



Bilton CofE Junior School
Bilton Infant School
Bawnmore Community Infant School



BILTON COMMUNITY FEDERATION FIRST AID POLICY

This policy has been created taking into account the guidance from Warwickshire County Council, the Department of Education and the UK Health and Safety Authority.

POLICY APPROVAL	
Statutory, recommended, or additional policy	Statutory
Policy review cycle	Annual
Policy reviewed by	E Newton (Executive Headteacher)
Policy review date	Nov 2025
Date of next review	Nov 2026
Date approved by Governing Body	4 th November 2025

Introduction

It is our aim that our policies and procedures reflect our vision and values as a federation.

Vision: 'Empowering children to make a positive impact on the world.'

Values: Care, Honesty, Respect, Co-operation, Forgiveness and Resilience

This statement details the arrangement of First Aid provision on our premises, during off-site activities and residential visits as per The Health & Safety (First Aid) Regulations 1981.

- To ensure First Aid staff have a current first aid qualification (renew/update their qualifications at least every three years.)
- To have trained First Aiders on site at all times (There are no rules on how many first aiders as long as the schools make adequate arrangements related to the setting), including a person with a paediatric first aid qualification whenever EYFS pupils are present. First aiders will be able to responsibly deliver or organize emergency treatment.
- To ensure that a trained first aider accompanies every off-site visit and activity and carries a first aid kit; on trips involving EYFS pupils, a paediatric first aider will attend.
- To record accidents appropriately, reporting to parents and the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995).
- To provide accessible first aid kits at various locations on site, along with a portable kit for trips, excursions and sport.
- To record and make arrangements for pupils with specific medical conditions.
- To deal with the disposal of bodily fluids and other medical waste accordingly, providing facilities for the hygienic and safe practice of first aid.
- To communicate information to office staff to contact and give details to medical emergency services if they are needed, informing next of kin immediately in such a situation.
- To communicate clearly to pupils and staff where they can find medical assistance if a person is ill or an accident has occurred.
- To communicate clearly in writing to parents or guardians if a child has sustained a bump to the head at school. To facilitate a courtesy call, or text, home if required.

Responsibilities of SLT

- Ensure that all staff and pupils are familiar with the school's first aid and medical procedures.

Responsibilities of First Aiders

- Give help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- Record all First Aid given.
- In the event of a head injury, however minor, Parents / carers are notified with a phone call and a record kept.
- Notify SLT or office staff of any incident where a pupil may need to go home; they will contact parent/carers.
- Obtain support from another First Aider if required or call an ambulance if needed.
- Take note of time and symptoms and any intervention for recording later e.g. inhaler use
- Communicate to staff any measures needed to provide appropriate care for pupils with particular medical needs (e.g. Diabetic needs, Epi-pens, inhalers). Ensure supply staff are aware if they will be responsible for a pupil with these needs.
- First aid kits are kept in various locations throughout the school out of reach of the children. Any medication requiring refrigeration will be kept in a dedicated place/ fridge.
- Health care plans and medical needs of pupils are in place with individual protocols.
- Monitor and re-stock supplies and ensure that first aid kits are replenished.

- Ensure medical area is kept clean and disposal of medical waste is secured.
- Support staff accompanying pupils with special medical requirements both in school and on off-site and residential visits.
- Fulfil the school's commitment to report to NHS if required.
- Communicate with office staff and emergency medical services as required.
- To record information for emergency assistance – time, symptoms, complaints, any details however insignificant that may appear and interventions carried out.
- Maintain a current First Aid certification
- Understand safeguarding responsibility - Report any hidden or attempt to hide other injuries.
- Notify SLT as soon as practical should they feel unable to carry out their duties in full.
- Maintain any onsite defibrillators ensuring equipment is within date and circuit status is kept up to date

In case of an accident, injury or illness

A member of staff or pupil witnessing an accident, injury or illness should immediately notify a named trained first aider.

Any pupil sustaining an injury whilst at school should be seen by a first aider who will / may provide first aid and summon additional help as needed. The pupil or member of staff should not be left unattended.

The first aider will organise an injured pupil's transfer to a nominated space, if possible and appropriate, make arrangements for hospital in the case of an emergency.

Parents should be informed as necessary by telephone by the office staff and /or first aider.

A record giving details of all accidents and injuries requiring first aid are recorded and kept securely in a designated place.

Contacting parents

Parents should be informed by telephone by office staff or first aider as soon as possible after a serious or significant injury including:

- Head injury
- Suspected sprain, fracture or break
- Following a fall from height
- Dental injury
- Anaphylaxis & following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia
- Asthma attack
- Difficulty breathing
- Bleeding injury (uncontrolled)
- Loss of consciousness
- If the pupil is generally unwell

Contacting the Emergency Services

An ambulance should be called for any injury that requires emergency treatment, confirmed to the First Aider and SLT notified. Any pupil taken to hospital by ambulance should be accompanied by 2 members of staff until a parent /carer arrives, except in exceptional circumstances (e.g. pandemic or multiple casualties) and agreed by the DSL. One person ideally a person known to the child to accompany the emergency transfer and one person to travel independently.

A copy of the SIMS pupil record and Healthcare Plan if applicable should be taken to hospital or shared with emergency services.

If an Epi-pen auto-injector is administered, pupil / staff must be taken to hospital. The Health Care Plan should be followed.

Accident reporting

Accurate records must be completed and stored correctly for any accident or injury occurring at school, off site or on a school residential trip. This must include the date, time and place of the event; personal details of those involved and a brief description of the event or disease.

If a serious/significant accident then the LA procedure for reporting will be followed. This should be done within 48 hours of an incident.

Pupils become unwell at school

If a pupil becomes too unwell to remain in school, a parent should be contacted as soon as possible to collect their child. No child should be left unmonitored; a first aider should continually monitor the child (door open) and office staff made aware to respond to an emergency request for help.

A pupil who goes home is marked as absent on the register. If they leave during a session, they will be logged as having left site.

First Aid equipment and materials

First aiders must notify the appropriate person when supplies are running low so first aid kits can be restocked. Any First Aider accompanying on an off-site visit should check the kit, and in addition to first aid supplies should carry Safeguarding Green forms and a pen.

Pupils with fractures/ breaks

Parents must inform the school of any suspected breaks/fractures and of any medical requirement. Staff should facilitate the inclusion of the child and make appropriate accommodation and put in place a safe evacuation plan for pupils with limited mobility. A risk assessment may be appropriate; a PEEP will be required.

Emergency asthma and auto-injectors

All staff will be notified of any pupil with an emergency health care plan, drawn up between parents and medical professionals.

A copy of these plans are kept in a designated location and remain part of educational records. Emergency health care plans will be taken if the pupil is on an off-site activity.

Auto-injectors are kept in a secure place with a photo of the pupil, permission to administer emergency auto-injector and sealable box to store used sharps along with a pen and paper for recording times. Once used they should not be thrown away immediately as medical staff may require to see them.

Asthma inhalers are kept in classrooms in a marked container; staff will monitor use. Each child with an inhaler will have an asthma care card with their inhaler. Permission to use school emergency inhalers will be sought for all known pupils with asthma. Dates on inhalers, epipens and auto injectors are checked regularly and expiry dates noted.

If emergency medical assistance is required notify emergency services that school carry emergency auto-injectors and inhalers.

Pupils with medical conditions

Staff to be made aware of any pupils who have a serious allergy or medical condition. This information is useful for planning and for risk assessments prior to a school trip and remains confidential to school staff.

Dealing with body fluids

All bodily fluids should be considered infected. To prevent contact with body fluids the following guidelines should be followed:

- When dealing with any body fluids, wear disposable gloves and apron; face masks should be worn if projectile fluids are involved or Covid symptoms suspected.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep broken skin covered.
- Spills of the any body fluids must be cleaned up immediately.

After cleaning remove PPE and dispose of as clinical waste and wash hands using soap and water or if not available hand sanitiser. Disposable towels should be used to soak up excess fluids. The area should be cleaned with a disinfectant solution. All contaminated material should be disposed of inside two sealed bags and disposed of in clinical waste bins.

Medication prescribed by a medical practitioner for a short-term issue

Regular medication is covered by an individual's health care plan.

All medication requires parental permissions and administration requirements should be recorded.

Medications are kept in a secure area; those requiring a fridge are kept there.

Prescribed antibiotics up to three times a day should be administered outside of the school day. If four times a day is required they may be administered at the required time by a first aider who is qualified to administer medication in school. This must be witnessed and checked for name, expiry date and dose by another adult and recorded and signed by both parties.

Parents are welcome to attend school to administer non -prescribed medication.

Pain medication - If prescribed

Can be administered with parental consent, times must be communicated between home and school to ensure correct timings. Parents to provide appropriate medication.

Records of medicine administered is stored securely and checked regularly.

Infectious diseases

If a child is suspected of having an infectious disease, school will follow the [UKHSA guidelines \(September 2024\)](#) below to safeguard other pupils and staff.

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. SEE: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children aged five years and under and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance
Shigella* (dysentery)		Please consult the Duty Room for further advice
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours from commencing antibiotic 48 hours following commencement of recommended antibiotic therapy, or for 14 days from the onset of illness if untreated.	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary. Some individuals that work with vulnerable groups (pregnant women, very young unvaccinated babies) should be excluded from work as soon as a diagnosis of pertussis is suspected until 48 hours following commencement of recommended antibiotic therapy, or for 21 days following the onset of cough if untreated. Contact duty room for more advice
COVID-19 (coronavirus)	Stay at home and avoid contact with other people until you no longer have a high temperature (if you had one) or until you feel better. www.nidirect.gov.uk/articles/symptoms-respiratory-infections-including-covid-19	See Vulnerable children

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis*/ septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

Links with other policies:

The First Aid Policy – Pupils for each school is linked to:

- Warwickshire County Council First Aid at Work Policy (Employees)
- Warwickshire County Council First Aid Needs Assessment
- Guidance on First Aid for Schools (Department for Education and Employment)

In addition, this policy is related to the following for individual schools:

Bawnmore Community Infant	BCF Children with Medical Conditions Policy BCF Children with Ill Health Policy
Bilton Infant	
Bilton C. of E. Junior	

Review of the First Aid Provision & Risk Assessments

The First Aid Needs assessment will be completed / reviewed annually to ensure the provision is adequate. The minimum number of first aiders are set and this should be monitored to ensure that standards are met. Each school has their own copy.

Appendix 1

Bilton C of E Junior School Site Specific

Recording of accidents

Use CPOMS to securely report and record the administration of first aid. This is reviewed by the SLT where trend analysis can be carried out.

First Aid Kits locations

Oak – medical room and math cupboard

Sycamore – The Hide

Chestnut – disabled toilet

Lunchtime 2 portable kits- medical room

Portable off-site kits - medical room.

- Office staff to leave office door open and monitor or if the medical room is required
- Residential first aid provision is carefully documented by dedicated first aider and second adult, a lockable kit is available from the medical room.
- Pupil's specific medical needs are available in the medical room and the office. These are checked regularly and expiry dates displayed on the front of auto-injectors. Staff take responsibility for checking their medication and are advised to notify First Aiders of any medical conditions.
- Disposal of bodily fluids and other medical waste - Disposal of clinical waste bin is available in the medical room and yellow bags provided in first aid kits.
- Office staff to contact and give details to medical emergency services if they are needed and inform next of kin immediately in such a situation. – Office display a protocol for contacting emergency services on their notice boards,
- Medical assistance cards with location are displayed around the school and children can hand to any adult to summon assistance.
- Injury letters (bumped head) are available in first aid kits and courtesy calls made by first aiders, office staff and senior play leader. Lunchtime staff to make teaching staff aware
- Emergency inhalers and auto-injectors are held in school.
- A defibrillator is available in the medical room and specific staff trained in its use. The defibrillator can also be used by anyone. There is a second defibrillator in the school office.
- The medical room has an emergency pull chord that all staff know to respond to
- Auto-injectors to be kept in the school office in packs that contain child photo care plan, permission to administer emergency auto-injector and sealable box to store used sharps – pen and paper for recording times.
- Non-prescription medication can be administered with parental consent, times must be communicated between home and school to ensure correct timings. Parents to provide appropriate medication.

Training	Number of staff
First Aid at Work + Paediatric	1
First Aid at Work	2
Emergency First Aid at Work	12

Appendix 2

Bawnmore Community Infant School Site Specific

Recording of accidents

Any 'bumped head' letters issued to parents are returned to the Head of School for monitoring. Any accidents requiring pupils to leave the school site for treatment or monitoring are recorded on the WCC accident reporting forms and require the Head of School's input.

First Aid Kits locations

- Photocopier room
- Hall first aid cupboard
- KS1 workspace area
- Puffin Club kitchen
- Cygnets kitchen
- By each classroom door

'Nose Bleed' kits are available in the KS1 workspace

Specific medical needs

- Pupils with specific medical needs have a healthcare plan which is kept by the class teacher. A copy of this document is stored in the medical folder in the office. A 'pupil alert' sheet is kept in the medical cupboard in the staffroom to ensure that all staff are aware of pupils with specific needs.
- Auto-injectors and inhalers are kept in the child's classroom in a clearly labelled cupboard. Staff will record use of inhalers on their class record sheet and notify parents if inhalers have been used more than normal.
- Emergency school use auto-injectors and inhalers are stored in the staff-room in a clearly labelled cupboard.
- A defibrillator is available in the school office. The defibrillator can be used by anyone. There is also a defibrillator located on the front gate.
- Any waste relating to first aid treatment or bodily fluids will be double bagged for disposal.
- Office staff to contact and give details to medical emergency services if they are needed and inform next of kin immediately in an emergency situation.
- Injury letters (bumped head) are available in first aid kits and courtesy calls made by first aiders, office staff or senior midday supervisor. Lunchtime staff to make teaching staff aware.
- Non-prescription medication can be administered with parental consent, times must be communicated between home and school to ensure correct timings. Parents to provide appropriate medication.

Training	Number of staff
Paediatric First Aiders	20
Emergency First Aid at Work	0

Appendix 3

Bilton Infant School Site Specific

Recording of accidents

Use First Aid record books to securely report and record the administration of first aid. This is reviewed by the SLT where trend analysis can be carried out.

First Aid Kits locations

Year group classrooms

Office

Outside staffroom

Playtime / lunchtime: two portable kits

Offsite kits: office store

- Pupil's specific medical needs are available in the educational records cupboard, red box in class teachers' cupboard and the office.
- Emergency inhalers, epipens and auto-injectors are kept in class cupboards in a clearly labelled box. Staff notify parents when inhalers have been used during the school day over and above normal routines for each pupil
- Dates on inhalers, epipens, or auto injectors are checked regularly and expiry dates noted.
- Staff take responsibility for checking medication and are advised to notify Administrator
- Any waste relating to first aid treatment or bodily fluids will be double bagged for disposal in the clinical waste bin available in the disabled toilet.
- Office staff to contact and give details to medical emergency services if they are needed and inform next of kin immediately in such a situation.
- Emergency triangle assistance cards are displayed around the school and children can hand to any adult to summon assistance.
- Staff each have a Walkie Talkie in their rooms and can make emergency contact with the office. Lunchtime staff to make teaching staff aware of any injuries that occurred during lunchtime and pass on accident forms to pass to families.
- First aid incident forms are available in first aid kits.
- Calls home are made by office staff or SLT.
- A defibrillator is available outside the staffroom. The defibrillator can also be used by anyone.
- The disabled toilet has an emergency pull cord that all staff know to respond to if they hear it.
- Non-prescription medication can be administered with parental consent, times must be communicated between home and school to ensure correct timings. Parents must bring medication into school and complete a medicine form.
- Emergency inhalers are held in the school office.

Name of first aiders	Paediatric First aider	First aider
Paediatric First Aiders	4	
Emergency First Aid at Work		2