Life in all its fullness (John 10:10)

Hernhill Church of England Primary School

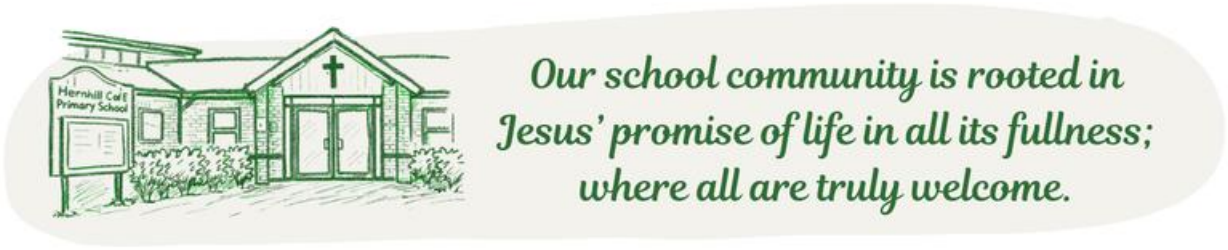
FIRST AID POLICY

Lead staff member: Lisa Tomlinson

Lead governor: Distinctiveness Ctte

Signed: Lucy Duff & Liz Wright, Co-Chairs of Governors **Date:** Updated 16.09.26

This First Aid Policy was agreed by Governors in September 2026.
To be reviewed by June 2029.



Introduction and ethos

We aim to create a community with a Christian ethos, where the spiritual, moral and intellectual talents of our children are nurtured.

Our core Christian values of compassion, forgiveness, resilience, respect and truthfulness are at the heart of all that we do.

Our caring, sharing approach towards each other, our local, and wider community is encompassed by the school's 'People Rule' where we treat others as we would wish to be treated ourselves (*Luke 6:31*)

Statement of Intent

This school is conscious of its obligations under the Health and Safety (First Aid) Regulations, 1981 and guidance from the Department for Education and the Local Authority to provide adequate and appropriate first aid facilities and personnel for members of staff, pupils and visitors. As a result, this policy has been drawn up to give details of the first aid arrangements which have been made in the school.

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 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

Principles and Practice of First Aid

First Aid is the skilled application of accepted principles of treatment on the occurrence of any injury or sudden illness, using facilities or materials available at the time. It is the approved method of treating a casualty until placed, if necessary, in the care of a doctor or removed to hospital. First Aid treatment is given to a casualty to preserve life, to prevent the condition worsening and to promote recovery.

DFE First Aid guidance for schools: https://www.gov.uk/government/publications/first-aid-in-schools/first-aid-in-schools-early-years-and-further-education#schools-and-colleges

Roles and responsibilities

Appointed persons: An appointed person is someone who takes charge when someone becomes ill, suffers a minor injury, looks after first aid equipment e.g. restocking after use, or who ensures that an ambulance is called when appropriate. All members of staff are appointed persons but not necessarily first aiders. Members of staff should not give first aid treatment for which they have not been trained.

See **appendix 1** for the list of trained staff

The 2014 Early Years Framework states that at least one person with a current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present, and must accompany children on outings. In addition, the September 2025 EYFS Safer Eating guidance states, "The general school first aid arrangements remain based on a first aid needs assessment. **However, during any meal or snack time involving EYFS children, a full PFA-trained member of staff should be in the room.**"

27 members of staff are certified paediatric first aiders. This is considered to be appropriate for the risks and numbers of persons present and allows cover for absences / school trips etc. All first aid training is repeated every 3 years to maintain competence. A full list is displayed in the school office and staff room.

Kent County Council has ultimate responsibility for health and safety matters in the school, but delegates 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.

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

- 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 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
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that 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 when necessary

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports for all incidents they attend to where a first aider is not called
- Informing the headteacher or their manager of any specific health conditions or first aid needs

Provision of first aid equipment

- First Aid equipment is located in each of the classroom filing cabinets. The filing cabinet drawer is clearly identified by a green/white first aid cross sign.
- The supplies of first aid equipment are kept in the care suite.
- There is a first aid bag that is situated in the office and taken out at playtimes and lunchtimes.
- Cold compresses are available from the staff room fridge.
- It is the responsibility of whoever uses equipment to replace it at a convenient time after the needs of the casualty have been met. If items are missing, the office must be informed.

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

Disposable gloves	Regular and large bandages / dressings
Antiseptic wipes	Eye pad bandages
Plasters of assorted sizes	Triangular bandages
Scissors	Face shield
Adhesive tape	Burns dressings

Procedures

During the school day, many children suffer minor bumps and scrapes in the course of their play in the playground or through other activities. It is normal practice for these to be dealt with by an appointed person at morning play and lunchtime; and by the teacher or teaching assistant during lesson time. However, more major injuries need to be immediately referred to a designated school first aider for assessment and care.

Children with specific medical needs are highlighted on the medical board in the staff room. All school staff should be aware of these children and summon help from a first aider in the event of an emergency. During off site activities the staff accompanying the children will act as appointed persons and carry a basic first aid kit. They will also ensure they have information about the specific medical needs of pupils, the yellow class medical bag and the parents' contact details. They will also carry a mobile phone to use in an emergency and know the postcode of their location to pass to emergency services in the event of needing to summon help. This mobile number will also be included on the risk assessment completed beforehand. If a major medical emergency or accident occurs on a school trip, the school must be informed as soon as possible and the situation managed so that the safety of the group is not compromised. Children who are known to have potential first aid emergency needs should be identified on the risk assessment with a plan in place to accommodate their needs in the event of an emergency.

CHOKING

If a child appears to be choking, first aiders will administer first aid.

1. **Give up to five back blows.**
   Hit them firmly on their back between the shoulder blades. If back blows do not dislodge the object, move on to step 2.
   Back blows create a strong vibration and pressure in the airway, which is often enough to dislodge the blockage. Dislodging the blockage will allow them to breathe again.
   Watch
2. **Give up to five abdominal thrusts.**
   Hold the child around the waist and pull inwards and upwards above their belly button.
   Abdominal thrusts squeeze the air out of the lungs and may dislodge the blockage.
3. **Watch**
4. **Call 999 if the blockage does not dislodge. Advice will be requested on the use of the LifeVac if traditional methods have failed to help.**

The school has a LifeVac on site, situated in the school office. LifeVac® provides an additional layer of protection in the event that standard choking first aid has been attempted and is unsuccessful.

Recording and reporting accidents

MINOR BUMPS AND SCRAPES

- A very minor bump or scrape, such that requires rinsing or cleaning with a wipe, and a small plaster, will be recorded by the staff member in one of the two **FIRST AID EXERCISE BOOKS**. One is kept in the playground first aid bag, the other in the school office.
- All injuries of Reception children will be reported to parents, however minor.
- Minor bumps and scrapes will be reported by the teaching assistant or class teacher as necessary.

HEAD BUMPS

- If a child bumps their head, they will be assessed by a first aid trained member of staff. A cold compress will be applied and, if the bump happens at playtime, they will be required to sit quietly for 15 minutes. They will be monitored through the rest of the day.
- If the bump is very minor and the child is not showing or reporting any symptoms of feeling unwell, they will be given a "headbump" wristband to wear home and a text will be sent informing their parent/carer of the incident. The accident form will be sent home in their bookbag. If staff feel that a conversation with the parent/carer would be helpful but that the child is well enough to stay at school, they may phone instead of sending a text.
- If the bump is of concern and/or the child is showing symptoms of feeling unwell, a member of staff will phone the parent/carer to discuss whether the child should be collected from school.

OTHER SIGNIFICANT INJURY

- In the event of a child bumping their head or other significant injury, incidents will be recorded in the **ACCIDENT, INCIDENT & ILLNESS FORMS BOOK** with the date, time, nature of injury, first aid given and what happened to the person immediately afterwards e.g. went back to class/went home etc.
- The record must be signed by the adult dealing with the injury. The records will be kept for 7 years.
- Parents / carers must be informed by phone and the child will go home with 'headbump' wristband.
- The **ACCIDENT, INCIDENT & ILLNESS FORMS BOOK** is situated in the office. Reception class have their own copy of the **ACCIDENT, INCIDENT & ILLNESS FORMS BOOK** in the Reception classroom.

REPORTING TO KCC

All accidents/incidents arising out of a workplace or work activity (including curriculum or extra curriculum activities) must be recorded and reported on KCC's online accident/incident reporting HS157 form as soon as possible. This applies to employees, pupils, visitors, contractors and service users.
https://www.kelsi.org.uk/policies-and-guidance/health-and-safety-guidance/accident-reporting

Some accidents/incidents will require further investigation and a HS160 form should be completed. This form can be accessed via KCC's online accident/incident HS157 reporting form.

See flow chart for further details - appendix 2.
Further guidance can be found at
https://www.kelsi.org.uk/__data/assets/pdf_file/0014/23513/Accident-incident-reporting-guidance.pdf

REPORTING TO THE HSE

The 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 will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.
https://www.hse.gov.uk/riddor/reporting/index.htm

Reportable injuries, diseases or dangerous occurrences 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)
  - 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
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- 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 collapse or failure of load-bearing parts of lifts and lifting equipment
  - The accidental release of a biological agent likely to cause severe human illness
  - 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

Injuries

It is essential that all staff should take precautions to prevent infection and must follow basic hygiene procedures. Single use hypo-allergenic gloves should always be used when dealing with any casualty; hands must be washed and care needs to be taken when dealing with body fluids or blood, and when disposing of dressings or other equipment.

Injuries requiring further treatment

- Whenever a child is hurt, top priority should be given to the safety, treatment and comfort of the child. A qualified first aider should be sent for immediately and a quick decision made about the appropriate course of action. An adult should stay with the child giving basic first aid and comfort. In an emergency an ambulance should be called and a school adult designated to go with the child to hospital. The parent should be contacted and asked to go to A & E.
- If the injury is not an emergency but hospital treatment is required, an attempt should be made to contact the parent and arrange to meet them at hospital or arrange for them to come to school to collect the child themselves. If the parent cannot be contacted the school should make immediate arrangements to take the child to A & E. The accompanying adult should have the child's contact details, a mobile phone and money for taxis etc.
- When the child has received the necessary treatment the headteacher should ensure that the correct accident forms are completed and returned.
- The headteacher should establish how the injury happened and take any appropriate action to reduce the risk of it recurring. This may involve taking advice from the LA.

APPENDIX 1

Trained first aid staff

Staff name	Training completed	Training date	Expiry date
Jennie Edwards	Full paediatric first aid (12 hours)	Oct 2023	Oct 2026
Kerry Thompson	Full paediatric first aid (12 hours)	Oct 2023	Oct 2026
Donna O'Connor	Full paediatric first aid (12 hours)	Oct 2023	Oct 2026
Nicola Sunley	Full paediatric first aid (12 hours)	Oct 2023	Oct 2026
Conor Langbridge	Paediatric 1st Aid (level 3)	Oct 2024	Oct 2027
Hilary Ganderton	Paediatric 1st Aid (level 3)	Oct 2024	Oct 2027
Georgie Foster	Paediatric 1st Aid (level 3)	Oct 2024	Oct 2027
Cat Scandrett	Paediatric 1st Aid (level 3)	Jan 2025	Jan 2028
Sarah Alexander	Full paediatric first aid (12 hours)	Oct 2025	Oct 2028
Jo Bentley	Full paediatric first aid (12 hours)	Oct 2025	Oct 2028
Harvey Sharp	Full paediatric first aid (12 hours)	Oct 2025	Oct 2028
Sarah Altun	Full paediatric first aid (12 hours)	Oct 2025	Oct 2028
Julia Woodcock	Full paediatric first aid (12 hours)	Oct 2025	Oct 2028
Lisa Tomlinson	Full paediatric first aid (12 hours)	Oct 2025	Oct 2028
Sara George	Full paediatric first aid (12 hours)	Oct 2025	Oct 2028
Emma Rafferty	Full paediatric first aid (12 hours)	Oct 2025	Oct 2028
Fran Hutchings	Full paediatric first aid (12 hours)	Oct 2025	Oct 2028
Sophie Greener	Full paediatric first aid (12 hours)	Oct 2025	Oct 2028
Sophie Brooks	Full paediatric first aid (12 hours)	Oct 2025	Oct 2028
Jenny Remington	Emergency Paediatric First aid (6 hours)	Oct 2023	Oct 2026
Tracey Clements	Emergency Paediatric First aid (6 hours)	Oct 2023	Oct 2026
Cathy Leahy	Emergency Paediatric First aid (6 hours)	Oct 2023	Oct 2026
Tamsin Langmaid	Emergency Paediatric First aid (6 hours)	Oct 2023	Oct 2026
Kirsty Washer	Emergency Paediatric First aid (6 hours)	Oct 2023	Oct 2026
Zoe Clark	Emergency Paediatric First aid (6 hours)	Oct 2023	Oct 2026
Jemma Ryan	Emergency Paediatric First aid (6 hours)	Oct 2023	Oct 2026
Emma Lockyer	Emergency Paediatric First aid (6 hours)	Oct 2023	Oct 2026

27 staff members currently trained Training record updated on: **19/09/26**

CY (including schools and children centres)
KCC employees, pupils, client/service users, and other 3rd party accidents

Which accident/incident forms should you complete on the Health and Safety Team's online reporting system?

KCC EMPLOYEES
(Forms: HS157, HS160, F2508, F2508A)

See the 'electronic reporting employee inputting guidance' on KELSI. Report all accidents/incidents which have arisen out of a workplace or work activity:

- involving damaged or faulty premises;
- lack of health and safety processes or procedures;
- caused by a 3rd party e.g. road traffic accident;
- caused by assault or violent behaviour;
- a near miss.

- **RIDDOR** reportable arising out of work or work activities and occurred due to damaged/faulty premises or equipment, or insufficient health and safety processes or procedures:
  - over 7 days absence from work (notifiable within 15 days);
  - specified injury e.g. fracture - not fingers, thumbs or toes (10 days);
  - diseases F2508A (once a doctor's confirmation letter is received);
  - dangerous occurrence (immediately);
  - fatality (immediately).

PUPILS, CLIENT SERVICE USERS and 3rd PARTY
(Forms: HS157, HS160, F2508, F2508A)

See the 'electronic reporting 3rd party inputting guidance' on KELSI. Report all significant accidents/incidents which have arisen out of a curriculum/extra curriculum/work activity or workplace:

- involving damaged or faulty premises;
- which may have arisen out of inadequate supervision;
- caused by a 3rd party e.g. road traffic accident;
- caused by assault or violent behaviour;
- a near miss.

- **RIDDOR** reportable arising out of curriculum/extra curriculum/workplace or work activities and occurred due to damaged/faulty premises or equipment, or insufficient supervision:
  - resulted in the injured party being taken direct to hospital and receiving treatment (notifiable within 10 days);
  - diseases F2508A (once a doctor's confirmation letter is received);
  - fatality (immediately).

RIDDORs must be notified to the HSE by completing a F2508/F2508A form via their website. Ensure a copy is saved at the point of submission for your records as it cannot be retrieved later. You will have an opportunity to attach the F2508/F2508A to the HS157 when completing the form online.

Accident/incidents forms <u>are not required for</u>:

KCC Employees
- any illness, seizure or epileptic fit, unless it has resulted from a work activity;
- off duty accidents;
- any very minor accident/incidents e.g. paper cut.

Pupils, Client Service Users (Children) and 3rd Party
- no injuries unless a near miss due to faulty premises/equipment or lack of supervision;
- minor accidents which only take a few moments of recovery time e.g. red marks, tiny cuts (these should be recorded in your own accident book);
- any illness, seizure or epileptic fit, unless it has resulted from a work activity.

CY (including schools and children centres)
accident/incident reporting and investigation flowchart

In the event of a fatality you must contact the Head of Health and Safety at the earliest opportunity (see contact details at the end of the flowchart).
For all other accidents please follow the flowchart below:

Stage 1

- **has an accident/incident occurred to an employee or 3rd party** (pupil/student, visitor, client/service user, volunteer, contractor, or agency) at work or by undertaking a work/curriculum or extra curriculum activity, and has occurred due to damaged/faulty premises or equipment or lack of processes/procedures or supervision?
- **RIDDOR** as above criteria for employee specific injuries and over 7 absence, or 3rd parties taken direct to hospital and received treatment, as defined by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 - a responsible person must complete an online F2508/F2508A form immediately via the HSE website.

  Copies of completed F2508/F2508A forms must be attached when completing the online HS157 form and a copy retained at your establishment; detailed guidance on RIDDOR is available on Knet.

Stage 2

Does the accident/incident need to be investigated?
(see accident/incident reporting, investigation and RIDDOR guidance on KELSI for information)

If Yes

- complete a HS157 form on the online accident reporting system;
- complete a F2508 RIDDOR form via the HSE and attach it the HS157;
- complete a HS160 investigation form via the HS157 if required;
- Implement findings of investigation.
- Should you require support to carry out your investigation for a serious accident/incident, please contact the Health and Safety Advice Line on 03000 418456.

If No

- file the electronic master copy of the HS157 in your accident book at the establishment as per KCC's retention schedule.

Medial incidents:

- do not use HS157 - use medication incidents report form.

Employee lost time: complete a notification of sickness absence form for all periods of absence caused by injury at work.

The Health and Safety Advice Line: 03000 418456 / **Email:** healthandsafety@kent.gov.uk

H&S/LN/Reviewed Date 31.07.19/Next Review 07.21