion.
- At the end of each week the office will scan all Pupil Minor Injury Forms and save these in a secure area on the server. The forms will be dated so that they can be easily located at a later date. Minor injury forms will be monitored on a half termly basis.

9. Head Injury Procedures

Head Injuries can range from minor bumps to serious medical emergencies. The symptoms of a brain injury can be delayed therefore all head injuries must be treated with a high level of caution and consistent monitoring.

Initial Assessment and Classification

The designated first aider or member of staff should immediately assess the child.

Category A: Emergency (Call 999) Immediately

If any of the following 'red flags' are present, do not move the child and call the emergency services.

Avoid leaving the child unattended unless you need to summon help.

- Loss of consciousness (even if brief)
- Seizures or fitting
- Persistent Vomiting
- Slurred speech
- Clear fluid or blood leaking from nose/ears
- Weakness in arms or legs or lack of coordination

Action

Complete HS1 Form



Category B: Potential Concussion

If a student is conscious but display 'yellow flags'. Call parents and advise that the child has a bumped head and is showing signs of concussion and needs to be collected by parents and closely monitored or may need to be taken to the minor injuries unit to be further assessed.

The school will focus on immediate assessment, monitoring, and use a "if in doubt, sit them out" approach to concussion

If the parent / carer requests the child stays in school for the rest of the school day, the first aider or person dealing with the injury **must** inform the Class or Cover Teacher about the injury. The Class or Cover Teacher **must** monitor the child during the teaching session, and if the child shows any of the symptoms below, parents must be contacted again to let them know and ask them to collect their child from school as they are displaying signs of concussion.

- If a child shows any signs of concussion, and the parent/carer has requested that the child remain at school they must not take part in any physical activities for the rest of the school day. The child should be monitored at the main office during break and lunchtimes.
- Headache or pressure in the head
- Dizziness, blurred vision or sensitivity to light or noise
- Drowsiness or feeling in a 'fog'
- Memory loss regarding the incident

Action

- Complete HS1
- If child is not collected record the information on CPOMS.
- If child returns to class – ensure Class / Cover Teacher are informed.
- If child shows any of the above symptoms during the session, the office **must** be alerted so that parents can be contacted and ask them to collect their child as they are showing signs of concussion.

Category C: Minor Injury

Small bumps or bruises without any of the symptoms listed above.

Action

- Administer first aid, **always** apply a cold compress, and allow the child to rest for a short period.
- Check for any of the above symptoms.
- If child is not presenting with any other symptoms, record incident on minor injuries form, making it clear it was a bumped head injury.
- Apply yellow wristband.
- Inform the office if the injury needs a call to the parent.
- Ensure the Class teacher or cover teacher are aware the child has had a minor head injury.
- Parents will be notified via a text message about the head injury at the end of lunch or after 3.30pm and before 4pm.
- The message will give specific advice on monitoring for signs of concussion.

A risk assessment will be completed and a phased return to school activities implemented if required after a significant head impact and following medical practitioners' advice.



10. Eye Wash

The school maintains supplies of eye wash in school for supporting pupils with injuries.

Prior to use of eye wash, staff should check the following;

- Check date on solution
- Check bottle is sealed
- Check if child has any underlying medical issues
- Contact parents to inform them of what has happened and gain consent prior to using the solution
- Use PPE when administering
- Dispose of any solution left after administering

11. Management of Choking Incidents

Choking is a medical emergency that requires immediate and decisive action. This section outlines the procedures for recognising a choking incident, administering first aid, recording the event, and communicating with parents or carers.

Immediate Emergency Response

Staff must be able to distinguish between a mild and severe airway obstruction quickly.

Mild Choking (Partial Obstruction)

- Signs: The child can speak, cough, and breathe.
- Action:
 - Encourage the child to keep coughing to clear the obstruction.
 - Do not give them a drink.
 - Monitor them closely. Do not leave them unattended.

Severe Choking (Complete Obstruction)

- Signs: The child cannot speak, cry, cough effectively, or breathe. They may turn blue (cyanosis), clutch their throat, or become unconscious.
- Action:
 - Call for Help: Shout for a designated first aider and instruct someone to call emergency services (999) immediately.
 - Administer Back Blows: Stand slightly behind the child, support their chest with one hand, and lean them forward. Give up to 5 sharp blows between the shoulder blades with the heel of your hand.
 - Administer Abdominal Thrusts: If back blows fail, stand behind the child, wrap your arms around their waist, place a clenched fist between their navel and ribs, and pull sharply inwards and upwards. Give up to 5 abdominal thrusts.
 - Repeat the Cycle: Alternating 5 back blows and 5 abdominal thrusts until the object is cleared or the child becomes unresponsive.
 - Unresponsive Child: If the child loses consciousness, gently lower them to the floor and immediately begin CPR, starting with chest compressions.
 - The call to the emergency services can be stood down if the child starts to recover from the interventions above – please advise the call handler if the child has responded to the above interventions. The service may still send a crew or stand the call down to 111.

Critical Safety Note: If abdominal thrusts have been administered to a child, they must be evaluated by a medical professional at a hospital or urgent care centre immediately, even if the object was successfully dislodged, due to the risk of internal injury.



12. Recording the Incident

Every choking incident, regardless of whether it was mild or severe must be formally documented as soon as it is safe to do so on a HS1 form.

The record must include:

- The date, time, and exact location of the incident.
- The name and age/year group of the student.
- What the student was doing/eating when the choking occurred.
- The severity of the incident (mild vs. severe).
- The specific first aid interventions applied (e.g., number of back blows, use of abdominal thrusts).
- The final outcome (e.g., object dislodged, emergency services called, student taken to hospital).
- Names of staff members involved and any witnesses.

13. Reporting to Parents / Carers

Communication with parents regarding a choking incident must be handled with care, sensitivity, and transparency.

- For Severe Incidents: A member of the Senior Leadership Team (SLT) or a member of the office team will contact the parents immediately via telephone. If the child is being taken to the hospital by ambulance, parents must be informed immediately. If able to do the parent can come to the school or directly to the hospital. If the parent is going directly to the hospital, a member of staff will accompany the child to hospital in the ambulance. If the abdominal thrusts have worked to clear the blockage and the child is recovering, the school should still contact 111 to advise them of the incident and seek advice on next steps. The office team will inform parents of the advice provided which will likely be for the parent to take the child to an urgent treatment centre for further review. This information should be recorded on the HS1 Form.
- For Mild Incidents: Parents must be notified on the same day, either via a phone call from the office team.
- Follow-Up Guidance: When speaking with parents, staff must provide them with details of the incident and reiterate the importance of monitoring the child for any delayed symptoms, such as a persistent cough, difficulty swallowing, or wheezing, which could indicate a partial obstruction remains in the airway

14. Recording and Reporting

All accidents that occur in school, or whilst away from school on an offsite activity should be recorded. Minor injuries are recorded on the Pupil Minor Injury Form. More serious injuries or if a person is taken to hospital or advised to get further treatment this should be recorded on a HS1 form via the link below.

All incidents requiring First Aid treatment are to be recorded with (at least) the following information:

- The Full Name of the injured person
- The Full Name of the person recording the incident
- Date of the accident
- Location of accident
- Type of accident (e.g. bump on head etc)
- Treatment provided and action taken and details of the person who dealing with the incident
- At the end of school day and by at least 4.00pm the school office will send a SMS text message to the parents of any child who has received First Aid treatment during the school



day and received some type of treatment for a minor injury. If the child has bumped their head or any part of the face the parents will be sent a text to alert them that the child had a bump to the head and they should continue to monitor the child.

- Parent will be contacted verbally if an injury is more significant. Where the injury is more significant, or the child needs to be taken to hospital this should also be recorded on a HS1 form via the following link.

<https://scc.info-exchange.com/InjuryAccident>

15. Staff / Visitors

Where a member of staff or a visitor to the school sustains an injury, this should be recorded on a HS1 Form via the link above. Staff can complete this themselves or it can be completed by the person witnessing the incident or the First Aider.

The Governing Body is aware of its statutory duty under RIDDOR in respect of reporting the following to the Health and Safety Executive as it applies to employees and for non-employees and pupils. The school liaises with the local authority, where RIDDOR reporting may be required.

16. First Aid Resources

The school will provide the appropriate materials, equipment and facilities at all times and equipment will be clearly labelled and easily accessible.

First Aid resources will be regularly checked, maintained and replenished as required by the office team.

17. Medical Room

In compliance with the **School Premises (England) Regulations 2012**, the governing body will ensure that a room will be made available for medical treatment.

The school has a medical room next to the main office. This facility contains the following and is readily available for use:

- sink with running hot and cold water
- drinking water and disposable cups
- paper towels
- Smooth-topped work surfaces
- range of First Aid equipment and appropriate storage
- chairs
- blankets and pillows
- soap
- PPE for First Aiders
- suitable refuse container lined with appropriate bag
- appropriate record keeping systems and facilities

The medical room is kept stocked as required. The KS1 office has a fridge for the storage of cold compresses and medication as needed. The Admin Officer is responsible for the upkeep and resources available in the medical room and these should be checked on a weekly basis.

The school has 2 Automated External Defibrillators (AED) and these can be found in the main office at KS1 and in the staffroom.



18. First Aid Kits

First Aid kits are available around the school and these are regularly checked and refilled as necessary by the office team.

First Aid kits are currently located;

- Year Group Shared Area
- By exit doors to the playgrounds
- Music room
- Breakfast Club & Afterschool Club Area
- Medical Packs are available from the office for offsite activities

A typical First Aid kit in our school will include the following:

- A leaflet with general First Aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in First Aid kits.

19. Hygiene / Infection Control

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff will have access to Personal Protective Equipment (PPE) and handwashing facilities and should take care when dealing with blood or other bodily fluids and disposing of dressings or equipment.

20. First Aid Trained Staff

The school has assessed the need for First Aid trained staff within in the school and have ensured that staff are trained to appropriate levels for their roles within school and the ages of the children that they are working with.

Staff have undertaken either;

- First Aid at work
- Paediatric First Aid
- Emergency First Aid in Schools

A record is kept of all training undertaken by staff, this is reviewed regularly to ensure that training is in date. Training is updated and refreshed as necessary.

21. First Aid and Intimate Care

Staff who administer First Aid / intimate care, where the child does not already have an intimate care plan, should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g.



assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

Regular requirements of an intimate nature will result in an intimate care plan being created and agreed by parents. Agreements between the school, those with parental responsibility and the child concerned will be documented and easily understood. The necessity for such requirements will be reviewed regularly. The child's views will also be actively sought and, in particular, any discomfort with the arrangements addressed as outlined in the Intimate Care Policy and guidance.

22. Off-site activities

Before undertaking an off-site activity, the Trip Leader as part of the risk assessment will assess the level of First Aid provision needed for the activity. The Trip Leader must ensure there is adequately trained personnel available for the activity and that First Aid kits are taken on the trip. As part of any pre-visit to the venue the trip leader should ascertain the First Aid provision at the venue.

23. First Aid Risk Assessment

A First Aid risk assessment is carried out at least annually and is updated as necessary where buildings, facilities or provision are changed. The risk assessment sits alongside this policy.

24. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The school is legally required to report certain work-related accidents, diseases, and dangerous occurrences to the **Health and Safety Executive (HSE)**. The **Corporate Health & Safety Team at Southampton City Council** is responsible for submitting these reports.

24.1 What Must Be Reported

Not every accident requires a RIDDOR report. Reporting is required for:

- **Specified Injuries:** Including fractures (other than fingers/toes), amputations, loss of sight, and any injury requiring over 24 hours of hospitalisation.
- **Over-7-Day Injuries:** Injuries to staff that result in them being unable to perform their normal work duties for more than seven consecutive days (not counting the day of the accident).
- **Occupational Diseases:** Diagnosed by a doctor and linked to occupational exposure (e.g., carpal tunnel syndrome, occupational dermatitis).
- **Dangerous Occurrences:** "Near-miss" events that had the potential to cause serious harm, such as the collapse of scaffolding or a gas leak.

25. Reporting Accidents Involving Pupils and Visitors

Accidents involving pupils and visitors are only reportable under RIDDOR if:

1. The accident results in **death** or the person is **taken directly from the scene to hospital** for treatment; **AND**
2. The accident happened **"out of or in connection with work."**

Note: In a school context, "in connection with work" usually means the accident was caused by a failure in the way the school was managed (e.g., poor supervision), a defect in the premises, or faulty equipment/machinery.

26. Monitoring and Evaluation

This policy will be reviewed at least yearly and more often if the need arises.



Appendix 1 - Procedure for Contacting Emergency Services

Press 9 for an outside line, dial 999, ask for an ambulance and be ready with the following information:

1. Your telephone number:
023 80499494
2. Give your location as follows:
Bitterne CE Primary School, Brownlow Avenue, Bitterne Southampton SO19 7BX
3. Give exact location in the school of the person needing help.
4. Give your name.
5. Give the name of the person needing help.
6. Give a brief description of the person's symptoms (and any known medical condition).
7. Inform ambulance control of the best entrance and state that the crew will be met at