



Moordown St. John's CE Primary School

Policy for First Aid

“A Christian community where commitment to educational excellence changes lives”

The Board of Directors of Moordown St. Johns CE Primary School ratified this policy on 24th September 2026.

Review Date: September 2029

A copy of this policy in an alternative format, such as large print or different language, may be provided on request from the school office.

First Aid Policy

1. Purpose and everyday essentials

We provide prompt first aid for pupils, staff and visitors, during the school day, school activities and visits. This policy explains how to get help, record treatment and inform families. Read it with the Allergy Safety Policy and Supporting Pupils with Medical Conditions Policy. It does not replace first aid training or an individual healthcare plan.

- Keep the person safe, call a first aider and stay with them. Call 999 immediately for a life-threatening emergency. Do not wait for a senior member of staff or parent.
- Record all first aid incidents, illness assessments and treatment in Medical Tracker (referred to in school as **Meditracker**). Give urgent information directly to the next adult responsible for the child.
- Inform parents on the same day, or as soon as reasonably practicable. Urgent concerns require a telephone call, not just an electronic message.

2. Roles and Responsibilities

The Board of Directors has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Headteacher and staff members.

The Headteacher ensures suitable staffing, training, equipment, premises, insurance and reporting. The Headteacher is also the senior lead for allergy safety. He appoints first aid coordinators and ensures absence cover is available (Office Manager).

The Office Manager oversees the management of supplies, checks, staff qualifications and first aid notices. The Office Manager administers Medical Tracker access, parent contact details and records. Current names, contact arrangements and cover are kept in the office and displayed to staff.

First aiders assess and treat within their training, arrange further help, record care and hand over concerns. An appointed person who manages arrangements is not automatically a qualified first aider.

All staff, including supply staff, must know how to summon help and find emergency medicines. Staff report incidents and near misses promptly.

Families provide current medical information, emergency contacts and prescribed medicines, and tell the office about changes.

Information for families

Please read first aid messages from school and keep your contact details up to date. We will telephone if your child needs urgent help or collection. Ask the office for a translated explanation, large print or help understanding a message. Children remain supervised until safely handed over.

3. Responding to an emergency

Check for danger and bring help to the person. Do not move someone with a suspected serious injury unless needed for immediate safety or essential first aid. Follow the individual emergency plan where available and the 999 call handler's instructions.

Call 999 for severe breathing difficulty, anaphylaxis, uncontrolled bleeding, suspected serious head or spinal injury, or collapse/unresponsiveness. If unresponsive and not breathing normally, begin CPR and ask someone to bring the automated external defibrillator (AED). Follow its prompts. Staff must know the AED's location and access arrangements.

- The school AED is located in the finance first aid cupboard.
- An additional AED is located in the first aid room (in the swimming pool building)

A colleague meets the ambulance and clears access. Give the location, symptoms and treatment times. Contact parents after emergency help has been initiated. A staff member accompanies a child to hospital if a parent is not present, unless the ambulance team directs otherwise. Send essential medical information and keep trying emergency contacts.

3.1 Anaphylaxis — a severe allergic reaction

Warning signs include throat or tongue swelling, difficulty swallowing, noisy or difficult breathing, sudden dizziness, collapse or a pale, floppy child. A rash may be absent.

- Give the adrenaline auto-injector (AAI) immediately, following device instructions and training. Use the person's prescribed device first, or a suitable school spare if needed. Do not wait for permission or a telephone call.
- Call 999 immediately and say "anaphylaxis". If two adults are present, one gives adrenaline while the other calls.
- Lie the person flat with legs raised. If breathing is difficult, allow the shoulders to be raised or the person to sit up slowly with legs outstretched. Do not let them stand or walk. Bring medicines to them.
- Give a second AAI after 5 minutes if symptoms have not improved. Stay with them and monitor breathing. Begin CPR if needed. Hospital assessment is needed even if they improve.

A spare AAI may be used to save a life, including a first reaction without a previous diagnosis. Seek advance consent as part of planning, but do not delay emergency treatment to check it. Antihistamines and inhalers do not replace adrenaline for anaphylaxis.

3.2 Asthma and breathing difficulty

Help the child sit upright and use their prescribed reliever promptly, with a spacer where appropriate. Follow their asthma action plan. Reassure them while treating; do not delay an inhaler to try calm breathing first. [8]

For a blue salbutamol reliever during an attack, give one puff at a time (through the spacer, if needed) every 30–60 seconds, up to 10 puffs, unless the personal plan directs otherwise. Other reliever types have different instructions.

Call 999 if worsening, no inhaler is available, or the maximum dose does not help. Follow 999 advice; if no better after 10 minutes and the ambulance has not arrived, repeat up to the same maximum dose.

NB. Consider anaphylaxis if there is sudden breathing difficulty with food allergy.

4. First-aid Procedures

This is the school's practical staff checklist. Use it with first aid training and the emergency procedures in section 3.

Record the assessment, treatment, outcome and parent contact in Medical Tracker.

BUMPED HEADS

1. LOOK AND FEEL: Check for a bump, swelling, colour change, bleeding or a cut. Ask what happened. Check alertness, behaviour, speech, eye movement and coordination. Take what the child says seriously.
2. TREAT AND ESCALATE: For a minor bump, apply a wrapped cold pack for up to 10 minutes, checking the skin and removing it briefly if uncomfortable. Never place ice directly on skin. Call 999 for serious signs. Brief loss of consciousness, vomiting, persistent headache or changed behaviour requires urgent medical assessment.
3. RECORD AND TELL: Record every head injury in Medical Tracker. Give a bumped-head sticker and directly tell the class teacher or next supervising adult.
4. Notify parents the same day. Telephone for concerning symptoms or a significant impact; a routine Medical Tracker message may be used for a minor bump, but check failed messages. Give current NHS head-injury advice.

TEMPERATURE CHECKS

- Use the ear thermometer as instructed. Check both ears and record the time, readings and symptoms.
- Below 36°C: recheck because the thermometer may be positioned incorrectly. If the low reading is confirmed or the child is unwell, ask a first aider to assess and seek medical advice.
- Up to 37.9°C: if the child is otherwise well, they may return to class. A lower temperature does not by itself mean that a child is well.
- 37.9°C: allow the child to rest and recheck after 20 minutes. If it remains 37.9°C or rises, telephone home and arrange collection. If it falls below 37.9°C and the child is well, they may return to class.
- 38°C or above: under MSJ's operational procedure, telephone the parent or carer and arrange collection. NHS guidance usually defines 38°C or above as a fever.
- Act on serious symptoms at any temperature. Call 999 for breathing difficulty, reduced responsiveness, a seizure or a rash that does not fade under pressure. Follow an individual healthcare plan where one is in place.

EYES

- A bump near the eye: assess vision and injury; use a clean cool compress around the area without pressing on the eye.
- Grit or a loose particle: encourage blinking, do not rub, and rinse with clean, gently flowing water.
- Chemical: rinse continuously with clean water for at least 20 minutes while seeking emergency help.
- Do not remove an embedded object.
- Penetration, high-speed impact, changed vision, inability to move or open the eye, or severe pain needs urgent A&E or 999.

CUTS AND PLASTERS

- Wash hands and wear disposable gloves. Any broken skin must be cleaned: rinse a minor wound with clean water or non-alcohol wipe and pat the surrounding skin dry.
- Control bleeding with direct pressure using a suitable sterile dressing. Do not remove an embedded object.
- Before using a plaster, check the child's recorded adhesive or latex allergies and ask the child. Do not rely only on the child's answer. Use the smallest suitable dressing or an agreed alternative.
- Seek urgent help for uncontrolled bleeding, a deep wound or an embedded object.

NOSEBLEEDS

- Record when the bleeding started and ask whether there was an injury. Sit the child down, lean them forward and keep their mouth open.
- Pinch the soft part of the nose just above the nostrils continuously for 10–15 minutes. Ask the child to breathe through their mouth. Do not tilt the head back.
- If bleeding continues beyond 10–15 minutes, is heavy or followed a head injury, seek urgent A&E assessment. Call 999 for severe bleeding, breathing difficulty or collapse. An ice pack on the neck is not the treatment.
- After it stops, advise the child not to blow or pick their nose or sniff hard.

ASTHMA

- Sit the child upright. Help them use their prescribed reliever promptly and follow their asthma action plan. Use a spacer where appropriate. Reassure them while treating; do not delay the inhaler to try calm breathing first.
- For a blue salbutamol reliever, give one puff every 30–60 seconds, shaking between puffs, up to 10 puffs unless the personal plan says otherwise. Other relievers have different instructions.
- Call 999 if symptoms worsen, no inhaler is available or the maximum dose does not help. If no better after 10 minutes and the ambulance has not arrived, repeat up to the same maximum dose, following 999 advice.
- Record every use on Medical Tracker.

INJURIES BENEATH CLOTHING

Explain what needs to be checked and seek the child's cooperation. Protect privacy, expose only the area needed and have another adult present wherever practicable. Do not delay lifesaving treatment while waiting for a second adult.

Follow the **intimate-care procedure** and report any safeguarding concern to the designated safeguarding lead (DSL).

VOMITING OR DIARRHOEA

For suspected infectious vomiting or diarrhoea, arrange collection and exclude until 48 hours after the last episode. Follow current public-health advice for return to swimming, including any longer disease-specific restriction. A known non-infectious cause is considered individually.

DECISION TO SEND A CHILD HOME

Whenever practicable, a DSL is always informed before sending a child home.

5. Medical Tracker and communication

Record once and hand over clearly

Medical Tracker is the main first aid record. The member of staff who provides care records it as soon as the person is safe, normally on the same day. Record minor grazes, head bumps, illness and temperature checks as well as serious injuries. Staff without access give details promptly to an authorised colleague; identify both the person giving treatment and the person entering the record.

- Name and class or role; date, time and place; what happened and any witnesses.
- Injury, symptoms and observations; assessment and treatment, including times, medicine/device, dose, route and response where relevant.
- Who gave care; further help or collection; advice and handover; parent contact method, time and outcome; follow-up needed.

Use factual, respectful language. Separate what was seen from what was reported. Correct mistakes through a dated amendment so the original record and audit trail remain clear. If the system cannot hold a staff/visitor incident or near miss, use the secure school accident record and cross-reference any related pupil entry.

Replace routine paper accident books and the lunchtime “bumped heads and serious injuries” form with the electronic entry and a direct handover. Do not assume a teacher has read a notification. The receiving adult must know what to monitor and when to seek help.

Inform parents and carers

Notify parents of injury and first aid on the same day, or as soon as reasonably practicable. Use the school's configured Medical Tracker messaging route for routine notifications. The office checks delivery failures and uses telephone or paper where needed.

Telephone immediately for serious injury, urgent medical advice, emergency treatment or collection. Explain what happened, what was done and the next action. Try other authorised emergency contacts if needed and record attempts. Never wait for a reply before providing emergency care.

Do not include another child's personal information in a parent message.

If Medical Tracker is unavailable

Use paper notes or Appendix A on trips or during a system/device outage. Keep the record secure and notify parents and relevant staff if appropriate. Enter it into Medical Tracker as soon as access returns, recording the original incident time and later entry time.

Confidentiality and retention

Health records are sensitive personal data. Use authorised individual accounts, restrict access by role and share only what is needed for care, safeguarding or a legal duty. The Office Manager and Data Protection Officer (Finance and HR Manager) ensure secure storage, appropriate system permissions and the school's retention schedule cover both paper and electronic records.

Do not automatically delete pupil accident records after three years. Set retention by record type, the child's age, legal requirements and insurer advice; preserve records needed for claims, investigations or safeguarding. RIDDOR records must be kept for at least three years from the date made. Staff follow the approved retention schedule and secure disposal arrangements.

6. Staffing equipment and medicines

Cover and training

The Headteacher reviews the written **first aid needs assessment** at least annually and after significant changes or incidents. It covers pupil and staff numbers, medical needs, site layout, the pool, lunch breaks, absences, trips and activities outside normal hours. Adequate cover must remain at school when staff accompany visits.

At least one person with a current full paediatric first aid certificate must be on site and available whenever EYFS children are present, and accompany them on outings. Plan staffing so help reaches children quickly. Renew paediatric first aid training every three years. Meet the additional first aid qualification rules for staff counted in relevant EYFS ratios. A paediatric first aider should be in the room while EYFS children eat; children must be within sight and hearing.

Keep a current training register and arrange renewal before certificates expire. Staff with expired certificates must not be counted as qualified cover. Provide refresher practice and induction. Annual allergy awareness and emergency-response training, including supply/cover arrangements, follows the Allergy Safety Policy; a first aid certificate alone is insufficient.

Facilities and supplies

The main first aid areas are the school office area and the first aid room in the KS2 playground behind the pool. Keep suitable washing facilities, access to a toilet and a private supervised place for an unwell child. First aid kits are in the medical room, kitchen, cupboard outside the Finance Room and a designated classroom in each year group. Signpost classroom kit locations on classroom doors.

The coordinator checks and records kit contents and expiry dates monthly and after use. Year groups exchange incomplete kits at the cupboard outside the Finance Room and report used items.

A typical first aid kit in our school will include the following:

- A list of items in first aid kit
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Alcohol free wipes
- Plasters of assorted sizes

The main first aid areas will contain

- A leaflet with general first aid advice
- Regular and large bandages
- Eye bath
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes

- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings
- Pen/Pencil

Store medicines separately.

Check the AED and other equipment to manufacturer requirements.

Use hand hygiene and appropriate protective equipment. Follow the school's body-fluid spill and waste procedures (**see bodily spills risk assessment**); keep children away from spills and never pick up sharps by hand.

Emergency and routine medicines

The **Allergy Safety Policy** implements the allergy safety duties commonly called Benedict's Law and governs prevention, individual plans, training and emergency AAI management. School spare AAIs are in the office and first aid room (accessible for the swimming pool), with rapid access and no locked barrier. Check emergency medicines monthly and after use; maintain an inventory of location, strength, expiry, checks and replacement. Check each medicine before giving it. Prescribed devices remain available to the child, including at swimming and on visits.

Keep prescribed inhalers accessible in classrooms and signpost their location. School emergency salbutamol inhalers are held in each year group. Use them for eligible pupils under the emergency-inhaler protocol and recorded parental consent; check inhalers, spacers and remaining doses monthly.

Parents hand medicines to the office, except agreed handovers in an individual healthcare plan. Routine medicines require written authorisation and suitable staff training under the medical conditions policy. Check the person, medicine, dose, route, timing, previous doses and expiry; record each administration promptly in Medical Tracker and notify parents. Record refusals, omissions or errors and seek advice.

Emergency medicines must remain immediately accessible; secure storage must not delay treatment. Follow labelled temperature requirements, including refrigeration where needed.

7. Visits illness and reporting

Visits swimming and other providers

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

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details
- Children's specialised medicines (eg. inhalers, AAD, medication)

Risk assessments will be completed by the Class Teacher/Designated First Aider prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least 1 first aider with a current paediatric first aid (PFA) certificate on EYFS school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

Follow pool emergency procedures for water-related incidents.

Independent clubs and hirers must demonstrate their own first aid and medical arrangements. Confirm emergency access, contacts and handovers in the letting/provider agreement. Authorised providers may access the school's office spare AAI as set out in the Allergy Safety Policy, but must not use it to replace their own arrangements or a child's prescribed devices. Tell school immediately if a device is used or missing.

Reporting beyond school

Tell the Headteacher immediately about a serious incident or significant near miss. The Headteacher assesses reporting duties; recording in Medical Tracker does not submit a statutory report. Investigate causes and record actions, owners and completion dates.

RIDDOR means the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. Report work-related deaths, specified worker injuries, qualifying occupational diseases and dangerous occurrences. Worker incapacity exceeding seven consecutive days, excluding the accident day, is reportable within 15 days. Record over-three-day incapacity even if not reportable.

For pupils and visitors, report a work-related accident causing death or injury requiring direct transfer from the scene to hospital for treatment. A fracture, ambulance call or hospital visit alone does not make a pupil incident reportable. Consider organisation, supervision, equipment and premises; diagnostic checks alone are not treatment. Report relevant deaths, specified injuries and dangerous occurrences without delay, with the report within 10 days; report diagnosed occupational diseases promptly.

For EYFS children, notify local child protection agencies of serious accident/injury or death while in care and act on their advice. Where provision is separately Ofsted-registered, its provider must also notify Ofsted of serious accident, illness, injury or death as soon as practicable and within 14 days. That registration duty does not automatically apply to the school's registration-exempt Reception provision. The DSL makes safeguarding referrals whenever indicated.

8. Review and approval

This policy covers 2026–29, with full review by September 2029. The Headteacher and first aid coordinator check provision and procedures annually and revise sooner after incidents or changes in guidance. The Allergy Safety Policy retains its separate annual review. Directors approve substantive policy revisions. Parents may raise concerns through the school's complaints procedure.

Key references for this revision

The policy follows the Health and Safety (First-Aid) Regulations 1981; Health and Safety at Work etc. Act 1974; Management of Health and Safety at Work Regulations 1999; RIDDOR 2013; Education (Independent School Standards) Regulations 2014; Children and Families Act 2014 as amended by section 34 of the Children's Wellbeing and Schools Act 2026; Equality Act 2010; and UK GDPR/Data Protection Act 2018. It is consistent with the school's funding agreement and articles.

- DfE First aid in schools
- EYFS framework effective September 2026
- DfE Allergy safety in schools July 2026
- HSE Incident reporting in schools
- NHS Guidance documents
- DHSC Emergency asthma inhalers in schools
- Medical Tracker primary schools

Version History

Date	Comments / Reviewed:
July 2023	Fully revised Policy written by Nicky Armstrong, HR & Personnel Manager, based on the Key template. Full consultation with staff and Directors
November 2024	Annual review by C Howard (Office Manager) in full consultation with new first aid team (S Scott and S Pattemore).
September 2026	Fully revised policy written by P Ruffle (Headteacher), using the Key Template and latest Government guidance documents esp. Benedict's Law. The policy specifically addresses the changes brought about by digital recording through Medical Tracker. A key change was updating the high temperature threshold.

Appendix A: Temporary first aid record

Use only when Medical Tracker is unavailable or not accessible on a visit. One person per form. Give care and make urgent calls first. Keep this form confidential.

Person's name and class or role

Date and time of incident

Location and activity

Date and time this record was made

What happened and any witnesses

Injury or symptoms and observations, including times

Treatment and response, with times — medicine name, dose, route and device if used

Further help or outcome — 999 call, collection, hospital or return to class

Parent contact — person, method, time, outcome and advice given

Handover and follow-up — receiving adult, time and action required

First aider's name and signature

Recorder, if different

Entered in Medical Tracker by

Date/time

Record reference

For a serious incident or near miss, notify the Headteacher.

Record any linked investigation/report separately and retain the original form under the school's retention schedule.



Accident / Incident Report Form

Ref:

Date of accident/incident: / /

Time of accident/incident:

(24 hour clock)

Name of person who suffered or had the accident / incident (delete as appropriate):

NAME:

Gender (Male / Female)

Date of birth **if under 18 years of age:** / /

Status of the person:

Employee

☐

Member of the Public

☐

Pupil

☐

Contractor / Agency worker

☐

Other (Please state)

☐

Location of the accident/incident:

Description (Brief):

What supervision was in place?

Did this follow the risk assessment YES / NO.

If NO, why not?

Was the incident due to condition, design or maintenance of our premises or equipment? YES / NO

Please give further details

Action to prevent a recurrence:

What injury occurred?

(state whether cut, bruise, fracture etc.)

Which part of the body was affected?

(Left hand/foot Right hand/foot etc.)

Was there any PPE in use? ☐
(Personal Protective Equipment)

Were the Police involved? ☐

Were there any witnesses to the accident/incident?

If this was a violent incident please indicate the type of Physical abuse, Verbal abuse etc.

Was any kind of restraint/positive handling used? If yes, please detail the type and also complete the separate Moordown St John's positive handling declaration held in the office.

Details:

Form Ref:

Details of assailant(s) (Include name and address if known)

Does the report include any of the following, tick all that apply.

Physical Injury Involved

☐

Medical advice sought

☐

Emotional distress involved

☐

Dangerous Animal

☐

Evidence of drug taking

☐

Near miss

☐

Other (please state)

☐

Violent incident?

☐

If so, please complete the violent incident log and follow up form

The following sections must be completed by a Line Manager

Is this accident reportable to the RIDDOR incident Contact Centre? Yes / No

Has this accident been reported to the RIDDOR Incident Contact Centre? Yes / No

RIDDOR Report Reference Number:

Reporting Officer Name (please print):

Name of Line Manager (please print):

Signature of Line Manager (Hard copy only):

Date of authorisation: / /

Accident/Incident Database
Updated By:

Date:

The information that you provide will be held and used in compliance with the Data Protection Act 1998. It will be held for the purposes of administration and the compilation of statistics for safety committees and will be disclosed to health and safety, insurance and payroll departments of the council.

Saved on R Drive/ Health & Safety/ Accident Incident form 2023 - June

Appendix C First aid cover and training register (example)

The office keeps this as a live working record, electronically or on paper. Update when staff, qualifications or cover change. Display current first aider names and how to contact them; keep certificates securely.

First aid coordinator Deputy Last checked by/date

Staff member and contact	Qualification and provider	Completed	Expires	Usual cover and backup

Record full paediatric first aid, first aid at work/emergency first aid at work and relevant additional training.

Confirm lunch, absence, visit and pool cover against the needs assessment. Keep annual allergy training records alongside this register.