Cumberland Infant School

and

Little Cumberland Pre-School

First Aid Policy

Approved by: Board of Governors	**Date:**10.2.26
Review Frequency: Annually	**Statutory requirement:** Yes
Last Reviewed: February 2026	**Next Review due:** February 2027

Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

Legislation and guidance

This policy is based on the Statutory Framework for the Early Years Foundation Stage, advice from the Department for Education on first aid in schools and health and safety in schools, guidance from the Health and Safety Executive (HSE) on incident reporting in schools, and the following legislation:

- The Health and Safety (First-Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The School Premises (England) Regulations 2012, which require that suitable space is provided to cater for the medical and therapy needs of pupils

Roles and responsibilities

Lead First Aiders

The school's appointed Lead First Aider is Laura Trowern and in her absence Cassie Brooks and Sara Parker. During lunchtime Laura can be on site in minutes. During Lunchtime, our Lead First Aider is Sara Parker and Cassie Brooks. All three members of staff have been appropriately trained.

They are responsible for:

Taking charge when a child or member of staff sustains a major injury or becomes seriously ill such as :

- a cut to head or serious knock
- suspected sprain or break
- sting: e.g. bees/wasps/insects (due to the possibility of allergic reaction)
- allergic reaction
- any injury or illness that the person administering first aid has concerns about
- if a child needs to be sent to the treatment centre or hospital.

Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits

Ensuring that an ambulance or other professional medical help is summoned when appropriate

Staff

As a school it is our policy that most members of staff are basic first aid trained and most EYFS staff are Paediatric First Aid trained.

Staff are trained to act as first responders. They will assess the situation and administer basic First Aid, this may include:

- minor cuts or grazes
- children who feel unwell, including a temperature
- minor bumps to the head or other body parts
- minor marks to the body (bruises)
- administering inhalers (asthma)

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the Lead First Aiders in school are
- Completing accident reports or records (see appendix 1) for all incidents they attend to
- Informing the Headteacher of any specific health conditions or first aid needs

Headteacher

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

- Ensuring that an appropriate number of staff are trained in first aid and are always present in the school. E.g. At least one person who always has a current paediatric first aid (PFA) certificate on the premises.
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- Ensuring all staff are aware of first aid procedures.
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- Ensuring that adequate space is available for catering to the medical needs of pupils.
- Reporting specified incidents to the HSE and PPC when necessary.

The Local Authority and the Governing Board

Portsmouth City Council has ultimate responsibility for health and safety matters in the school, but delegate's responsibility for the strategic management of such matters to the school's governing board.

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

Training

All school staff are able to undertake first aid training if they would like to.
All first aiders must have completed a training course and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 2).
The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as being able to administrate first aid or continue being a Lead First Aider.
At all times, at least one staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework. The PFA certificate will be renewed every 3 years.

All staff have Epi Pen training every two years.

Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Policy on supporting pupils with medical conditions in school
- Policy on supporting pupils with medical conditions at home
- Policy on administering Medicines in School
- Safeguarding and Child Protection Policy

First Aid Procedures and guidance

Treatment of minor injuries

- Disposable gloves must be always worn when administering first aid with an injury or accident where the skin has been broken or involving blood e.g. a nosebleed or cut knee
- All injuries are cleaned with a white tissue and water or a sterile wipe.
- The exception to this is if a child/adult has something in their eye for which we have sterile water.
- Plasters can be used if a cut or graze continues to bleed or weep once it has been cleaned or if the injury is in a position that might be rubbed by clothes or shoes.
  The person administering First Aid will check the allergy list before putting a plaster on a child.

Procedure for Bumped heads

- Children are given a bumped head note to take home and a sticker to wear.
- Parents are telephoned by the office staff if it is a serious bump to the head or email if it is a minor bump to the head.
- Serious head bumps, casualty will be laid down.
- Ice packs are wrapped in paper towels and should be placed on the area bumped for at least 5 minutes but up to 10 minutes. **The child must be supervised with an ice pack.**

Administering Calpol

- When children are allocated a place at Cumberland Infants and Little Cumberland Pre-School, we will gain written consent that their child/children can be given Calpol if their temperature rises. Staff will record the time and amount given on a green form. (see appendix 5 for guidance in administrating Calpol)

- If a child does not have written consent or is reluctant to have Calpol a parent must come to school to administrate Calpol to their child and staff will not be able to.

- A high temperature in children is 38c or above.

For Calpol guidance see appendix

Administering Antibiotics

- A child may return after the first 24 hours of prescribed antibiotics; this is to ensure that they do not suffer an allergic or adverse reaction during the school day. Any antibiotics sent in must be prescribed for the child, in a clearly named bag and with a syringe or spoon for dispensing the medication. Parents must complete a green form at the school office when handing in the medicine; it should not be handed to the child's class teacher.

Procedure for allergies

Our nominated allergy lead is our lead first aider- Laura Trowern who will work alongside Headteacher and Admin Support Officer.

This team will ensure:

· All allergy information is up to date and readily available to relevant members of staff

· All pupils with allergies have an allergy action plan completed by a medical professional

· All staff receive an appropriate level of allergy training

· All staff are aware of the school's policy and procedures regarding allergies

· Relevant staff are aware of what activities need an allergy risk assessment

All staff will:

Be able to recognise the signs of severe allergic reactions and anaphylaxis

Attend appropriate allergy training as required

Be aware of specific pupils with allergies in their care

Carefully consider the use of food or other potential allergens in lesson and activity planning

Ensure the wellbeing and inclusion of pupils with allergies

Liaise with the allergy lead for extracurricular events involving food, e.g. school disco

Parents will:

Provide the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis

If required, provide their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine and making sure these are replaced in a timely manner

Carefully considering the food they provide to their children as packed lunches and snacks, and trying to limit the number of allergens included

Follow the school's guidance on food brought in to be shared

Update the school on any changes to their child's condition

Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

Catering staff receive appropriate training and are able to identify pupils with allergies.

School menus are available for parents to view with ingredients clearly labelled.

Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils.

When children with allergies have a hot lunch, they will wear a purple band to ensure they do not receive any foods they are allergic to.

Food Restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. Certain high-risk allergens will not be permitted in school, dependant on allergies of current children and staff.

Any child with a specific food allergy that requires medication we will require the school to inform all parents to avoid sending those foods in.

Animals

All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact

Pupils with animal allergies will not interact with animals.

Storage and Maintenance of Epi Pens and antihistamine

All medicines are named and kept in or on top of the child's classroom first aid cabinets.

Regular checking of expiry dates on all medication will be undertaken termly by Laura Trowern, lead First Aider.

Allergic Reaction Procedure

As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately.

Designated members of staff are trained in the administration of AAIs – see section 7

If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan.

If an AAI needs to be administered, a designated member of staff will use the pupil's own AAI. It will only be administered by a designated member of staff trained in this procedure.

If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance

If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents informed. School cannot administer antihistamine medication (e.g. Piriton) unless prescribed by a GP/consultant.

Asthma

The school recognises that pupils with asthma always need access to relief medication.

The school will manage asthma in school following NHS asthma procedures.

Pupils diagnosed with asthma will be required to have an emergency inhaler, a spacer and an asthma plan in school.

The school may ask the pupil's parent or guardian to provide a second inhaler.

Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required.

Administering basic first aid

- Children are given an administrated first aid note to take home.
- Any concerns about the injury or how it occurred, parents to be telephoned, or spoken to at the end of the day.

Disposal of waste

- Used items are disposed of in a yellow plastic bag.
- If a child/adult has been sick the waste is double bagged and disposed of in the outside bins in the compound.

Recording of minor incidents

There is a red First Aid folder for each class and pre-school.

The red First Aid folders each contain:

- a sheet to complete when first aid is administered
- a class/pre-school list giving details of children's medical conditions, medication kept in school and any dietary issues which must be referred to when any First Aid is given and prior to any food tasting activities (**Pupils must be fully risk-assessed when taking part in food-tasting activities at school.)**
- information about medicines that have been administered this year
- First Aid notes to send to parents
- bumped-head information letters
- bumped-head stickers
- administration of medicine forms

There is a red first aid folder in the hall, in the outside first aid shed and Breakfast and After School Club which are divided into classes noting any medical needs of each child in each class, this is updated by our Admin Support Officer when children join the school or any medical changes happen.

Procedure for more serious injuries

In the event of an accident resulting in a more serious injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of the Lead First Aider, if appropriate, who will provide the required first aid treatment
- The Lead First Aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. If a child is unconscious at all their parents will be telephoned. They will remain on the scene until help arrives and inform the Headteacher, Deputy Headteacher and in their absence a member of the senior leadership team.

- The first aider will also decide whether the injured person should be moved or placed in a recovery position.
- If the first aider judges that 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.
- If emergency services are needed to be called the office staff will call and proceed to Lead First Aider who is treating the casualty so they can speak to emergency services at the scene. Then the office staff will contact parents immediately. The parents will accompany the child in the ambulance in their absence the Lead First Aider will go.
- The Lead First Aider will complete an accident report form and the accident book on the same day or as soon as is reasonably practicable after an incident resulting in an injury.
- A risk assessment of the area where the injury or accident occurred will take place and discussed with the Headteacher.

Record-keeping and reporting

First aid and accident record book and form

- The accident book and form will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident book and form in appendix 2
- Records held in the first aid folders and accident book will be retained by the school for 25 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

Reporting to the Portsmouth City Council

The Headteacher or Deputy Headteacher will complete and send the Portsmouth City Council's accident form to Andy Kill within ten days of a major injury. They will inform the school if they need to report the injury to RIDDOR.

Reporting to the HSE

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

The Headteacher or Deputy Headteacher will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

These include:

- Death
- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding) which:
    - Covers more than 10% of the whole body's total surface area (1% equals hand size); or
    - Causes significant damage to the eyes, respiratory system or other vital organs
  - Any scalping requiring hospital treatment
  - Any loss of consciousness caused by head injury or asphyxia
  - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours

Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Headteacher will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident

Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:

- Carpal tunnel syndrome
- Severe cramp of the hand or forearm
- Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
- Hand-arm vibration syndrome
- Occupational asthma, e.g from wood dust
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent

Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:

- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and the person is taken directly from the scene of the accident to hospital for treatment
- *An accident "arises out of" or is "connected with a work activity" if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here:
How to make a RIDDOR report, HSE
http://www.hse.gov.uk/riddor/report.htm

Notifying parents

The staff dealing with the accident or injury will inform parents of any accident or injury sustained by a pupil via an accident slip, verbal conversation face to face or by telephone and any first aid treatment given, on the same day, or as soon as reasonably practicable. Parents will also be informed if emergency services are called.

Off-site procedures

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

- A mobile phone
- A portable first aid kit including, at minimum:
    - 4 individually wrapped sterile adhesive dressings
    - 1 large sterile unmedicated dressing
    - 2 triangular bandages – individually wrapped and preferably sterile
    - Several individually wrapped moist cleansing wipes
    - 2 pairs of disposable gloves
    - Tissues
    - Plasters
    - Small spray bottle of water
    - Sterile water
    - Calpol (only given with written consent)
- Information about the specific medical needs of pupils and their medication e.g. epi-pens, inhalers and spacers
- School will be contacted via mobile phone to obtain parents' contact details if required

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

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

- 1 pair of rustproof blunt-ended scissors

Risk assessments will be completed by the staff leading the trip prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one first aider on all school trips and visits.

There will always be at least one 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.

First aid equipment

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

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves
- 1 pair of rustproof blunt-ended scissors
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First aid kits are stored in:

- The school hall
- Outside First Aid Shed
- Each classroom

Medication is stored in the hall first aid Cabinet, classroom/pre-school first aid cabinets or the school fridge in the resources room.

Epi-Pens, inhalers/spacers are stored in or on top of the classroom/pre-school first aid cabinets away from direct sunlight.

Appendix 1: accident report form

NAME OF INJURED PERSON		ROLE/CLASS	
DATE AND TIME OF INCIDENT		LOCATION OF INCIDENT	
INCIDENT DETAILS			
Describe in detail what happened, how it happened and what injuries the person incurred.			
ACTION TAKEN			
Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.			
FOLLOW-UP ACTION REQUIRED			
Outline what steps the school will take to check on the injured person, and what it will do to reduce the risk of the incident happening again.			
NAME OF PERSON ATTENDING THE INCIDENT			
SIGNATURE		DATE	

Appendix 2: first aid training log

NAME/TYPE OF TRAINING	STAFF WHO ATTENDED (INDIVIDUAL STAFF MEMBERS OR GROUPS)	DATE ATTENDED	DATE FOR TRAINING TO BE RENEWED (WHERE APPLICABLE)

Appendix 3: Calpol Notification form to send to parents

Calpol Notification Form Your child was given Calpol at school today. Please see details below.					
Name	Illness	Calpol dose given/ml	Time	Staff member	Signature

Appendix 4: Asthma form

Asthma notification form Your child required their reliever inhaler in school today. Please see below for details.				
Name	Puffs given	Time	Staff member	Signature

Appendix 5

Guidance for administrating Calpol

Before taking a temperature, check if a child feels hot by placing your hand on the back of their neck or their forehead.
If a child feels hot initially take off their jumper/cardigan, give the child a drink of water and sit by the window, open door or hall, possibly take them outside.
If they continue to feel hot after 20 minutes take their temperature.
If their temperature is 38 degrees or above check, they have written permission.
If it is before 12.30pm then parents will need to be called to check if they have already been given Calpol before they came to school.
If it is after 12.30pm and they have written permission, Calpol can be given to the child.
When Calpol is given record the time, date , dosage and temperature on the pink slip.
Monitor temperature if it continues to be 39/40 degrees or above monitor the child's temperature noting down the time and temperature. Remove shoes and tights/socks.
After Calpol is given, if the child's temperature drops below 38 degrees they can stay in school.

If a child in Pre-School has a temperature of 38 degrees or above the parents will be called to come and pick up the child as soon as possible.
If in doubt consult main first aiders – Laura Trowern , in her absence Sara Parker or Cassie Brooks.