Nexus Education Schools Trust

First Aid Policy

Reviewed: July 2026

Statutory

Contents

1. 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 Local Committee members 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.

The expectation is that this policy should also cover out of hours arrangements, e.g. lettings/parents' evenings.

2. 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, 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 have qualified first aid personnel.
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training.
- The 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 Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records.
- The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils.

This policy complies with our Funding Agreement and Articles of Association.

3. Roles and Responsibilities

In schools with Early Years Foundation Stage provision, at least one person who has a current paediatric first aid certificate must be on the premises at all times when children are present and must accompany children on outings.

Beyond this, in all settings – and dependent upon an assessment of first aid needs – employers must usually have a sufficient number of suitably trained first aiders to care for employees in case they are injured at work. However, the minimum legal requirement is to have an 'appointed person' to take charge of first aid arrangements, provided your assessment of need has taken into account the nature of employees' work, the number of staff, and the layout and location of the school. The appointed person does not need to be a trained first aider, but it is good practice to ensure appointed persons have emergency first aid training.

The minimum provision must be supplemented with a risk assessment to determine any additional provision. First aid provision must be available at all times while people are on the school premises and also off the school premises whilst on school visits.

At a minimum, the first aid provision should be:

- an appropriately stocked first aid container
- an appointed person to take charge of first aid arrangements
- information for employees on first aid arrangements

In the light of their legal responsibilities for those in their care, schools should consider the likely risk to pupils and visitors and make allowance for them when drawing up policies and deciding on the numbers of first aid personnel.

3.1 Appointed person(s) and first aiders

The school's appointed person(s) 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 (using a HSE approved course) 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.
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.
- Keeping their contact details and training up to date.

The school's appointed person(s) will be displayed prominently around the school.

3.2 The Local Committee

The Local Committee 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.

3.3 The Headteacher

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

- Ensuring that an appropriate number of appointed persons and/or 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.
- Undertaking, or ensuring that risk assessments are undertaken, as appropriate, and that appropriate measures are put in place.
- Ensuring that adequate space and equipment is available for catering to the medical needs of pupils.
- Reporting specified incidents to the HSE when necessary (see section 6).
- Regularly review the school's first aid needs and report changes to the Local Committee.
- Review the accident reporting system at least termly to consider any patterns or repeating accidents so that appropriate adjustments can be made.

3.4 Staff

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/appointed person is not called.
- Informing the Headteacher or their Line Manager of any specific health conditions or first aid needs.

4. First Aid Procedures

4.1 In-school procedures

In the event of an accident resulting in injury:

- 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, parents/carers will be contacted immediately.
- The first aider/relevant member of staff will complete an accident report on the same day or as soon as is reasonably practicable after an incident resulting in injury.

There will be at least one person who has a current paediatric first aid (PFA) certificate on the premises at all times.

4.2 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
- Information about the specific medical needs of pupils
- Associated medicine for pupils.
- Parents' contact details.

Risk assessments will be completed prior to any educational visit that necessitates taking pupils off school premises.

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

5. First Aid Equipment

All first aid containers must be marked with a white cross on a green background and must be signposted where sited.
A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice (available from the Health & Safety Executive)
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room
- Reception (at the desk)
- The school hall
- The school kitchen

In addition, basic first aid equipment will be held in the class first aid bags which are visibly hung on the outside of the cupboard door in each classroom.

6. Record-Keeping and Reporting

6.1 First aid and accident reporting

- An accident report will be completed on Medical Tracker 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 required on the reporting system.
- Records held on Medical Tracker will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

6.2 Medical Tracker Recording Thresholds

The following thresholds should be adhered to when assessing incidents.

The examples given at each level are not exhaustive; best practice should be applied when deciding on the level and subsequent action needed.

Level 1 – Minor Incident (No Medical Tracker Entry Required)

Examples

- Child briefly upset but no injury found.
- Minor bump with no mark, swelling or ongoing pain.
- Child visits welfare room for reassurance only.
- Ice pack / warm pack for comfort; no injury.
- Naturally lost baby tooth, with no injury, significant bleeding or distress.

Action

- Observation and reassurance.
- No first aid treatment required.

Medical Tracker

- Not recorded.

Parents/Carers

- No notification required unless requested by the child or staff feel parental awareness would be beneficial.

Level 2 – Basic First Aid (Medical Tracker Record Required)

Definition
Any incident where first aid treatment is provided but there is no ongoing concern.

Examples

- Small graze cleaned and covered.
- Minor cut requiring a plaster.
- Minor bump resulting in brief discomfort.

- Ice pack applied to a minor knock.
- Minor nosebleed that stops quickly.
- Visible splinter removed (if simple).
- Insect bite requiring simple first aid.

Action
- First aid administered.
- Record on Medical Tracker before the end of the school day.

Parents/Carers
- Notification via Medical Tracker message/email.
- No phone call required.

Suggested wording
"Your child received minor first aid today. The injury was treated in school, and they returned to normal activities."

Level 3 – Significant First Aid (Medical Tracker + Parent Contact)

Definition
An injury or illness requiring assessment by a trained first aider, repeated monitoring, or resulting in lost learning/play time.

Examples
- Head bump (regardless of severity).
- Larger cuts that may require medical assessment.
- Nosebleed lasting more than 10 minutes.
- Significant swelling or bruising.
- Suspected sprain or strain.
- Burn or scald.
- Injury requiring ongoing observation.
- Repeated vomiting.
- Unexplained rash.
- Dental injury, including tooth becoming wobbly after a bump, fall or impact.

Action
- First Aid administered.
- Medical Tracker completed immediately.
- Child monitored.

Parents/Carers
- Direct telephone call on the same day.
- Medical Tracker record attached or issued.

Rationale: Head injuries and potentially worsening injuries should never rely solely on an automated message.

Level 4 – Serious Incident (Immediate Parent Contact)

Definition
Any incident with a realistic possibility of requiring medical treatment.

Examples
- Suspected fracture.
- Deep cut.
- Significant head injury.

- Loss of consciousness (however brief).
- Asthma attack requiring emergency medication.
  (Child should be assessed by a trained first aider, supported to sit upright, kept calm, and assisted to use their inhaler in line with their asthma care plan. Parents/carers must be contacted immediately.)
- Significant allergic reaction (not affecting airways/breathing).
- Serious burn.
- Serious sports injury.
- Injury to the eye.
- Tooth knocked out, displaced, broken, or significant mouth injury.
- Neck or back injury.

Action
- First aider attends immediately.
- Senior leader informed.

Medical Tracker
- Logged immediately.

Parents/Carers
- Immediate telephone contact.
- Asked to collect where appropriate.
- Medical Tracker record attached or issued.

Level 5 – Emergency Incident

Definition
Any incident requiring emergency services attendance.

Examples
- Unconscious pupil.
- Suspected spinal injury.
- Severe asthma attack / breathing difficulty.
- Anaphylaxis (affecting airways/breathing).
- Seizure.
- Major trauma.
- Serious bleeding.
- Medical emergency requiring ambulance.

Action
- 999 called.
- Senior leader informed immediately.

Medical Tracker
- Detailed incident report completed.

Parents/Carers
- Phone call immediately.
- Continue attempts until contact achieved.

Staff should always refer to trained first aiders with any concerns.

Please refer to Appendix 2 for a quick reference guide for recording and reporting medical incidents.

6.3 Reporting to the HSE

The relevant member of staff 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). See HSE Incident reporting in schools' guidance. https://www.hse.gov.uk/pubns/edis1.pdf
The relevant member of staff 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.
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
- 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 relevant person will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident.
- Where an accident leads to someone being taken to hospital.
- 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, 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 collapse or failure of load-bearing parts of lifts and lifting equipment
    - 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

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

6.4 Notifying parents

The relevant staff member will inform parents/carers of any accident or injury sustained by a pupil - where first aid treatment is given - on the same day, or as soon as reasonably practicable in line with Medical Tracker Reporting Thresholds (6.2).

6.5 Reporting to Ofsted and Child Protection Agencies

The Headteacher 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 Headteacher will also notify Bromley MASH Team of any serious accident or injury to, or the death of a pupil while in the school's care.

6.6 Information to be recorded

The following information must be recorded in the event of an accident or injury sustained by a pupil or member of staff:

- Date, time and place of the incident
- Name (and class) of the injured or ill person
- Details of the injury/illness and what first aid was given
- What happened to the person immediately after
- Details of any treatment given
- Name of the first aider or person dealing with the incident

7. 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 have 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 4).

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 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 and is updated at least every 3 years.

8. Monitoring Arrangements

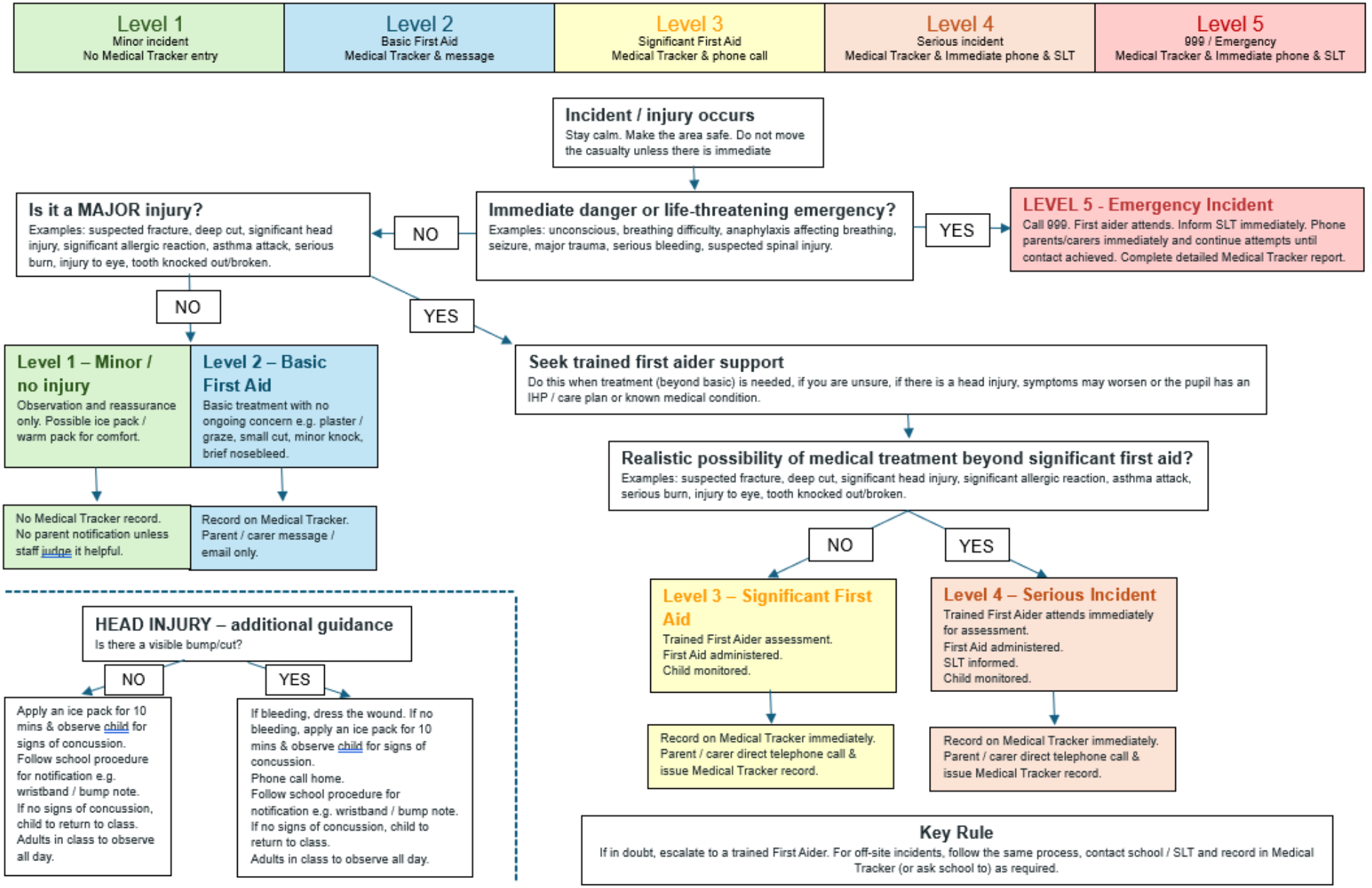
This policy will be reviewed annually and approved in accordance with the Trust's policy governance framework.

9. Links with Other Policies

This first aid policy is linked to the

- Child Protection and Safeguarding Policy
- Health and Safety Policy
- Risk Assessment Policy
- Supporting Pupils with Medical Conditions and Allergy Policy
- Allergy Safety Policy

Appendix 1: First Aid Flowchart



Appendix 2: Quick Reference Guide: Recording and Communication Rules

This table summarises the action, Medical Tracker and parent/carer contact requirements embedded in the NEST First Aid processes.

Level	Typical trigger	Immediate action	Medical Tracker	Parent/carer contact
Level 1 Minor / no injury	No injury found. Reassurance or observation only. No first aid required.	Observe and reassure. Ice pack / warm pack for comfort if needed. Escalate if concern remains.	NO	NO
Level 2 Basic first aid	First aid with no ongoing concern: plaster, graze, minor knock/ice pack, brief nosebleed, simple splinter, insect bite.	Administer basic first aid. Return to normal activities if appropriate.	YES Record before end of school day.	YES - Medical Tracker message/email. NO phone call required.
Level 3 Significant first aid	Head bump; injury/illness requiring trained first aider assessment, monitoring, or lost learning/play time.	First aider assesses and monitors pupil.	YES Complete immediately.	YES Phone call plus Medical Tracker record issued.
Level 4 Serious incident	Realistic possibility of medical treatment: suspected fracture, deep cut, serious burn, eye/neck/back injury, serious dental injury, significant allergic reaction.	First aider attends immediately. Inform senior leader. Ask parent/carer to collect where appropriate.	YES Log immediately.	YES Immediate phone call.
Level 5 Emergency incident	Emergency services required: unconscious, breathing difficulty, anaphylaxis affecting airway/breathing, seizure, major trauma, serious bleeding, suspected spinal injury.	Call 999. First aider attends. Inform SLT immediately.	Detailed incident report.	YES Immediate phone call; continue attempts until contact achieved.

Operational reminders

- If in doubt, refer to a trained first aider immediately.
- All head bumps are Level 3 minimum and require a Medical Tracker entry plus a parent/carer phone call.
- Check and follow any Individual Healthcare Plan, asthma plan, allergy plan or other care plan.
- Levels 4 and 5 require senior leader involvement; Level 5 requires 999 where emergency services attendance is needed.
- For off-site visits, follow the same process, use the trip first aid kit, contact school/SLT, and record the incident on Medical Tracker.

Appendix 3: List of appointed person(s) for first aid and/or trained first aiders

Staff member's name	Role	Contact details

Appendix 4: First Aid Training Log

Name/type of training	Staff who attended (individual staff members or groups)	Date attended	Date for training to be updated (where applicable)
E.g. first aid			
E.g. paediatric first aid			
E.g. anaphylaxis			