

Pope Paul Catholic Primary School

'Learning in the Light of Christ'



FIRST AID POLICY

Mission Prayer

We believe that we are all God's work of art.

**We strive to respect and care for each other
and to use our talents to do our best to build a better world.**

By doing this, we are:

'Learning in the Light of Christ.'

Amen.



FIRST AID POLICY

July 2026

Pope Paul Catholic School



'Learning in the Light of Christ'

Validation grid

Title	First Aid Policy
Author	Liz Heymoz
Associate Author/s	
Target Audience	All stakeholders
Stake holders consulted	All staff & Governors
Curriculum / non curricular	Non-curricular
Associated Policies / Documents	Health and Safety; Intimate Care; Medicines in School
New Policy or Review of existing policy.	Review
Date of Submission	July 2026
Date for Review	July 2027
Date ratified by Governors	20 th July 2026

Signed Headteacher Date.....

Signed..... Chair of Governors Date.....

INTRODUCTION

1. Pope Paul School uses the [Health and Safety Executive \(HSE\) – First aid at work assessment tool](#) to help determine the required number of first aiders for their circumstances. This assessment of need is reviewed at least annually.
2. Our numbers of staff who hold a Paediatric First Aid Certificate and those who hold First Aid at Work Certificate are generally above the HSE guidance that is given in the table below.

Category of Risk	Numbers employed at any one location	Suggested minimum number of First Aid Personnel within the school
Lower Hazard	fewer than 25	In school settings even where there are fewer than 25 staff then EFAW / a basic level of first aid training in order to meet pupil needs would be expected as a minimum.
	25 -50	
	more than 50	At least one first aider trained in EFAW At least one first aider trained in first aid at work (FAW) for every 100 employed (or part thereof).
Higher Hazard¹	5-50	At least one First Aider trained in EFAW or FAW depending on types of injuries that may occur.
	more than 50	At least one additional First Aider trained in FAW for every 50 employed (or part thereof)
School settings where the EYFS framework applies	N/A	At least one person who has a current paediatric first aid certificate (12 hours) must be on the premises at all times when children are present, and must accompany children on outings.

3. Schools generally are taken to fall into the lower hazard category.
4. To ensure adequate coverage and quick accessibility to a first aider for both pupils and staff the following must also be considered:

- adequate provision in order to cover absence, leave, offsite activities etc;
 - previous injuries/illnesses experienced;
 - the layout of the premises;
 - the location of the school and remoteness from emergency services;
 - any specific hazards on site (e.g. short term equipment being used);
 - numbers of pupils on site;
 - extended/extra-curricular school activities.
5. In higher risk areas such as science, DT, PE etc. staff are aware of immediate remedial measures in order to manage the initial injury and ensure an effective hand over of any specific information to the school first aiders.
 6. Staff who agree to be trained as a first aider do so on a voluntary basis, except where it is a part of their employment contract.

SPECIFIC MEDICAL NEEDS

1. The school seeks specialist advice for individuals with disabilities, long-standing medical conditions or allergies which may require special treatment in the case of accidents or illness.
2. The school refers to the guidelines in the DfES document: Managing Medicines in Schools and Early Years Settings in managing specific medical needs.
3. A first aid certificate does not constitute appropriate training in supporting children with specific medical conditions. The school ensures that the school nurse team or other suitably qualified healthcare professionals, provide training and confirm that staff are proficient before providing support to a specific child.
4. Where a member of staff carry their own prescribed medication, such as inhalers for asthma, insulin for managing diabetes etc, the first aider's role is limited to helping them to take their medication and contacting the emergency services, as appropriate.

FIRST AID TRAINING

1. The school seeks to ensure that refresher training is undertaken before certificates expire, where possible.
2. If more than a month has expired beyond the expiry date of a previous certificate, it is likely that the first aider will be required to undertake the full course again, rather than a refresher.
3. The school uses providers who are recognised as competent by the HSE when choosing first-aid certificate providers.
4. Staff who administer first aid in accordance with their training and in the course of their job are covered by our employers liability insurance.

FIRST AID EQUIPMENT

1. First-aid resources are located in the Medical Room. Each class also has a medical bag which remains with the class. In addition there is a first aid kit travel bag that is taken on school trips when a range of different age groups are involved eg the choir
2. The equipment listed in Appendix A for first-aid kits is kept in the Medical Room. Smaller kits, containing sterile plasters and medicated wipes are used by staff supervising playtimes to deal with minor cuts and grazes. All more serious injuries are referred to a first-aid certificate holder.
3. A designated member of staff is in charge of regularly checking first-aid kits and ensuring out-of-date equipment is disposed of.
4. The first-aid kits NEVER contain any drugs or of any kind, such as paracetamol or antiseptic creams.
5. Hirers have access to the Medical Room as part of their letting agreement.

FIRST AID ROOM

1. In line with the School Premises (England) Regulations 2012, the school has a designated room that can be used for medical treatment or short-term care of sick or injured pupils when required. This is referred to as the Medical Room.

EMERGENCY PROCEDURES

1. Where a serious or potentially serious injury occurs, the school seeks professional medical advice at the earliest opportunity. This may be by calling 999 for an ambulance, or contacting parents/carers/ to ask them to take their child to an appropriate medical professional for assessment.
2. Where an ambulance has been called, a member of staff will accompany a child to hospital if the parent/carer is not available. They will stay with the child until the parent/carer or guardian arrives. Health professionals are responsible for decisions on medical treatment in the absence of a parent or guardian.

PROVISION OF INFORMATION

1. This policy is cross-referenced in our Health and Safety Policy. Staff are made aware of the arrangements, including the location of equipment and who is a first-aider, as part of their induction.
2. The Medical room is signposted. A list of first-aid personnel is listed in the Medical Room.

RECORD KEEPING

1. The school keeps the following records:
 - Certificates of training for all first-aiders and dates for refresher periods
 - Specialised instruction received by first-aiders and/or other staff (e.g. Epi-pen training)
 - Accident and/or incident reporting

Reporting procedures

- The reporting of accidents and violent incidents to ASCAT is made online
- All incidents to employees (no matter how minor in nature) are reported to ASCAT using its accident or violent incident form within 10 days of the event.
- Minor incidents involving pupils (ie those requiring no or nominal first aid treatment) are recorded in the school's accident book.
- More serious pupil accidents and dangerous occurrences are also reported to ASCAT within 10 days of the event.

FIRST AID AND BLOOD-BORNE VIRUSES

1. 'Universal Precautions' are followed to reduce the risk of transmitting blood-borne infections such as hepatitis and HIV. These precautions are highlighted in training courses on first-aid.
2. These precautions include:
 - Ensuring open wounds on the first-aiders hands are covered with a waterproof adhesive dressing.
 - Disposable gloves to be worn when dealing with bleeding or cleaning bodily fluids.
3. Contaminated waste (soiled first aid dressings etc) is placed in a designated bin and the school uses a commercial company to dispose of these safely.

HEAD INJURIES

1. The school treats head injuries with particular care. Where there is evidence of any of the following symptoms, the school will immediately seek medical advice and alert parents:
 - unconsciousness, or lack of full consciousness (i.e. difficulty keeping eyes open);
 - confusion;
 - irritability or altered behaviour ('easily distracted', 'not themselves' 'no concentration', 'no interest in things around them')
 - any problems with memory;
 - persistent headache;

- blurred or double vision;
 - vomiting;
 - clear fluid coming from ears or nose;
 - loss of balance;
 - reading or writing problems;
 - loss of power or sensation in any part of body, such as weakness or loss of feeling in an arm or leg;
 - general weakness
2. The school informs parents when a pupil receives a minor bump to the head either verbally or with a letter.

APPENDIX A

First Aid Equipment

The school has to have supplies of the following equipment available in the Medical Room:

- Individually wrapped sterile plasters (assorted sizes) appropriate to the school environment ;
- Sterile eye pads;
- Individually wrapped triangular bandages;
- Safety pins;
- Medium sized individually wrapped sterile unmedicated wound dressings (12x12cm);
- Large sterile individually wrapped unmedicated wound dressings (18x18cm);
- Disposable gloves.

Travel First Aid Kit

- Six individually wrapped sterile plasters (assorted sizes);
- Two individually wrapped triangular bandages;
- Two safety pins;
- Individually wrapped moist cleaning wipes;
- One large sterile unmedicated wound dressing (18x18cm); and
- Two pairs of disposable gloves.

In addition, the school has specialist sick bags and baby-wipes (suitable for sensitive skins) to use to deal with travel sickness on trips.