



Willow Tree Federation

FIRST AID POLICY 24/25



Mission Statement

The children are at the heart of everything we do at Willow Tree Federation. We take a holistic approach to child development and we are privileged to support our children, families and the wider community to change and enhance lives. We celebrate the wide diversity of the backgrounds, beliefs, talents and interests of our children and we recognise learning happens in communities and empowers them. As a federation at the heart of its community, we understand and respect the positive impact we can have. We plant the seed that grows the future!

Date written	Sept 2026
Written by:	Lucy Naylor- headteacher
Date Policy became effective	September 2027
Review Date	Yearly review

Aims:

The aim of this policy is to set out guidelines for all staff in the federation in the administering of First Aid to children, employees or visitors. This policy shall be shared with all employees during their induction to ensure they are familiar with the school's first aid procedures. The Governors are committed to the Local Authority's procedure for reporting accidents and recognize their statutory duty to comply with the Reporting of injuries, diseases and dangerous occurrences regulations 1995.

This Policy should be read in conjunction with our Supporting Pupils with Medical Conditions Policy.

What is First Aid?

First aid is the first and immediate assistance given to any person with either a minor or serious illness or injury, with care provided to preserve life, prevent the condition from worsening, or to promote recovery.

First aid can save lives and prevent minor injuries becoming major ones. Under health and safety legislation employers have to ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace.

First Aiders

At least one member of staff with current first aid training is on the premises at any one time. The first aid qualification includes first aid training for infants and young children. Central lists of first aiders are held at the office.

In nursery we ensure that all staff receive Paediatric training within the first 6 months of appointment (if not qualified prior). Whilst staff are awaiting training, they cannot be counted in the ratios.

Our First Aid Kits:

Comply with the Health and Safety (First Aid) Regulations 1981. They are checked half termly to ensure they are compliant by our First Aid Lead.

Our First Aid Kits consist of:

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| <ul style="list-style-type: none">• First Aid Guidance Leaflet• Plasters (approx. 20 individually wrapped)• Eye Pads x 2• Triangular Bandages x 2• Safety Pins x 6 | <ul style="list-style-type: none">• Large Sterile dressings x 2• Medium Sterile Dressings x 6• Disposable Gloves x 3 pairs• Disposable plastic aprons x 4• Fluid repellent surgical face masks x 4 |
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Class teachers and support staff are responsible for updating the First Aid Lead as to whether resources are needed. Senior midday meals supervisors are responsible for the resourcing of their lunch time bags and updating First Aid Lead.

All First Aid kits are easily accessible to adults; and kept out of the reach of children. Every classroom has a First Aid Kit and there is always an accessible First Aid kit outside during outdoor activities/ breaktimes.

There is a central store of First Aid materials kept in the Disabled WC in the main office of Willow Lane CP School.

Recording and Reporting Accidents and First Aid

- All accidents and First Aid are recorded on our internal platform CPOMS on the same day of the incident. This record includes:
 - The date, time and place of the incident.
 - The name of the injured or ill person.
 - Details of the injury and first-aid given.
 - What happened immediately after the incident (for example, went home, went back to class, went to hospital)
 - Name (digital signature) of first aider or person dealing with the incident (digital signature is the person who has uploaded the information to CPOMS)

This information helps the schools identify accident trends and possible areas for improvement in the control of health and safety risks and can be used for reference in future first-aid need assessments and can be helpful for insurance and investigative purposes.

Parents should be informed of any accidents, injuries sustained and/or first aid treatment given to their child whilst in school. In EYFS this is statutory. To inform parents a CPOMS print out is sent home. However, if this is not available, staff may speak to parents or write the incident in the child's communication book. In nursery the parent is also text to let them know when first aid applied.

Children often fall and bang themselves, and thankfully most bangs to the head are harmless events and can be dealt with by the supervising adult by applying a cold compress (wet tissue or cloth) for the child's own comfort. Parents will be informed by text on the same day for a head bump.

Treatment of Injuries

Following an accident, the First Aider is to take charge of the first aid administration/emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance.

Good hygiene practice concerning the clearing of any spilled bodily fluids is carried out at all times by the Health and Safety Coordinator and the Emergency First Aiders.

Incoming Injuries (Appletree)

At Appletree Nursery School, all incoming injuries are recorded on CPOMS and parents will be phoned to ask what has happened.

Medical Emergencies

The school will call an ambulance before contacting parents if a child becomes seriously ill – this applies to all children and not only those with health care plans. The school will arrange for a competent member of staff to travel to hospital in an ambulance and act in loco parentis until the parents arrive. The member of staff in loco parentis will have the right to sanction emergency procedures as advised by medical staff in the ambulance or at the hospital. The school will contact parents after they contact an ambulance or seek medical emergency advice.

The First Aider should call an ambulance on the following occasions:

- In the event of a significant injury or head injury
- If bleeding cannot be controlled
- In the event of a period of unconsciousness
- Whenever a fracture or break is suspected
- Whenever the first aider is unsure of the severity of the injuries

All members of staff who have contact with pupils who have medical conditions will be informed about the best course of action if a child becomes seriously ill and needs emergency treatment. The child and the parents will be informed about the school's arrangements and there will be details in the plan if appropriate.

Head Injury

Emergency First Aiders should be sought if the child:

- becomes unconscious;
- is vomiting or shows signs of drowsiness;
- has a persistent headache;
- complains of blurred or double vision;
- is bleeding from the nose or ear; and/or;
- has pale yellow fluid from the nose or ear.

If any of the above symptoms occurs in a child who has had a bang to the head, urgent medical attention is needed.

Fractures

Parents should be contacted and the emergency services too. In the event of an accident in which the child cannot stand up unaided,

He/she should be left in the position that he/she was found (even if this is in the toilets or playground) so long as it is safe to do so and the emergency first aider must be called immediately to assess the situation.

Treatment of suspected breaks/fractures

The seven things to look for are: 1. Swelling 2. Difficulty moving 3. Movement in an unnatural direction 4. A limb that looks shorter, twisted or bent 5. A grating noise or feeling 6. Loss of strength 7. Shock

- If it is an open fracture, cover the wound with a sterile dressing and secure it with a bandage. Apply pressure around the wound to control any bleeding.
- Support the injured body part to stop it from moving. This should ease any pain and prevent any further damage.
- Once you've done this, call 999 or 111 for medical help. While waiting for help to arrive, don't move the injured person unless they're in immediate danger. Keep checking the casualty for signs of shock.

Removal of Clothing

Clothing should only be removed if absolutely necessary. Where clothing needs to be removed which could cause a safeguarding issue then two members of staff should be present. Only one needs to be first aid trained. However, if waiting for a second member of staff puts a child's life in danger then the first aider should not withhold treatment. Disposing of blood-soiled items should be placed in the yellow clinical waste bags and disposed of in the sanitary bin in the female staff toilets.

Other First Aid/ Medical Needs

Head Lice

- Children with head lice are not excluded, but must be treated to remedy the condition. School may ask parents to take their child home for a treatment on the same day or deliver the treatment if personal hygiene agreement has been given.
- All parents are notified if there is a case of head lice in the school.

HIV

- HIV (Human Immunodeficiency Virus) may affect children or families attending the school. Staff may or may not be informed about it.
- Children or families are not excluded because of HIV status.
- We do not provide care for children, who are unwell, e.g. have a temperature, or sickness and diarrhoea, or who have an infectious disease

Splinters

Splinters can be removed if they are small and you can see the angle it went in but not if they are embedded or in a joint. They must be extracted in the same direction they went in. Sterile single-use tweezers are stored in the main first aid box located in the school office. Nursery have their own stock

Asthma

All pumps are labelled and kept in the class medical trays. In the event of an attack, the inhaler must be taken to the child. All inhalers should accompany children when they are

off the school grounds e.g. on a trip, swimming, visiting another school, etc. Children on the asthma register who have parental consent for the use of the emergency inhaler are clearly indicated.

Food Allergies

A central record of Food Allergies is kept in the school office. Catering staff also have a copy and welfare staff are aware of all food allergies. Allergies/ medical needs are kept in the back of the class registers and medical boxes.

Anaphylactic shock

If Epi-Pens are prescribed, they are labelled and kept in the class medical trays. Spare Epi-pens are kept in the office. Anyone can administer an Epi-Pen in an emergency if the adult/child is unable to do it themselves. All staff have yearly allergy training and Epi-Pen training.

Diabetes

When a child has a diagnosis of Diabetes, The child's IHP will have details of their needs and procedures. All insulin and equipment are kept in the School Office. Sharps Bins are provided by parents and kept in the central office. It is the parent's responsibility to dispose of the Sharps Bin. It is school's responsibility to check the expiry dates of

Epilepsy

When a child has a diagnosis of Epilepsy, The child's IHP will have details of their needs and procedures. Medication needed is kept in the class medical box unless it has to be locked away. At this point, it is kept in the school office.

