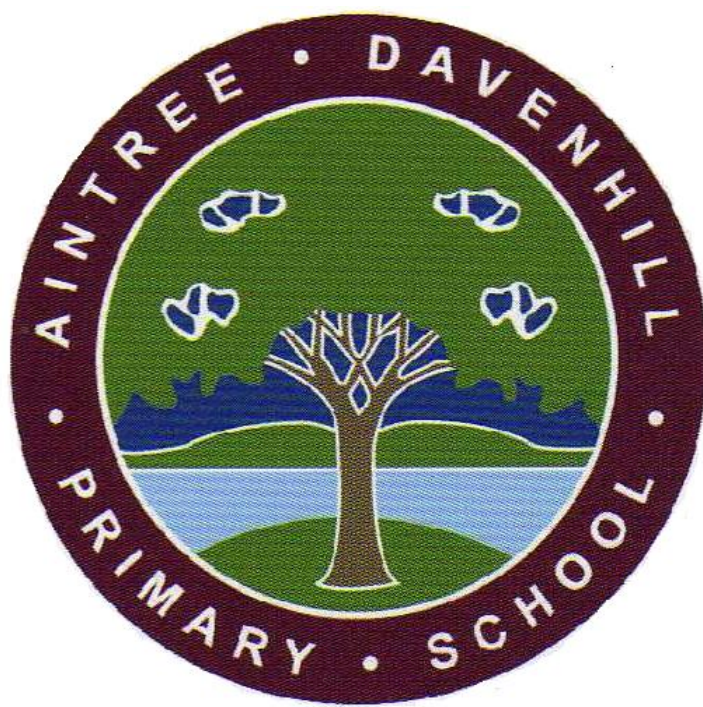


Aintree Davenhill Primary School



First Aid Policy

Approved by the Headteacher

July 2026

Legislation and Guidance

This policy is designed to promote the health, safety and welfare of Students/Pupils, staff, and visitors to this School through the provision of first aid equipment and trained personnel in accordance with the requirements of the Health and Safety (First Aid) Regulations 1981 and Approved Code of Practice and Guidance.

This policy is based on advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and guidance from the Health and Safety Executive (HSE) on [incident reporting 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 qualified first aid personnel.
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees.
- [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.
- [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 Students/Pupils.

Policy Statement

This policy is designed to promote the health, safety and welfare of children, staff and visitors to this school through the provision of first aid equipment and trained personnel in accordance with the requirements of the Health and Safety (First Aid) Regulations 1981 and Approved Code of Practice and Guidance.

The First Aid Appointed Lead is provided by Karen Parker.

The Aims of the Policy

The aim of providing first aid is to save lives and to ensure that minor injuries and illnesses do not escalate into major ones. The aim of this policy is to ensure that:

- We are compliant with all relevant legislation.
- A person is appointed to take charge of first aid arrangements.
- Staff nominated as first aiders receive up-to-date training by a suitably recognised organisation.
- Suitably stocked and marked first aid containers are available at all appropriate locations throughout the school.
- All members of staff are fully informed with regard to the first aid arrangements.
- All staff are aware of hygiene and infection control procedures.

- Written records are maintained of any accidents, injuries, diseases, or dangerous occurrences. Reports are undertaken as required under the reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.
- First aid arrangements are regularly reviewed and assessed to maintain adequate first aid provision.

Procedure

First aid provision will be available at all times while people are on the school premises and also off the premises while on school visits.

Risk Assessment

In accordance with the school's Health and Safety Policy, the annual risk assessment of all school buildings and facilities will pay particular attention to:

- Practical activities
- The use of machinery
- Storage of hazardous substances
- The use of equipment for sports and physical education

From this assessment, a judgment will be made as to how many trained first aiders are required to provide an effective and safe response to accidents and injuries.

A judgment will also be made as to how many fixed and portable first aid containers should be available and where they are to be located.

Specific consideration will be given to staff or children who have special health needs or disabilities.

In determining the level of provision, the Senior Leadership Team will consider:

- The provision during lunch times and breaks
- The adequacy of the provision to account for staff absences
- The provision of first aid for off-site activities and school trips
- The provision for practical activities

Qualification and Training

All school first aiders hold a certificate of competence that is valid for three years.

Refresher training and retesting of competence will be arranged at least three months before certificates expire.

The school will consider interim refresher training to maintain first aiders' basic skills and keep them up to date with changes, where necessary, e.g. adrenaline pen, CPR and defibrillator training.

First aiders will be expected to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at the school or college or on educational visits
- when appropriate, ensure that an ambulance or other professional medical help is called.

Early Years Foundation Stage (EYFS)

All newly qualified staff with Level 2 or 3 childcare qualification will also hold a current Paediatric First Aid or Emergency Paediatric First Aid Certificate.

At least one person who has a current Paediatric First Aid Certificate will be on the premises and available at all times when children are present and will accompany children on outings.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/532503/PFA_Consultation_findings_and_response.PDF

Please refer to list of trained first aiders at the back of this document.

School Information

Staff per shift	52
Total no. of staff	60
Staff outside standard hours	n/a
Lone working	Caretakers x2
Total no. of pupils	450
Total no. of pupils outside standard hours	n/a
No. of School buildings and floors	1 building and 1 floor
Max distance to first aid kits	approximately 10 metres
Major incidents in past 12 months	n/a
Work experience, trainees, volunteers, or honorary staff	0

First Aid Materials, Equipment and Facilities

First aid containers will be:

- Clearly marked
- Located near to hand washing facilities
- Grab bags located in each classroom
- Stocked in accordance with HSE recommendations

Portable first aid containers will be available for all school trips and other activities that take place over 200 metres from school buildings. All first aid containers will be identified by a white cross on a green background.

Where it is known that staff or children engaged in an out of school activity have specific health needs or a disability, the contents of the first aid container will include the resources to meet these specific needs, e.g., a supply of insulin or an auto-adrenaline injector pen.

Labelled first aid boxes are located in:

- 1 in the staffroom
- 1 in the kitchen
- 1 in the dining room
- 1 in the KS1 corridor
- 1 in the KS2 corridor
- 1 in school office
- 1 defibrillator – outside the school office
- Bleed kit – located on fenced near main gate
- 1 in the small hall
- 1 in the art studio
- 1 outside the large hall
- 1 in first aid room
- 1 grab bag in each classroom

A first aid box contains:

- Sterile non-woven swabs, melolin wound dressings, plasters
- Scissors, micropore
- Triangular bandage/eye pads
- Large/medium bandages and powder free gloves
- Sterile water
- No medicine/tablets are to be kept in the first aid boxes

Classroom first aid grab bags:

Each class in school has their own first aid bag which contains:

- Sterile non-woven swabs, melolin wound dressings, plasters
- Scissors, micropore
- Triangular bandage
- Large/medium bandages and powder free gloves
- Emergency medicine/tablets can be kept in the class first aid bag to take out with the children when they leave the classroom

The bag will be kept out of reach of the children and medication used in accordance with a child's IHCP (Individual Healthcare Plan).

Information and Notices

First aid notices giving the location of first aid containers and the names of members of staff who are certificated first aiders will be prominently displayed in the first aid kits and in various locations around school.

The school will make every effort to ensure that first aid notices are clear and easily understood by all.

Information on the school's first aid provision will be provided in the induction pack given to new and temporary staff.

Hygiene and Infection Control

All staff will:

- follow basic hygiene procedures
- be aware as to how to take precautions to avoid infections, e.g., HIV, AIDS, and COVID-19, etc.

All staff will have access to single use disposable gloves and hand washing facilities.

The school will ensure adequate and appropriate stock levels of PPE is provided for all staff:

- Gloves – are to be worn to protect hands.
- Face masks/coverings – are worn to protect/prevent the spread of a respiratory virus when close contact with another person cannot be avoided when applicable.
- Eye protection or shields – are worn when there is a risk of bodily fluids splashing up into the face.
- Aprons – are worn to protect clothing from becoming soiled.

Disposable gloves will be worn at all times when dealing with blood or other body fluids or when disposing of dressings or other potentially contaminated equipment.

Instructions on the disposal of all used dressings or equipment will be included in the first aid containers.

School's Body Spillages Procedures

- No person must treat a child who is bleeding, without protective gloves.
- Protective gloves are stored in the first aid kits.
- Sponges and water buckets must never be used for first aid to avoid the risk of contamination.
- All body fluid spillage's (vomit, diarrhoea, and blood) must be cleaned immediately. This is vital so the spread of infections is reduced. Disposable gloves, mask and an apron

should be worn. They must be kept for this purpose only. Following use, gloves, mask and apron must be carefully discarded in black bin liner.

- Absorbent granules can be dispersed over the spillage and left to absorb for a few minutes then swept up into a bin bag. A designated dustpan and brush is available for body spillages and is kept in a cleaning cupboard. Wash the affected area with warm water and detergent and dry. Once spillages have been put into a black bin liner, it should be disposed of in the external bin.
- Hands must be washed and dried after removal of protective gloves.

Reporting Accidents to the HSE (RIDDOR)

The following types of accidents will be reported to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013:

<http://www.hse.gov.uk/pubns/edis1.pdf>

Reporting Accidents to the HSE (RIDDOR)

The following types of accidents will be reported to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013:

<http://www.hse.gov.uk/pubns/edis1.pdf>

The Business Manager 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).

Compliance Education will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

Serious or significant incidents will be reported to parents by direct contact with the parent or carer, then logged on CPOMS and Sefton Online Incident Accident Form. Serious incidents where a child has had to be taken to hospital must be reported to the Headteacher and also reported to Compliance Education on 0800 6128162. RIDDOR procedures to be followed if required.

Compliance Education will review/investigate the incident and when necessary, will report all RIDDOR incidents to the HSE's Incident Contact Centre without delay.

The Manager is responsible for ensuring all incidents subject to RIDDOR are reported Compliance Education within 48hrs of the incident as RIDDOR reports are time sensitive.

All incidents will receive an appropriate level of investigation by staff who have attended accident reporting and investigation training. An accident investigation is performed to prevent similar accidents in the future.

Additional advice and guidance regarding what are reportable under RIDDOR, along with support in investigating serious incidents is available from Compliance Education if required.

RIDDOR Reportable Accidents – Employees

These include:

- Accidents resulting in death or major injury (including those that result from physical violence).
- Work-related disease that affects an employee and that a doctor confirms in writing.
- 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 Compliance Education will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident.
- Specific Injuries:
 - Fractures, other than to fingers, thumbs, and toes
 - Amputation
 - 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) which cover more than 10% of the body or cause significant damage to the eyes, respiratory system, or other vital organs.
 - 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.
- 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 or 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 of a biological agent likely to cause severe human illness.
- 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.

RIDDOR Reportable Accident – Students/Pupils and Visitors (Members of the Public)

These include:

- The death of the person which arose out of or in connection with a work activity.
- An injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to the hospital for treatment.

The responsible person at/for the school will consider whether the incident was caused by:

- a failure in the way a work activity was organised (e.g., inadequate supervision of a field trip)
- the way equipment or substances were used (e.g., lifts, machinery, experiments etc); and/or
- the condition of the premises (e.g., poorly maintained, or slippery floors)

Information on how to make a RIDDOR report is available here: [How to make a RIDDOR report, HSE](https://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>

Submitting a Report and Accident Investigation

All significant incidents will be recorded online via Sefton's secure reporting system which is available via the school office and on CPOMS. Accidents that need to be reported to the HSE's Incident Contact Centre (RIDDOR) must also be reported to Compliance Education on 0800 6128162.

The appointed person will ensure that records are kept of any injuries, accidents, or illnesses, as well as any first aid treatment that is given – this will include:

- the date, time, and place of the incident
- the name and class of the injured or ill person
- details of the injury or illness and what first aid was given
- what happened to the person immediately afterwards, e.g., whether they were sent home or went back to class
- name and signature of the first aider or person dealing with the incident

The Headteacher and Compliance Education will review/investigate the incident and when necessary, will report all RIDDOR incidents to the HSE's Incident Contact Centre without delay. The School Business Manager/Headteacher is responsible for ensuring all incidents subject to RIDDOR are reported Compliance Education within 48 hours of the incident as RIDDOR reports are time sensitive.

All incidents will receive an appropriate level of investigation by staff who have attended accident reporting and investigation training. An accident investigation is performed to prevent similar accidents in the future.

Additional advice and guidance regarding what are reportable under RIDDOR, along with support in investigating serious incidents is available from Compliance Education if required.

Accident – Employees

Staff should complete the Sefton Online Incident Accident Form if they sustain an injury at work. An injured member of staff or other supervising adult should not continue to work if there is any possibility that further medical treatment is needed. The member of staff or other supervising adult concerned should seek medical advice without delay.

The responsible person at/for the school will consider whether the incident was caused by:

- A failure in the way a work activity was organised (e.g., inadequate supervision of a field trip)
- The way equipment or substances were used (e.g., lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g., poorly maintained, or slippery floors)

- Accidents resulting in death or major injury (including those that result from physical violence)
- Accidents that prevent the injured person from doing their normal work for more than seven days
- Work-related disease that affects an employee and that a doctor confirms in writing
- Fractures, other than to fingers, thumbs, and toes
- Amputation
- 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) which cover more than 10% of the body or cause significant damage to the eyes, respiratory system, or other vital organs
- 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
- The death of the person which arose out of or in connection with a work activity
- An injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to the hospital for treatment

Accident – Children and Visitors (Members of the Public)

In an emergency involving outside medical professionals or services the school's Headteacher/Assistant Headteachers/School Business Manager, or the Appointed Person will follow the school's established procedures for contacting a parent or carer and treating the injured person.

Nearest Hospital Location

Aintree University Hospital

Address: Longmoor Lane, Liverpool L9 7AL

Travel time by vehicle: 7 mins

Travel Time: 2.2 miles

First Aid Provision

- A number of staff members hold a first aid qualification, refer to the list at the end of the policy. Training will be carried out by an organisation whose training and qualifications are approved by the Health and Safety Executive. The certificate is valid for three years after which a refresher course is required before further re-certification. A list of qualified first aiders is displayed by the first aid kits and in various locations around school.
- A First Aid Appointed Lead will oversee the implementation of this policy.
- The First Aid Appointed Lead is Karen Parker, who will ensure that there are enough first aid boxes for the number of children and adults in the school, for the number of children and adults participating in a school trip. There is a legal requirement for first aid equipment for each person in the school; this should be regularly checked on the NHS website.
- The First Aid Appointed Lead will ensure the maintenance of the contents of the first aid boxes and other supplies.
- The Headteacher keeps a record of the training completed and will identify when first aiders need to refresh training and inform the School Business Manager.
- All staff will be trained in any aspects of first aid deemed necessary to support an individual care plan (IHCP) for a child e.g. asthma, epilepsy, the use of an auto-adrenaline injector pens.

- The First Aid Appointed Lead for first aid will monitor the frequency of accidents, their location, and age group to see if patterns emerge. They will bring this to the attention of the Headteacher/School Business Manager, who will plan a course of action to address the matter.
- There is a defibrillator in school positioned outside the main office. For best practise the first aiders have had training and are qualified to deliver this. However, training is not needed to use a defibrillator, there are clear instructions on how to attach the defibrillator pads. It then assesses the heart rhythm and will only instruct to deliver a shock if it's needed.

School Procedures

- In the event of a minor injury apply first aid to your capabilities.
- In a medical emergency children /staff will be directed to an appointed first aider.
- If an incident, illness, or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a first aider.

IF THE SITUATION IS LIFE THREATENING THEN AN AMBULANCE SHOULD BE CALLED AT THE EARLIEST OPPORTUNITY, BY THE FIRST ADULT ON SCENE, BY DIALLING 999/112.

MINOR INJURIES

- Apply first aid, if you have been trained or feel capable. Use the nearest first aid box/grab bag. Contact the nearest first aider, if you feel you need their expertise.
- Check up on person regularly, talk to them, and if you feel their condition is worsening seek further support.
- Ensure the person feels comfortable and free from further risk.

If it is beyond regular first aid.
(First Aider to stay with injured child/person)

Non-Urgent and Non-Life Threatening

If called, a first aider will assess the situation and take charge. If the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they will arrange for the injured person to access appropriate medical treatment without delay.

Any child complaining of illness or who has been injured (minor) will be taken to a first aid point by an adult for the named first aider(s) to inspect and, where appropriate, treat. Constant supervision will be provided (this designated facility has access to a wash basin and toilet facilities which are close by). If appropriate, parents will be contacted so that the child can be collected and taken home.

Urgent and Life Threatening

Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, or the individual has become seriously unwell, a responding staff member will call 999 immediately. Then contact the Headteacher and/or Senior Leadership Team.

Where necessary, a trained staff member will administer emergency help and first aid to all injured persons. The purpose of this is to keep the injured person/s alive and, if possible, comfortable, before professional medical help arrives. In some situations,

immediate action can prevent the accident from becoming increasingly serious, or from involving more people.

Where the seriously injured or unwell individual is a pupil, the following process will be followed:

- A responding staff member calls 999 immediately and follows the instructions of the operator – this may include the administering of emergency first aid.
- Another member of staff then contacts the Senior Leadership Team to ensure emergency help knows where to go and ensures other pupils are removed from the area.
- TeamSOS app – this allows staff to quickly trigger alerts and enable a fast response to an incident. Staff will use the app to direct call for help to the correct member of staff.
- Where an ambulance is required, and the parent cannot be contacted/get there in a reasonable time frame, a staff member accompanies the pupil in the ambulance and another follows in their own car. The staff members remain with the pupil at the hospital until a parent arrives. Headteacher/office staff to liaise with parents.
- Where an ambulance is not required, but medical attention is needed, the pupil's parent is called as soon as possible to inform them that the pupil will need to be taken to a hospital or a doctor for further treatment.
- Constant checking of the child/injury should be done until the parent arrives, if the child deteriorates or the parent/guardian cannot be contacted the pupil is taken to a hospital or doctor in a staff car, accompanied by at least **two** staff members – one of whom to drive the car, (with business insurance) and one of whom, a first aider, to sit with the pupil in the back seat and attend to their medical needs.
- The parent will be contacted that this course of action has been taken, and both of the staff members remains with the pupil at the hospital or doctor's office until a parent arrives.
- The school will ensure that no further injury can result from any incidents that occur, either by making the scene of the incident safe, or (if they are fit to be moved) by removing injured persons from the scene.
- Responding staff members will see to any pupils who may have witnessed the incident or its aftermath and who may be worried or traumatised, despite not being directly involved. These pupils will be escorted from the scene of the incident and comforted. Younger or more vulnerable pupils may need parental support to be called immediately.
- Once the above action has been taken, details of the incident will be reported promptly to the Headteacher and the parents of the injured child.

If the staff are concerned about the welfare of a child, they should contact the first aider/school office/Senior Leadership Team immediately. If an injury has been sustained, the child should not be moved unless they are in immediate danger. A first aider MUST stay with the child and assess them until they are either well enough to return to class, parent comes to collect or an ambulance is called. Contact details can be obtained from the school office.

Procedures – Educational Visits/Residentials

- The Headteacher and EVC has responsibility for ensuring staff have adhered to the school's 'Educational Visits Procedures' when organising a visit.
- Risk Assessment will be carried out as part of an educational trip. Particular attention needs to be paid to the Educational Visits Policy.

- **At least one first aider must accompany the trip and be named on the Risk Assessment.**
- Educational visit/risk assessment forms must be completed before any visit takes place and this is signed by the Headteacher via Evolve.
- The 'office form' has the names of any volunteers accompanying the trip, this, along with the registration of the vehicles taking the children to the venue, must be left in the office.
- The risk assessment has information about any child who has an illness or needs medication throughout the day.
- Staff must take an adequate number of first aid kit/s for the number of children participating.

Action at an Emergency (to be undertaken by trained first aider)

- Assess the situation: Are there dangers to the first aider or the casualty? Make the area safe, look at injury: Is there likely to be a neck injury?
- Assess the casualty for responsiveness: Does the casualty respond?
- If necessary, phone 999/112 for an ambulance when it's safe to do so.
- Carry out basic first aid (Follow school procedures).

Cardiopulmonary Resuscitation

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a dynamic risk assessment to assess appropriate infection control precautions. If someone is unconscious and not breathing normally, call 999 and start CPR straight away.

When you call 999 for an ambulance, you should be given basic life-saving instructions over the phone, including advice about CPR.

CPR on Adults

If you have been trained in CPR, including rescue breaths, and feel confident using your skills, you should give chest compressions with rescue breaths.

If you're not completely confident, attempt hands-only CPR instead.

Hands-only CPR

To carry out a chest compression:

- Kneel next to the person and place the heel of your hand on the breastbone at the centre of their chest. Place the palm of your other hand on top of the hand that's on their chest and interlock your fingers.
- Position yourself so your shoulders are directly above your hands.
- Using your body weight (not just your arms), press straight down by 5 to 6cm (2 to 2.5 inches) on their chest.
- Keeping your hands on their chest, release the compression and allow their chest to return to its original position.
- Repeat these compressions at a rate of 100 to 120 times a minute until an ambulance arrives or for as long as you can.

CPR with Rescue Breaths

- Open airway by placing one hand on the forehead and gently tilt the head back. Remove any obvious obstructions from the mouth and lift the chin.
- Check for breathing. If the casualty is breathing assess for life threatening injuries and then place in the recovery position.

- If the casualty is not breathing send a helper to call an ambulance and then bring the defibrillator from the main foyer.
- If breathing is absent begin Cardiopulmonary Resuscitation (CPR).
- Give 30 chest compressions, 2 rescue breaths and then continue with 30 chest compressions, (30:2) until emergency help arrives.

CPR on Children

In children, cardiac arrest is more likely to be caused by a respiratory problem or lack of oxygen. Therefore, chest compressions alone are unlikely to be effective. If a decision is made to perform mouth-to-mouth ventilation, use a resuscitation face shield, if one is available.

Children Over 1 Year:

- Open the child's airway by placing 1 hand on their forehead and gently tilting their head back and lifting the chin. Remove any visible obstructions from their mouth and nose.
- Pinch the child's nose. Seal your mouth over their mouth, and blow steadily and firmly into their mouth, checking that their chest rises. Give 5 initial rescue breaths.
- Place the heel of 1 hand on the centre of the child's chest and push down by 5cm (about 2 inches), which is approximately one-third of the chest diameter. The quality (depth) of chest compressions is very important. Use 2 hands if you can't achieve a depth of 5cm using 1 hand.
- After every 30 chest compressions at a rate of 100 to 120 a minute, give 2 breaths.
- Continue with cycles of 30 chest compressions and 2 rescue breaths until the child begins to recover or emergency help arrives.

Infants Under 1 Year:

- Open the infant's airway by placing 1 hand on their forehead and gently tilting the head back and lifting their chin. Remove any visible obstructions from their mouth and nose.
- Place your mouth over the infant's mouth and nose and blow steadily and firmly into their mouth, checking that their chest rises. Give 5 initial rescue breaths.
- Place 2 fingers in the middle of the infant's chest and push down by 4cm (about 1.5 inches), which is approximately one-third of the chest diameter. The quality (depth) of chest compressions is very important. Use the heel of 1 hand if you can't achieve a depth of 4cm using the tips of 2 fingers.
- After 30 chest compressions at a rate of 100 to 120 a minute, give 2 rescue breaths.
- Continue with cycles of 30 chest compressions and 2 rescue breaths until the infant begins to recover or emergency help arrives. (Information from NHS website).

Storage of Medication

Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day the medicine has been taken, or as soon as reasonably practicable.

Medicines will be stored securely and appropriately in accordance with individual product instructions, save where individual pupils have been given responsibility for keeping such equipment with them.

Medicines will be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration, and properly labelled, showing the name of the patient, the date of prescription, and the date of expiry of the medicine.

Medicine brought in by pupils will be returned to their parents for safe disposal when they are no longer required or have expired.

An emergency supply of medication will be available for pupils with medical conditions that require regular medication or potentially lifesaving equipment, e.g. Salbutamol inhaler, an AAI (Adrenaline Auto Injector).

In the event of a fire, the first aid grab bag with all medication inside (spaces do not need to be taken outside as disposable spaces will be supplied within the office grab bag) must be taken outside with the class.

Parents will advise the school when a child has a chronic medical condition or severe allergy so that an Individual Healthcare Plan (IHCP) can be implemented, and staff can be trained to deal with any emergency in an appropriate way. Examples of this include epilepsy, diabetes, and anaphylaxis. A disclaimer will be signed by the parents in this regard.

Illnesses

When a pupil becomes ill during the school day, their parent will be contacted and asked to pick their child up as soon as possible.

A quiet area will be set aside for withdrawal and for pupils to rest while they wait for their parent to pick them up. Pupils will be monitored during this time by a member of staff or a first aider.

Consent

Parents will be asked to complete and sign a medical consent form when their child is admitted to the school, which includes emergency numbers, alongside details of allergies and chronic conditions – these forms will be updated during the first Parents' Evening at the beginning of each school year.

Staff do not act 'in loco parentis' in making medical decisions as this has no basis in law. Staff will always aim to act and respond to accidents and illnesses based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the pupil in mind – guidelines will be issued to staff in this regard.

Monitoring and Review

This policy will be reviewed annually by the governing board, and any changes communicated to all members of staff.

Staff will be required to familiarise themselves with this policy as part of their induction programme.

Staff will be informed of the arrangements that have been made in connection with the provision of first aid, including the location of equipment, facilities, and personnel.

New data protection laws came into effect on 25th May 2018, and it is important that we have consent for the data we hold and that it is accurate. Some of the information is for school record purposes and some is required by the Department of Education.

Aintree Davenhill Primary School feels it is important that all staff have information of pupils and their medical conditions. This is distributed annually to staff at the first INSET day of the new school year, a list of children with long term medical conditions is kept in class and in the staff room.

Information on the administering of medicines to children and further information on chronic medical conditions or severe allergies be found in the relevant school policies.

Medical Trained Staff 2026-27

Auto-Adrenaline Injector (AAI) Trained Staff 07.24

All school staff are trained annually.
First aiders have received practical AAI training.

Epilepsy Trained Staff

Miss Alwood	Miss Maddocks
Mrs Bannon	Miss Parker
Miss Baoileau	Mrs Payne
Mrs Hughes	Mr Hallmark
Mrs Leicester	Miss Wormald

Diabetic Trained Staff

Miss Box	Mrs Cockbain
Mrs McCulloch	Mr Curtis
Miss Miller	Mrs Dodd
	Mrs Moore
	Miss Parker

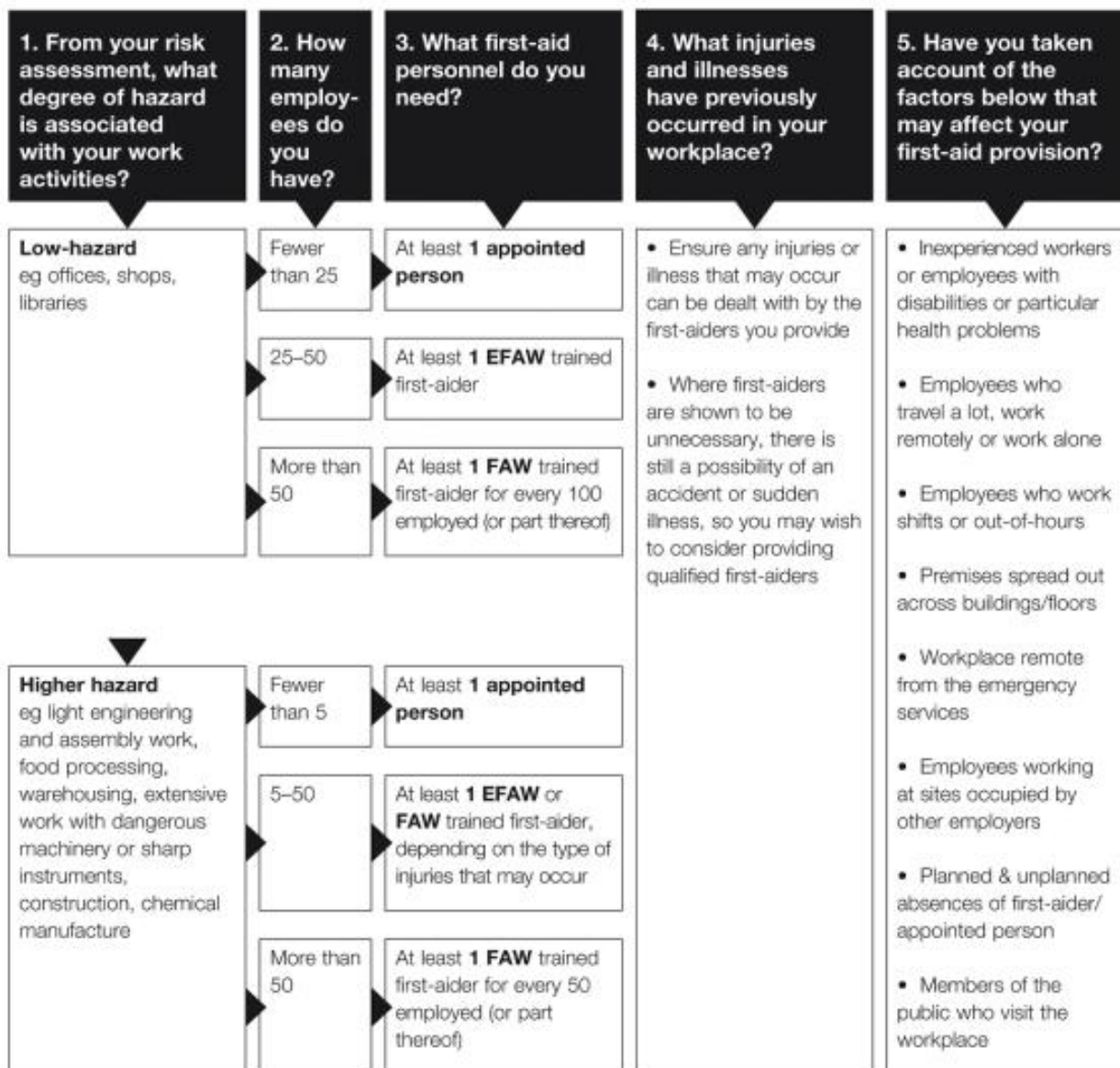
Aintree Davenhill First Aiders

June 2026



Name	Class	Expiry Date
EYFS/KS1		
Miss Miller (Paediatric)	NB	30/04/2028
Mrs McCulloch (Paediatric)	NB	30/01/2027
Miss Parker FAW & (Paediatric)	RG	07/05/2028 (P29/11/2027)
Mrs Cockbain (Paediatric)	RG	30/09/2028
Mrs Dodd (Paediatric)	RA	15/07/2027
Mrs Johnstone	1J	15/04/2027
Mrs Hay	2W	15/04/2027
Mrs Bentley	2M	15/04/2027
Mrs Brady (Paediatric)	Year 2	15//04/2029
KS2		
Mr Mogan	3C	
Mrs Payne	5B	15/04/2027
Mrs Leicester (Paediatric)	4B	30/04/2027
Mrs Brown	6E	15/04/2027
Mr Hardwick	6M	15/04/2027
Mrs Martin (Paediatric)	6M	15/07/2027
<u>Lunchtime Supervisors</u>		
Mrs Cartwright (Paediatric)	15/04/2027	
Mrs Parkes (Paediatric)	15/04/2027	
Mrs Kirkwood (Paediatric)	30/09/2028	
<u>Caretakers</u>		
Mr Cobain	15/04/2027	
Mr Ambridge	15/07/29	

***All staff to administer minor first aid as and when necessary.
Always send for a first aider for major incidents or concerns that may
need a second opinion.***



First Aid Procedures – In School

WHAT TO DO IN AN EMERGENCY

In the event of a minor injury apply first aid to your abilities. In a medical emergency children/staff will be directed to an appointed first aider.

If an incident, illness, or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a first aider.

IF THE SITUATION IS LIFE THREATENING THEN AN AMBULANCE SHOULD BE CALLED AT THE EARLIEST OPPORTUNITY, BY THE FIRST ADULT ON SCENE, BY DIALLING 999/112.

Then alert a member of staff by using TeamSOS.

MINOR INJURIES

- Apply first aid, if you have been trained or feel capable. Use the nearest first aid box/grab bag. Contact the nearest first aider, if you feel you need their expertise.
- Check up on person regularly, talk to them, and if you feel their condition is worsening seek further support.
- Ensure the person feels comfortable and free from further risk.

If it is beyond regular first aid.

(First Aider to stay with injured child/person)

NON-URGENT & NON-LIFE THREATENING

- If called, a first aider will assess the situation and take charge. If the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they will arrange for the injured person to access appropriate medical treatment without delay.
- Any child complaining of illness or who has been injured (minor) will be taken to a first aid point by an adult for the named first aider(s) to inspect and, where appropriate, treat.
- Constant supervision will be provided (this designated facility has access to a wash basin and toilet facilities which are close by). If appropriate, parents will be contacted so that the child can be collected and taken home.

URGENT & LIFE THREATENING

- Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, or the individual has become seriously unwell, a responding staff member will call 999 immediately. Then contact the Headteacher and/or Senior Leadership Team.
- Where necessary, a trained staff member will administer emergency help and first aid to all injured persons. The purpose of this is to keep the injured person/s alive and, if possible, comfortable, before professional medical help arrives. In some situations, immediate action can prevent the accident from

becoming increasingly serious, or from involving more people.

Where the seriously injured or unwell individual is a pupil, the following process will be followed:

- A responding staff member calls 999 immediately and follows the instructions of the operator – this may include the administering of emergency first aid.
- Another member of staff then contacts the Senior Leadership Team via TeamSOS to ensure emergency help knows where to go and ensures other pupils are removed from the area.
- Where an ambulance is required, and the parent cannot be contacted/get there in a reasonable time frame, a staff member accompanies the pupil in the ambulance and another follows in their own car. The staff members remain with the pupil at the hospital until a parent arrives. Headteacher/office staff to liaise with parents.
- Where an ambulance is not required, but medical attention is needed, the pupil's parent is called as soon as possible to inform them that the pupil will need to be taken to a hospital or a doctor for further treatment.
- Constant checking of the child/injury should be done until the parent arrives, if the child deteriorates or the parent/guardian cannot be contacted the pupil is taken to a hospital or doctor in a staff car, accompanied by at least **two** staff members – one of whom to drive the car, (with business insurance) and one of whom, a first aider, to sit with the pupil in the back seat and attend to their medical needs. The parent will be contacted that this course of action has been taken, and both of the staff members remains with the pupil at the hospital or doctor's office until a parent arrives.
- The school will ensure that no further injury can result from any incidents that occur, either by making the scene of the incident safe, or (if they are fit to be moved) by removing injured persons from the scene. Responding staff members will see to any pupils who may have witnessed the incident or its aftermath and who may be worried or traumatised, despite not being directly involved. These pupils will be escorted from the scene of the incident and comforted. Younger or more vulnerable pupils may need parental support to be called immediately.

Once the above action has been taken, details of the incident will be reported promptly to: the Headteacher and the parents of the injured child

If the staff are concerned about the welfare of a child, they should contact the first aider/school office/SLT immediately. If an injury has been sustained, the child should not be moved unless they are in immediate danger.

**A first aider MUST stay with the child and assess them until they are either well enough to return to class, parent comes to collect or an ambulance is called.
Contact details can be obtained from the school office.**

WHAT TO DO IN AN EMERGENCY

1. Keep safe by checking for dangers or hazards before you approach a casualty. If anything happens to you, you are no use to the casualty and there is now an extra person who needs help. Hazards might include:
 - trip hazards
 - spilt liquids
 - electrical equipment
 - broken glass or other objects

If you do not feel it is safe to approach, the best thing you can do is make an effective call for help.

2. Call for help, using 999 or 112.
3. When calling 999 or 112, you will need to provide the following information if you can, in as much detail as possible. The acronym LIONEL can make this easier to remember:
 1. **LOCATION** – Tell the emergency services where you are, and where you would like them to arrive. Bear in mind accessibility issues for an ambulance or other emergency vehicle. Building name/numbers and postcodes are the best information you can provide.
 2. **INCIDENT** – Tell them what has happened, factually and in as much detail as possible.
 3. **OTHER SERVICES** – Let them know if other emergency services may be needed too. For example, a road traffic collision may require support from the police service to manage traffic, or the fire service if somebody is trapped in their vehicle.
 4. **NUMBER OF PEOPLE** – The number of people involved in an incident could dictate how many ambulances are needed.
 5. **EXTENT OF THE INJURIES** – What injuries does/do the casualty(ies) have, and how severe are they. Again, this can impact the response time and level from the emergency services.
 6. **LOCATION** – Repeat again where the emergency services need to arrive.
4. You can now perform any first aid, if it is safe to do so. Also, continue to reassure the casualty that you have called for help.

Date	Time	Class	Pupil's name	Location of incident
Details of incident/accident, treatment given and additional comments:				
IMPORTANT FOR THE ATTENTION OF THE PARENT /CARER				
Should your child suffer any drowsiness, vomiting, impaired vision or excessive pain after returning home please consult your doctor or local hospital.				
Aintree Davenhill Primary School INCIDENT/ILLNESS REPORT SLIP 2026-27			Signature	

Date	Time	Class	Pupil's name	Location of incident
Details of incident/accident, treatment given and additional comments:				
IMPORTANT FOR THE ATTENTION OF THE PARENT /CARER				
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