St Joseph's Catholic Primary School

Wallasey

First Aid Policy

Mission Statement:

"Love one another as I have loved you"

School Values:

Service
Justice
Love

School Vision:

We seek to build a welcoming, caring community of faith, where we love and serve our children to support them to gain all the necessary spiritual, academic, personal and social skills to succeed in our local and global community.

Reviewed by Governors: June 2026

Contents

1. Statement of Intent

St Joseph's Catholic Primary School is committed to providing emergency first aid to all pupils, staff, and visitors. We aim to:

- Ensure that first aid provision is always available while people are on school premises and during off-site visits.
- Manage medical conditions and allergies proactively to minimize the risk of emergency situations.
- Ensure all staff are aware of their responsibilities and are trained to recognize and respond to medical emergencies.

2. Legal Framework

This policy is based on statutory guidance and legislation:

- **The Health and Safety (First Aid) Regulations 1981:** Requires employers to provide adequate equipment and facilities.
- **DfE First aid in schools, early years and further education (2022)**
- **DFE Statutory Guidance (due to be Updated 2026):** *Supporting Pupils with Medical Conditions and Allergies*.
- **The Children and Families Act 2014 (Section 100):** Duty to support pupils with medical conditions.
- **The Human Medicines (Amendment) Regulations 2017:** Allowing schools to hold "spare" adrenaline auto-injectors (AAIs) and salbutamol inhalers.
- **DfE Automated external defibrillators (AEDs) in schools (2023/24)**
- **DfE Statutory framework for the Early Years Foundation Stage.(2024)**

2.1 The Role of the Employer

- **For Maintained and Voluntary Controlled Schools:** The **Local Authority (LA)** is the legal employer. They hold ultimate responsibility for health and safety but delegate the strategic management of these duties to the school's **Governing Board**.
- **For Academies and Multi-Academy Trusts (MATs):** The **Trust (Board of Trustees)** is the legal employer. The Trust holds ultimate accountability for compliance across all academies within the MAT, delegating specific oversight to the **Local Governing Body (LGB)** via the Scheme of Delegation.

2.2 Strategic Management (The Governing Board/LGB)

The Governing Board (or LGB) is responsible for the strategic oversight of this policy.

2.3 Operational Management (Headteacher and Staff)

The Governing Board delegates operational matters and day-to-day tasks to the Headteacher.

3. First Aid Needs Risk Assessment

The Headteacher and Governing Body will conduct a First Aid Needs Assessment, and review this annually to determine:

- The number of first aiders required.
- The specific hazards (e.g., science labs, PE, DT workshops).
- Specific needs of pupils with known medical conditions (Diabetes, Epilepsy, Asthma, Anaphylaxis).
- The number of Paediatric First Aiders (mandatory for EYFS settings).

4. Allergy Management (2026 Statutory Requirements)

Following the 2026 DfE update, this school adheres to the following:

- **Dedicated Allergy Policy:** Allergy management is no longer a subset of general first aid but a standalone priority.
- **Spare AAIs:** The school stocks spare Adrenaline Auto-Injectors (e.g., EpiPens) for use in emergencies for pupils at risk of anaphylaxis whose own device is unavailable or fails.

Mandatory Training: All staff receive annual training on recognising anaphylaxis and administering AAIs.

- **Allergy Lead:** A named Senior Leader and Governor are appointed to oversee allergy safety and incident drills.

5. Automated External Defibrillators (AEDs)

- **Provision:** In line with DfE requirements, the school has at least one AED located in the office**.**
- **Maintenance:** A designated Responsible Person performs weekly visual checks to ensure the AED is ready.
- **Pads:** The AED is equipped with both adult and paediatric pads.
- **Access:** The device is kept in an unlocked, visible cabinet, accessible to all staff and emergency services.

6. Emergency Procedures

In the event of a serious injury or medical emergency:

1. **Assess:** The first person on the scene assesses the danger and the casualty.
2. **Summon Help:** Call for a qualified First Aider immediately via **[Internal Radio/Phone System]**.
3. **999/112:** If the condition is life-threatening (unconscious, not breathing, suspected anaphylaxis), 999 is called immediately.
4. **Support:** A staff member is sent to the school entrance to direct the ambulance.
5. **Recording:** The incident is logged in the accident book, and if it meets criteria, reported under **RIDDOR** (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).

7. Reporting to Parents

- **Minor Incidents:** Parents are informed via **[Email/App/Note home]** for minor injuries (e.g., small cuts, bumps).
- **Head Injuries:** Any bump to the head, however minor, results in a phone call to parents and a Head Injury notification sent to parents
- **Emergency Contact:** In serious cases, parents are contacted immediately by phone. If a parent cannot be reached, a staff member will accompany the pupil to the hospital in the ambulance.

8. Offsite Visits and Events

- **Risk Assessment:** Every offsite trip requires a specific medical risk assessment.
- **First Aid Kit:** A portable, fully stocked kit must be carried on all trips.
- **Staffing:** At least one qualified First Aider must accompany every trip. For EYFS, this must be a Paediatric First Aider.
- **Medication:** Individual medication (AAIs, Inhalers, Insulin) for specific pupils must be checked and carried by the trip leader.

9. Storage of Medication

- **Accessibility:** Medication is stored in a cool, dry place. Emergency medication (Inhalers/AAIs) is never locked away and must be accessible to the pupil/staff immediately.
- **Controlled Drugs:** Non-emergency-controlled drugs are kept in a locked non-portable container with only authorised staff having access.
- **Records:** A Medication Administration Log is recorded on MedicalTracker - date, time, and dosage of any medicine given to a pupil.
- **Expiries:** The office administrator checks expiry dates on all stored medication at the start of every term.

10. Consent

The school will ensure that clear protocols for consent are established and documented annually.

- **Individual Healthcare Plans (IHCPs):** For pupils with complex medical needs, asthma, or allergies, a written IHCP will be developed in collaboration with parents and healthcare professionals. This document constitutes formal consent for specific treatments.
- **Emergency Consent:** Upon admission, parents/carers are required to sign a consent form allowing the school to seek emergency medical treatment or give spare emergency medication (AAIs/Inhalers) if the pupil's own supply is unavailable.
- **Administration of Routine Medication:** Staff will only administer prescription or non-prescription medication (e.g., paracetamol) if a specific, time-dated consent form has been completed by the parent for that instance.
- **Right to Refuse:** If a pupil refuses to take medication or carry out a medical procedure, staff will not force them. Parents will be contacted immediately, and the refusal will be documented.

11. Monitoring and Review

This policy is a 'live' document and is subject to rigorous oversight to ensure it reflects current best practices and the statutory updates.

- **Annual Review:** The Governing Body will review this policy at least annually, or sooner if there are significant changes in DfE/HSE guidance or school personnel.
- **Incident Analysis:** All first aid records and near miss reports (particularly regarding allergy or AED use) are reviewed termly by the School Business Manager to identify trends or necessary adjustments to risk assessments.
- **Training Audit:** The School Business Manager maintains a central register of staff training dates. Staff are notified three months before their First Aid at Work (FAW) or Paediatric First Aid (PFA) certificates expire.

Physical Checks: * **First Aid Kits:** Checked monthly for stock levels and expiries.

- **AEDs:** Checked weekly (status indicator light).
- **Emergency Medication:** Checked termly to ensure AAIs and Inhalers are in-date and stored correctly.

12. Recording and Reporting

The school maintains a rigorous system for documenting all first aid incidents to ensure pupil safety and to identify any patterns that require a change in risk assessment.

12.1 The Accident Book

- All first aid treatments, however minor, must be recorded on MedicalTracker
- **Required Information:** * Date, time, and location of the incident.
    - Name of the injured or ill person.
    - Details of the injury/illness and what first aid was given.
    - What happened to the person immediately afterwards (e.g., went home, resumed class, went to hospital).
    - Name and signature of the first aider or person dealing with the incident.

12.2 RIDDOR Reporting

Under the **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013**, the [Headteacher/School Business Manager] is responsible for notifying the **HSE** of:

- **Fatalities:** Any death of a staff member, pupil, or visitor.
- **Specified Injuries:** Including fractures (other than fingers/toes), amputations, or injuries likely to lead to permanent loss of sight.

- **Over-seven-day injuries:** Where an employee is away from work or unable to perform their normal duties for more than seven consecutive days.
- **Occupational diseases** and **Dangerous occurrences** (e.g., the accidental release of a hazardous substance).

12.3 Allergic Reaction and Near-Miss Reporting (2026 Update)

Following the 2026 statutory changes, the school must specifically record:

- **Adrenaline Administration:** Any use of a pupil's own AAI or the school's "spare" AAI must be reported to the DfE and the local health authority within 24 hours.
- **Near Misses:** Any instance where a pupil was accidentally exposed to a known allergen—even if no reaction occurred—must be recorded and investigated to prevent future incidents.
- **AED Activation:** If an AED is deployed (pads attached), the school must download the data from the device for medical review and notify the local ambulance service.

12.4 Retention of Records

- **Pupils:** First aid and accident records will be kept until the pupil reaches the **age of 25** (as per the Limitation Act 1980).
- **Staff:** Records will be kept for a minimum of **3 years** from the date of the incident or according to current GDPR/Data Protection policies.

Incident Reporting Flowchart

Severity	Action	Documentation
Minor (Scrape/Bump)	Treat on site	Accident Book + Note to Parent
Significant (Head Injury)	First Aider assesses	Accident Book + Phone Call to Parent
Major (Ambulance called)	Call 999 immediately	RIDDOR Report (if applicable) + Full Incident Review
Allergy Emergency	Administer AAI + 999	Report to DfE/LHA within 24 hours

Summary Table: 2026 Compliance Checklist

Feature	Requirement	Responsible Person
Allergy Lead	Mandatory Senior Staff member	Katie Walker EY Leader
Spare AAIs	Minimum 2 stored in a central, unlocked location	School Business Manager
AED Readiness	Weekly visual check of status light	School Business Manager
Staff Training	100% of staff trained in Anaphylaxis awareness	Headteacher