COGNITA

First Aid Policy

NBH
CANONBURY
SENIOR · SIXTH FORM

September 2025
UK

1 General Statement

1.1 The definition of First Aid is as follows:

- In cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until help is obtained; and,
- Treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner or nurse.

1.2 This policy provides an overview of the statutory requirements and how these are met in school. All safeguarding and child protection policy guidelines must be adhered to both on and off the school site, when first aid is administered.

1.3 The policy applies to all pupils including those pupils covered by the Statutory Frameworks for the Early Years Foundation Stage (EYFS) 2025.

1.4 The responsibility for drawing up and implementing the First aid policy is delegated to the Head, including informing staff and parents. However, implementation remains the responsibility of all staff in our school in order to keep children healthy, safeguarded and protected whenever they are in our care.

2 Current Procedure

2.1 Our appointed person (First aid co-ordinator) undertakes and records an annual review. A first aid needs assessment (see Page 10) is carried out at least annually to ensure that adequate provision is available given the size of our school, the staff numbers, our specific location and the needs of individuals.

2.2 Our first aid needs assessment includes consideration of pupils and staff with specific conditions and major illnesses, such as life-threatening allergy, asthma, diabetes and epilepsy, takes account of an analysis of the history of accidents in our school, as well as the identification of specific hazards. It also includes consideration of mental health and careful planning for any trips and visits, including residential and higher risk trips which always include a suitably trained first aider and a member of staff trained in the administration of medicine, in keeping with our Educational Visits policy.

2.3 Our procedure outlines when to call for help when necessary, such as an ambulance or emergency medical advice from professionals, and outlines the requirements for documenting necessary treatment once applied. The main duties of a First Aider are to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.

2.4 We ensure that first aid provision is available at all times, including out of school trips, during PE, and at all other times when the school facilities are used.

2.5 We keep an electronic record of all accidents or injuries and first aid treatment on Medical Tracker (Accident reporting software tool) or a written record where Medical Tracker is not available We must inform parent(s)/carer(s) of any accident or injury on the same day, or as soon as reasonably practicable, of any first aid treatment. Records are stored confidentially in Medical Tracker. The recording of an accident is carried out in confidence at all times by the person administering first aid.

2.6 The First Aiders' Procedures for dealing with sick or injured pupils is as follows:

A. Ascertain by inspection and discussion with child or staff member the nature of the child's injury or illness.
B. Comfort or advice as necessary. This may be sufficient and child can return to class or break. Inform staff member of nature of any concerns if appropriate.
C. Treat injury or illness if required. Clean wound with antiseptic wipe or running water and cover with a plaster if still bleeding and no allergy exists.
D. Record action taken on Medical Tracker.
E. If child is then well enough, they will return to class.
F. If problem persists or there are doubts as to the seriousness of any injury then parent(s) will telephoned and asked what they would like to do. If they wishes to collect their child appropriate arrangements are made.
G. If a severe illness or injury is suspected then the most appropriate member of staff will take the pupil to hospital or the emergency services will be called and administrative staff will contact the parent to inform them. No pupil will travel in an ambulance unaccompanied.
H. If any issue arises during treatment or discussion with the pupil that the First Aid Officer feels should be taken further, they will elephne or speak to the parents and/or the Designated Safeguarding Officer or most appropriate member of staff.

3 First Aid Training

3.1 We carefully consider, and review annually, the training needs of our staff to ensure that suitable staff are trained and experienced to carry out first aid duties in our school. In particular, we consider the following skills and experiences:

- Reliability, communication and disposition,
- Aptitude and ability to absorb new knowledge and learn new skills,
- Ability to cope with stressful and physically demanding emergency procedures,
- Normal duties are such that they may be left to go immediately and rapidly to an emergency
- The need to maintain normal operations with minimum disruption to teaching and learning.

3.2 First aiders in our school have all undertaken appropriate training. They have a qualification in either:

First Aid at work (FAW, 3 days or 18 hours) or
Emergency First Aid at work (EFAW, 1 day or 4-6 hours) or
Paediatric First Aid (PFA, 2 day face to face or blended) or
Emergency Paediatric First Aid (EPFA, 1 day or 4-6 hours).

EYFS paediatric first aiders hold a clearly recognised certificate or a renewal (minimum of 12 hours tuition). Before the certificates expire, first aiders need to undertake a requalification course as appropriate, to obtain another three-year certificate.

In relation to the FAW/EFAW/EPFA training courses, providers will follow the current guidelines issued by Resuscitation Council (UK) 2021.

3.3 Training will be updated every three years and will not be allowed to expire before retraining has been achieved.

3.4 The need for ongoing refresher training for any staff will be carefully reviewed each year to ensure staff basic skills are up-to-date, although we are aware that this is not mandatory. Annual three hour basic skills updates in between formal training are recommended to keep staff up to date. Online annual refresher training is available on My Cognita.

4 Key Personnel

First aid co-ordinator (appointed person) - responsible for looking after first aid equipment and facilities, as well as calling the emergency services as required	Jennifer Charbonneau
Responsible for maintaining First Aid Training Matrix/Log	Jennifer Charbonneau
Responsible for RIDDOR submissions to HSE	Charlotte Tassell-Dent Alan Keane Dan O'Neil
The following staff have completed a recognised training course in FAW	Anthony Wellfair Dan O'Neil Jennifer Charbonneau
The following staff have completed a recognised training course in EFAW	Alex Margerison Andrea Beverley Charles Deakin Charlotte Stokes Charlotte Tassell-Dent Frank Joseph Ivan Stroud Jack Sorapure James Keable James Murray Jane Goldthorpe Judith Parks Louise Kothari Michael Jacoby Miranda Murphy Nafhat Suleiman Nicola Taylor Philippa Millward Rachel Sadler Rebecca Webster Sadie Parsons Scott Valentine Sergio Di Noto Tim Farley

5 Contents of our First Aid Box

5.1 Our minimum provision, as recommended by HSE is to hold a suitably stocked first aid box, to nominate an appointed person (see 3.1 above), as well as the provision for staff of relevant information on first aid arrangements.

5.2 In our suitably stocked First Aid box we provide the following, or suitable alternatives:-

- a leaflet giving general guidance on First Aid e.g. HSE leaflet 'Basic advice on First Aid at work' (INDG347).
- Disposable gloves x3 pairs
- Cleansing wipes x10
- Normal saline for irrigation x3
- Antibacterial wipes x small packet
- Tissues x small packet
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- Sterile eye pads x2
- Finger bandage x2
- two - four individually wrapped triangular bandages (preferably sterile);
- safety pins x6
- Small (approximately 4cm x 4cm) individually wrapped sterile unmedicated wound dressings x2
- Medium (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings x2
- Large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings x2
- Scissors x1 pair
- Microporous tape x1
- Ice pack x1
- Sick bag x1
- Medical tracker incident reporting forms

5.3 The First Aid coordinator is responsible for examining the contents of the first aid boxes. These are checked at least termly and restocked as soon as possible after use. Details of these checks are recorded. Extra stock is held within the school and items discarded safely after the expiry date has passed. We do not keep tablets, creams or medicines in the first aid box.

5.4 Our first aid boxes are kept in the following places: Reception, Medical Room, Art Rooms, Science Labs, King Edward Hall, Kitchen, Staff Room and with staff when going offsite with students.

5.5 We take great care to prevent the spread of infection in school, particularly in the event of spillages of bodily fluids which we manage effectively by washing off skin with soap and running water, out of eyes with tap water and/or an eye wash bottle, wash splashes out of nose with tap water, record details of any contamination, and seek medical advice where appropriate. For further information please see our Prevention and Control of Communicable and Infectious Diseases Procedures.

5.6 First aiders take careful precautions to avoid the risk of infection by covering cuts and grazes with a waterproof dressing, wearing suitable powder free vinyl or nitrile gloves, using suitable eye protection and aprons where splashing may occur, use devices such as face shields when giving mouth to mouth resuscitation and wash hands before and after every procedure. They also ensure that any waste products are disposed of in a yellow clinical waste bag or box in line with procedures in 5.5.

5.7 We ensure that any third party lettings or providers, including transport, have adequate first aid provision which complies with our standards. For example, visiting sports clubs or schools.

5.8 We ensure that any third party contractors, including catering and cleaning, working with us are aware of our policy and procedures.

6 Recording Accidents and First Aid Treatment

6.1 Pupils will inform their teacher or nearest staff member, or fellow pupils, when they are not feeling well or have been injured. They will let a member of staff know if another pupil has been hurt or is feeling unwell.

6.2 All accidents are recorded immediately after the accident, including the presence of any witnesses and details of any injury or damage. Records are stored confidentially in Medical Tracker. The recording of an accident is carried out in confidence at all times by the person administering first aid. An accident investigation may be required so that lessons are learnt and actions taken to prevent reoccurrence. A Serious Incident Reporting Form may require completion for any serious accident, incident or occurrence – following completion of an accident investigation.

6.3 Any first aid treatment is recorded by the person who administered first aid. We will record the date, time and the environment in which the accident or injury occured. Details of the injury and what first aid was administered, along with what happened afterwards is always recorded.

6.4 The First Aid Co-ordinator is responsible for the maintenance of accurate and appropriate accident records, including the evaluation of accidents, and regular reporting to the H&S committee for monitoring purposes.

6.5 We adopt the definition of Ofsted with regard to serious injuries (2022) as follows:-

- Anything that requires resuscitation
- Admittance to hospital for more than 24hours
- A broken bone or fracture
- Dislocation of any major joint, such as the shoulder, knee, hip or elbow
- Any loss of consciousness
- Severe breathing difficulties, including asphyxia
- Anything leading to hypothermia or heat-induced illness
- Any loss of sight, whether temporary or permanent; any penetrating injury to an eye and a chemical or hot metal burn to the eye
- Injury due to absorption of any substance by inhalation, ingestion or through the skin
- Injury due to an electrical shock or electrical burn
- Injury where there is reason to believe it resulted from exposure to a harmful substance, a biological agent, a toxin or an infected material

6.6 We adopt the definition from Ofsted for minor injuries (2022), of which we always keep a record, as follows:

- Animal and insect bites, such as a bee sting that does not cause an allergic reaction
- Sprains, strains and bruising, for example if a child sprains their wrist tripping over their shoe laces
- Cuts and grazes

- Minor burns and scalds
- Dislocation of minor joiunts, such as a finger or toe
- Wound infections

7.7 We follow the guidelines on the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR, 2013) for the reporting of serious and dangerous accidents and incidents in school. These include work-related and reportable injuries to visitors as well as certain accidents, diseases and dangerous occurrence arising out of or in connection with work. Where accidents result in the an employee being away from work or unable to perform their normal duties for more than seven consecutive days as a result of their accident a RIDDOR report is required. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

7 Recording Incidents and Near Misses

7.1 We record on Medical Tracker any **near misses** which are occurrences where no-one has actually been harmed and no first aid was administered, but have the potential to cause injury or ill health. We record any incidents that occur on the premises and these may include a break in, burglary, theft of personal or school's property; intruder having unauthorised access to the premises, fire, flood, gas leak, electrical issues.

8 Hospital Treatment

8.1 If a pupil has an accident or becomes ill and requires immediate hospital treatment, the school is responsible for either:

- calling an ambulance in order for the pupil to receive treatment; or
- taking the pupil to an Accident and Emergency department
- and in either event immediately notifying the pupils parent/carer

8.2 When an ambulance has been called, a first aider will stay with the pupil until the parent arrives, or accompany pupil to hospital by ambulance if required.

8.3 Where it is decided that pupil should be taken to A&E Department a first aider must either accompany them or remain with them until the parent/carer arrives.

8.4 Where a pupil has to be taken to hospital by a member of staff they should be taken in a taxi or school vehicle and not use their own car.

9 Prescription and Non-Prescription Medication

9.1 Staff will only administer prescribed medication (from a doctor, dentist, qualified nurse or pharmacist) brought in by the parent/carer, for the pupil named on the medication in line with the stated dose.

9.2 Staff may administer non-prescription medication such as paracetamol and allergy medication where parents have provided written consent for this to happen. The School will supply this non-prescription medication. Where medication is administered, parents should be informed.

9.3 Medicine containing aspirin or ibuprofen will not be administered to any pupil unless prescribed by a doctor for that particular pupil. Ibuprofen is usually used for the treatment of mild to moderate acute pain and usually only for short term use. It is usually given every 8 hours and so for the majority of children this can be administered at home before and after school.

9.4 We encourage pupils to manage their own asthma inhalers from a very young age. Asthma medication is always kept in or near children's classrooms until children can use it independently and it must always be taken on school trips/events.

9.5 If pupils are to self-medicate in school on a regular basis, then a self medicator's risk assessment form will be carried out.

9.6 For pupils that are on Individual Healthcare Plans, parental consent will be sought regarding details of what medication they need in school and who will administer it to them on a regular/daily basis. Refer to Supporting Pupils with Medical Conditions Policy for further guidance.

9.7 Most antibiotics do not need to be administered during the school day and parents should be encouraged to ask their GP to prescribe an antibiotic which can be given outside of school hours, where possible. If however this is not possible then please refer to the Storage of Medicine paragraph.

9.8 This school keeps an accurate record on Medical Tracker of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, date and time are recorded as well as details of the medication given. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible. Parents/carers are notified when the pupil has been administered medicine on the same day or as soon as is reasonably practical.

9.9 All school staff who volunteer or who are contracted to administer medication are provided with training. The school keeps a register of staff who have had the relevant training. The school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

9.10 For members of staff only not pupils, Aspirin tablets will be held at the school in line with the 11th Revised Edition of the First Aid Manual, whereby should a member of staff have a suspected heart attack, the emergency services may recommend the casualty take 1 full dose of aspirin tablet (300mg). This will be kept in a locked cupboard in the Medical room.

10 Storage of Medication

10.1 Medicines are always securely stored in accordance with individual product instructions, paying particular note to temperature. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.

10.2 We will carry out a risk assessment to consider any risks to the health and safety of our school community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.

10.3 All medicines shall be received and stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.

10.4 If a pupil is prescribed a controlled drug, it will be kept in safe custody in a locked, non-portable container within a locked cupboard or room and only named staff will have access. Controlled drugs must be counted in/out and witnessed if they are not administered by a qualified nurse or practitioner. The Controlled Drug Recording Book must be signed by two people with at least one being the First Aid Coordinator. The records must indicate the amount of remaining medication and logged in the controlled drug recording book.

10.5 Parents should collect all medicines belonging to their child at the end of the school day. They are responsible for ensuring that any date-expired medication is collected from the school. All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays. If parents do not pick up out-of-date medication or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

10.6 We will keep medicines securely locked away and only named staff will have access, apart from Adrenaline Auto-injectors (AAIs), Asthma inhalers and Diabetes 'hypo' kits which need to be with or near pupils who need them. Three times a year the First Aid Coordinator/School Nurse will check the expiry dates for all medication stored at school and the details will be stored on Medical Tracker.

10.7 Sharps boxes are used for the disposal of needles. All sharps boxes in the school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent. Collection and disposal of sharps boxes is arranged by the school biannually.

11 Defibrillators (AED)

11.1 The school has on defibrillator in Reception.

11.2 The defibrillator is always accessible and staff are aware of the location and those staff who have been trained to use it. They are designed to be used by someone without specific training and by following the accompanying step by step instructions on it at the time of use. The manufacturer's instructions are available to staff and use promoted should the need arise.

11.3 The First Aid Coordinator is responsible for checking the AED termly, recording these checks and replacing any out of date items.

12 Monitoring and Evaluation

12.1 Our school's senior leadership team monitors the quality of our first aid provision, including training for staff, and accident reporting on a termly basis. Our policy will be reviewed annually or with significant change. Compliance will be reported formally to the school's termly H&S Committee. Minutes of these meetings are submitted in a timely fashion to the Head of Health & Safety – Europe. The Head of Health & Safety will report to the Cognita Europe H&S Assurance Board.

12.2 Reports may be provided to our Safeguarding committee which includes an overview of first aid treatment to children including the identification of any recurring patterns or risks and lessons learned with the management actions to be taken accordingly including the provision of adequate training for staff.

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Consultation & Specialist advice	

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Related documentation	
Related documentation	Health and Safety Policy Pupil Health and Wellbeing Policy Educational Visits Policy and Guidance Safeguarding Policy: Child Protection Procedures Safeguarding: Allegations of Abuse Against Teachers and Other Staff Compliments and Complaints Prevention and control of Communicable and Infectious Diseases Procedures Serious Incident Reporting Form (SIRF)