Heronsgate First Aid and Medical Policy 2025-26

Policy information

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Policy author	Thomas Rowlands
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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 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 Health and Safety (First-Aid) Regulations 1981
- 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 1992
- 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 Management of Health and Safety at Work Regulations 1999
- 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 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

- Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records The Social Security (Claims and Payments) Regulations 1979
- The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils The Education (Independent School Standards) Regulations 2014

Roles and responsibilities
Appointed person(s) and first aiders:
The school's appointed persons ae Steph Campbell and Kelly Haywood. They are responsible for:

- Taking charge when someone is injured or becomes ill
- 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 First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:
  - Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
  - Sending pupils home to recover, where necessary
- All incidents that require first aid are to be recorded on Medical Tracker. A call MUST be made to the parent/carer in the event of any head injury. Electronic notifications can be sent for other injuries if deemed appropriate or if there is an agreement with the parent/carer. At the end of lunchtime any incidents will be logged on Medical Tracker by the appointed person, at other times it is the responsibility of the first aider.
- In the case of a bumped head, a call via phone is made. A notification can be sent in addition to a call. Medical Tracker must be updated to note the call has been made.
- Where the injury is serious, resulting in obvious wound/bump or if there is any doubt over the health and welfare of a pupil, then a call should be made to the parent/carer immediately. If deemed necessary the parents can come and assess the child or take them home for further medical assistance.
- Where possible constant supervision will be provided for poorly or injured children when waiting for collection.
- All LSAs, professional services and Teachers are First Aid trained.

The trust (IFtL)
The trust 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
The headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and trained first aiders are always present in the school
- 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 (see section 6)

Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders and appointed person in school are
- Completing accident reports on Medical Tracker for all incidents they attend to where a first aiders and appointed person is not called. This includes if a child refuses first aid.
- Informing the headteacher or their manager of any specific health conditions or first aid needs.

Procedures:

In-school procedures

In the event of an accident resulting in injury at Heronsgate school:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- 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 the scene until help arrives
- 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 called, a member of the SLT (Senior Leadership Team) will contact parents immediately
- The first aider or relevant member of staff will complete a report on Medical Tracker on the same day or as soon as is reasonably practical after an incident resulting in an injury
- There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times.

Off-site procedures

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

A mobile phone with contacts for school office, SLT and visit leader

A portable first aid kit including, at minimum:

- 6 individually wrapped sterile adhesive dressings
- 1 large sterile unmedicated dressing
- 2 triangular bandages – individually wrapped and preferably sterile
- 2 safety pins o Individually wrapped moist cleansing wipes
- 2 pairs of disposable gloves
- Information about the specific medical needs of pupils
- Parents' contact details (obtainable via Bromcom database remotely or via school office)

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

- 6 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
- 12 assorted safety pins
- 1 pair of rustproof blunt-ended scissors
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Risk assessments will be completed by the trip leader prior to any educational visit that necessitates taking pupils off school premises (see Trips and Visits Policy) There will always be at least 1 first aider with a current paediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage. This includes Sports Trips and Fixtures, to which an EpiPen and spare inhaler must also be taken. This is carried in the red 'grab bag'. Staff on sports events must always carry a mobile phone in case of emergency.

A typical First Aid Kit:

Each school first aid kit includes sterile adhesive dressings, eye pads, triangular bandages, safety pins, wound dressings in various sizes, and disposable gloves—but no medication. First aid kit 'grab bags' are kept in the shared areas, with one kept outside on the playground. A thermometer is stored in the medical room.

Record-keeping and reporting

First aid and accident recording:

Minor accidents, such as small cuts, grazes and bumps will be recorded on Medical Tracker. An electronic form will be sent via text and/or email. In some cases, it may be necessary to make a phone call and speak to the parent/carer directly.

For more serious accidents, an accident form (Incident Reporting tile on the IFtL portal) will be completed by the first aider/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 form or incident form Records held on Medical Tracker will be retained by the school

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 and operations manager for Inspiring Futures through Learning 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:
    1. Fractures, other than to fingers, thumbs and toes
    2. Amputations
    3. Any injury likely to lead to permanent loss of sight or reduction in sight
    4. Any crush injury to the head or torso causing damage to the brain or internal organs
    5. Serious burns (including scalding) which: o Covers more than 10% of the whole body's total surface area; or o Causes significant damage to the eyes, respiratory system or other vital organs
    6. Any scalping requiring hospital treatment
    7. Any loss of consciousness caused by head injury or asphyxia
    8. 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
    9. 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 and operations manager for IFtL 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 o 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:
    1. The collapse or failure of load-bearing parts of lifts and lifting equipment
    2. The accidental release of a biological agent likely to cause severe human illness
    3. The accidental release or escape of any substance that may cause a serious injury or damage to health
    4. 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:
    a. Death of a person that arose from, or was in connection with, a work activity*
    b. 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)
    c. The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
    d. The condition of the premises (e.g. poorly maintained or slippery floor

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

For minor bumped heads a call and text will be sent home to inform the parents of the bump via Medical Tracker. Any significant injury will lead to a phone call to inform parents or request that they collect the pupil and seek further medical support if needed. Parents will also be informed if emergency services are called.

Reporting to Ofsted and child protection agencies (early years only)

There are occasions when our school site may welcome children below the usual age for Heronsgate School. For example, when welcoming children to Forest School. The headteacher or deputy head will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident. The designated safeguarding lead will also notify the Milton Keynes Multi-Agency Safeguarding Hub (MASH) of any serious accident or injury to, or the death of, a pupil while in the school's care, if relevant service is involved with the child/family.

Allergies

Allergy is an immune response to a usually harmless substance. Instead of ignoring the allergen, the body produces histamine, triggering symptoms. Most reactions are mild, but some can cause anaphylaxis—a life-threatening emergency. Serious allergic reactions are often caused by food, insect venom, latex, or medication.

Definitions:

Anaphylaxis is a severe allergic reaction requiring urgent treatment.

Allergens are substances that trigger reactions in some people. Common allergens include food, medication, animal dander, pollen, latex, and insect stings. The nine foods most linked to severe reactions are eggs, milk, peanuts, tree nuts (e.g., hazelnut, cashew, pistachio, almond, walnut, pecan, Brazil nut, macadamia), sesame, fish, shellfish, soya, and wheat. Fourteen allergens must be labelled by law on pre-packed foods.

Adrenaline Auto-Injectors (AAIs) such as EpiPen, Jext Pen, and (formerly) Emerade are used in emergencies to treat anaphylaxis by injecting adrenaline into the outer thigh. School spares are branded as EpiPens.

An **Allergy Action Plan** is a health professional's outline of a person's allergy and treatment. Schools use BSACI Allergy Action Plans.

An **Individual Healthcare Plan (IHP)** details a pupil's condition, treatment, and risk management. Created with parents/carers and read alongside the Allergy Action Plan.

A **Risk Assessment** identifies risks and precautions for an activity. Allergies must be considered in all school-related risk assessments.

Spare adrenaline pens have been permitted in schools since 2017 as backups or for individuals without prescriptions. Heronsgate School holds spare EpiPens in both adult and child dosage. Heronsgate have spare EpiPens for adult and child use. Thse are stored in an unlocked cupboard in the medical room that is clearly labelled. All staff can access EpiPens.

All school staff, to include teaching staff, support staff, domestic staff, occasional staff (for example sports coaches, music teachers and those running breakfast and afterschool clubs) are responsible for:

- Championing and practising allergy awareness across the school

- Attending any relevant training
- Being aware of pupils with allergies and what they are allergic to
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate.
- Ensuring pupils always have access to their medication or carrying it on their behalf. If the pupil is too young, the adrenaline pen is kept in the medical room in an unlocked container that is clearly labelled and known by all members of staff.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis
- Taking part in training and anaphylaxis drills as required (at least once a year) and to tell a line manager (i.e. phase lead) if you have not received any in the last 12 months
- Considering the safety, inclusion and wellbeing of pupils and staff with allergies at all times
- Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.
- Report any problems or concerns to S. Campbell or the Headteacher.

All parents
All parents and carers (whether their child has an allergy or not) are responsible for:

- Providing the school (via the main office) with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hayfever, rhinitis or eczema
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events
- Encouraging their child to be allergy aware

Parents of children with allergies:
The parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or cream
- To Ensure medication is in-date and replaced at the appropriate time
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated
- Allow the school to share information on their child (e.g. a photo) as part of their allergy management.
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food they are allergic to.

Training
All school staff can 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. 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 a first aider. At all times, at least 1

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.

Monitoring arrangements

This policy will be reviewed by the headteacher every year. At every review, the policy will be approved by the headteacher and the governing body.

Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Trips and Visits Policy