

FALCONHURST SCHOOL

First Aid

POLICY

‘Prompt Care and Safe Support for Every Child’

Clear arrangements for first aid, medical emergencies and allergy safety.



Policy owner	Headteacher
Monitoring responsibility	Headteacher / Governing Board
Approval body	Governing Board or delegated committee
Date adopted	To be recorded following adoption
Next review	July 2027
Review cycle	Annual, or sooner following changes
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1 Purpose and scope

Falconhurst School provides prompt first aid and a clear emergency response for pupils, employees, volunteers, contractors and visitors. This policy applies throughout the school day, including Nursery and Reception, breakfast club, school-led clubs, events and educational visits. Provision is matched to risk and individual need so pupils can participate safely.

This policy operates alongside the Pupil Allergy and Anaphylaxis Policy, Supporting Pupils with Medical Conditions Policy, Health and Safety Policy, Educational Visits Policy and Protective Security Protocols. Section 5 sets the immediate anaphylaxis response. Clinical action plans govern individual treatment; they must be accessible to staff. Emergency action must not be delayed to locate paperwork or obtain senior approval.

2 Legal and guidance framework

The policy has regard to the Health and Safety at Work etc. Act 1974; Health and Safety (First-Aid) Regulations 1981; Management of Health and Safety at Work Regulations 1999; RIDDOR 2013; School Premises (England) Regulations 2012; Children and Families Act 2014 as amended by the Children's Wellbeing and Schools Act 2026; Equality Act 2010; Human Medicines Regulations 2012 as amended; UK GDPR and Data Protection Act 2018.

The school follows the current EYFS statutory framework for group and school-based providers, effective 1 September 2026, DfE first aid advice and July 2026 Allergy safety in schools statutory guidance. Detailed operational sources are listed in section 12. The former 1992 Management Regulations have been superseded and are not relied upon.

3 Responsibilities

Employer and governors

Milton Keynes City Council retains the employer responsibilities identified in the school's existing arrangements. Governors oversee delegated responsibilities, resources, risk management and implementation, in accordance with the Council's scheme of delegation. Delegation does not remove the employer's legal duties.

Headteacher and appointed persons

The Headteacher implements the policy, approves the first aid needs assessment, ensures qualified cover and facilities, and coordinates external reporting with the School Business Manager and Council. The appointed persons are the Headteacher, Assistant Headteachers and the nominated member of the Office Team. The nominated office member and deputies are recorded in the live first aid register.

Appointed persons coordinate help, equipment and ambulance calls. Appointment alone does not qualify someone to give first aid. They do not replace the trained first aiders required by the needs assessment or EYFS.

First aiders and all staff

First aiders assess casualties, provide care within their training, summon further help, supervise casualties and record treatment. They advise the Office Team and senior leader

when a pupil needs collection or medical assessment. Only an authorised adult may collect a pupil; a seriously unwell pupil is not sent home unaccompanied.

All staff know how to summon help, locate emergency equipment and identify the pupils they support who have medical needs. Any member of staff may call 999 immediately. Staff use their best endeavours to safeguard pupils in an emergency. Staff undertaking planned first aid or medication duties are supported with suitable training and competence checks.

Allergy Leads and Office Team

The Headteacher and Assistant Headteachers are the Allergy Leads. They oversee healthcare arrangements, annual allergy training, incident review and access to AAIs. The Office Team coordinates medical records, consent, medication checks, replacement requests and training records. A lead and deputy are identified for stock checks and absence cover. Parents provide current information, action plans, contact details and prescribed medication; the school works with them to resolve gaps safely.

4 First aid provision and trained cover

The Headteacher completes and records a first aid needs assessment at least annually, after significant changes and after incidents indicating a gap. It considers pupil ages, individual medical conditions, SEND, staff and visitor numbers, site layout, response times, activities, working hours, staff absence and educational visits. It sets the number, training level and deployment of first aiders and the location and contents of equipment.

Nursery and Reception

At least one person with a current full paediatric first aid certificate meeting EYFS Annex A must be on the premises and available whenever EYFS children are present, and must accompany them on outings. The full course is at least 12 hours; certificates are renewed every three years. The staffing plan ensures rapid access across the site and cover during breaks, absence and visits.

At EYFS meals and snacks the school deploys a member of staff with a current full PFA certificate in the room, in line with the framework's safer eating guidance. Children are supervised within sight and hearing. Cover includes breakfast club where EYFS children attend. The EYFS leader checks the PFA requirements for staff counted in level 2 and level 3 ratios, including the experience-based route.

Training and information

The Office Team maintains a live register of qualified first aiders, qualification type, certificate expiry, location or deployment, and deputies. Current first aider names and equipment locations are displayed and given to supply staff at arrival. PFA certificates or a current list are available to parents.

Retraining is booked before expiry; an expired certificate cannot be counted as qualified cover. Annual first aid refresher training is arranged to maintain competence. All staff receive annual allergy awareness training and an induction briefing, including practical familiarity with the AAI brands held, symptom recognition and immediate emergency response. PFA or first aid at work training alone is not a substitute for allergy awareness training.

Clinically specific procedures, such as rescue medication for epilepsy, require appropriate instruction and evidence of competence. The Headteacher arranges additional training following changes in a pupil's plan or emergency equipment.

5 Immediate response to allergy and anaphylaxis

Anaphylaxis may involve breathing difficulty, tongue or throat swelling, a persistent cough, wheeze, faintness or collapse. A child may become pale or floppy. Skin changes can occur but may be absent. Symptoms can develop in a person with no previously diagnosed allergy. Follow the individual action plan where available, without delaying urgent treatment.

Emergency actions

- Give adrenaline immediately when anaphylaxis is suspected. Use the individual's prescribed device first if immediately available and working; otherwise use a school spare AAI. Bring help and medication to the person. Do not send them to the office or Kitt.
- Ask another adult to call 999 immediately, state "anaphylaxis", request an ambulance and give the school's address and access point. If alone, give adrenaline first, then call 999 immediately. Do not wait for parental contact, a first aider or a senior leader before taking urgent action.
- Use the device according to the clinical plan, manufacturer instructions and training. Note the time and dose. Do not delay life-saving use of a spare AAI to check prior consent or a register. This applies in an emergency to a person with an undiagnosed allergy as well as a known allergy, consistent with the July 2026 DfE guidance.
- Lie the person flat, raising the legs if appropriate. If breathing is difficult, allow a supported sitting position with legs outstretched. Never let them stand or walk, even if they appear to improve. If unconscious but breathing normally, use the recovery position; if not breathing normally, start CPR and use the AED as directed by training and the call handler.
- If there is no improvement after five minutes, give a second dose using a second device. Follow the individual clinical plan and emergency service advice for further treatment. Keep the person under continuous supervision.
- Arrange safe ambulance access and notify parents immediately after emergency action is under way. A familiar adult accompanies a pupil if parents are unavailable and arrangements permit. Give responders the action plan and treatment timings, and transfer used devices safely as advised.

All suspected anaphylaxis requires emergency medical assessment, even after improvement. Antihistamines do not treat anaphylaxis and must not delay adrenaline. Where a pupil has food allergy and asthma and suddenly develops breathing difficulty, consider anaphylaxis and follow their plan; a reliever inhaler must not replace adrenaline for anaphylaxis.

Less severe allergic reactions

Follow the pupil's Allergy Action Plan for milder symptoms and authorised medication, monitor closely and contact parents. Call 999 and give adrenaline promptly if symptoms progress to suspected anaphylaxis. Record the reaction and notify an Allergy Lead.

6 Emergency medicines and equipment

Prescribed and spare adrenaline

Parents are asked to provide two in-date prescribed AAIs where required. The pupil's healthcare plan specifies their dose, brand, storage and agreed adult support or self-carry arrangements. Both devices must remain accessible wherever the pupil is. Missing medication is escalated promptly to an Allergy Lead for a safe interim plan with parents and healthcare advice.

The school maintains a Kitt Medical Anaphylaxis Kitt adjacent to the lift and above the staircase leading to the dining hall, separate from pupils' prescribed medication. The supplied allergy policy records two 150 microgram AAIs and two 300 microgram AAIs. Stock and dose suitability are checked against current pupil needs and clinical advice. The eligible-pupil register supports preparation; it must not become a barrier to emergency life-saving use.

AAIs are stored according to manufacturer instructions, protected from heat and sunlight and not refrigerated. They must be readily accessible to adults and out of children's reach. The Kitt's break-safe access must work immediately without a separately held key, code, permission or restricted room. Staff practise retrieval; any barrier is corrected immediately.

The nominated Office Team lead and deputy check prescribed and spare AAIs monthly and before visits or after use. The record covers presence, dose, batch, expiry, appearance where applicable, storage and access. Replacements are arranged before expiry and promptly after use. Used or expired devices are disposed of through an approved sharps or pharmacy route; not in ordinary waste.

First aid kits and medical space

The school maintains accessible first aid kits and portable visit kits matched to the needs assessment. The live equipment register held in the office is the single authoritative location list and is displayed for staff. It is checked against the actual site at the start of each year and whenever equipment moves.

Kits contain suitable sterile dressings, plasters, eye pads, bandages, disposable gloves and other assessed items. General first aid kits do not contain medicines; emergency medicine kits are separately labelled and accessible. The Office Team checks first aid supplies monthly and replenishes after use. Staff report shortages immediately.

The medical room provides suitable space for care of sick or injured pupils in accordance with premises requirements, with suitable washing and nearby toilet access. Privacy is balanced with safeguarding and supervision.

Defibrillator

The school's existing H&S policy locates the AED near the upper school stairwell. Its exact position is recorded in the equipment register and staff induction. The nominated equipment lead checks readiness, battery and pad expiry according to manufacturer instructions, with logged checks and replacement after use. Anyone may use an AED in an emergency by following its prompts; treatment must not wait for a trained operator.

7 General first aid and medical emergencies

Check immediate hazards and summon help. Call 999 for life-threatening illness or injury, serious breathing difficulty, altered consciousness, uncontrolled bleeding or other serious deterioration. Give first aid within training and follow the call handler's instructions. Do not move a casualty with a suspected spinal injury unless necessary to protect life or provide essential care.

An adult remains with an injured or unwell child until handed to another responsible adult or medical responder. The Office Team contacts parents and records communications. Emergency care continues if a parent cannot be reached. Provide the ambulance crew with relevant medical information and treatment details.

Head injuries

Assess and record every head injury, supervise and monitor the pupil, and inform parents on the same day with clear advice about monitoring and seeking medical help. Call 999 for serious symptoms such as reduced consciousness, seizure or significant neurological changes; seek urgent clinical advice for concerning symptoms, significant injury or deterioration. Do not use a routine "bumped head" message as the sole response to a concerning injury.

Choking and resuscitation

Follow age-appropriate first aid training for choking; call for emergency help for severe airway obstruction or deterioration. Staff do not perform blind finger sweeps. If a person is unresponsive and not breathing normally, call 999, start CPR and retrieve the AED. Follow training, the device prompts and call handler's instructions.

Other medical conditions

For asthma, seizures, diabetes or other conditions, follow the current healthcare and emergency action plans. Time seizures, protect the person from injury and do not restrain them or put anything in their mouth. Give prescribed rescue medication only in accordance with the plan and training. Do not give food or drink to a person with reduced consciousness.

Where an emergency salbutamol inhaler is held, its use follows the separate approved protocol and national eligibility and written consent requirements. The emergency-consent position for spare adrenaline must not be applied to spare inhalers.

Infection prevention

Use appropriate disposable gloves and hygiene precautions for blood or body fluids, cover broken skin, wash hands and dispose of contaminated waste safely. Needlestick or splash exposure is escalated immediately for urgent medical advice and recording. Staff follow current UKHSA exclusion and health protection advice; first aid arrangements are not a substitute for infection control.

8 Educational visits and activities beyond the school day

The visit leader records medical and first aid arrangements in the visit risk assessment and follows the school's EVOLVE approval process. The assessment addresses activities, supervision, transport, communication, distance from help, dietary safety, trained staff

and the needs of each pupil. Qualified cover must remain adequate for those on site as well as those on the visit.

- Take a suitable first aid kit, a charged school phone with a communication contingency, emergency contacts and accessible healthcare and allergy action plans.
- Take both of each relevant pupil's prescribed AAIs and other required medicines. Allocate a responsible trained adult, confirm where medicines are carried and ensure immediate access during travel and activities.
- Take school spare AAIs where the visit assessment requires, without leaving inadequate spare stock at school. Arrange additional stock or cover where needed.
- Ensure a current full paediatric first aider accompanies EYFS outings. For older pupils, provide the qualified cover identified by the visit needs assessment.
- Confirm allergy arrangements with venues and caterers before departure, including ingredients, substitutions and cross-contact controls. Check the actual meal against the pupil's needs.

Pupils are supported to take part through reasonable adjustments; allergies or disability are not reasons for automatic exclusion. Where an essential safety arrangement is absent, the Headteacher works with the family, visit leader and healthcare professionals to put a safe arrangement in place.

Breakfast club, school-led clubs and events have assessed first aid and emergency medicine cover. The Headteacher confirms arrangements with external providers. Hirers' duties, equipment access and emergency contacts are defined by the lettings agreement; they must not assume access to school medicines, the AED or the building unless expressly agreed.

During evacuation or lockdown, essential medicines are taken or retrieved only when safe. Individual emergency arrangements identify how pupils' medical needs are supported if the normal storage point becomes inaccessible. Staff do not leave a place of safety or delay escape to collect equipment.

9 Recording and parent communication

The member of staff dealing with an incident completes the electronic Typeform accident or first aid record on the same day, or as soon as practicable after urgent care. A secure paper form is used if the system is unavailable and is subsequently entered into the controlled record. Office staff retain records securely with access limited to those who need it.

Record the person, date, time, place, factual circumstances, injury or illness, treatment, staff involved, outcome, parent contact and follow-up. For adrenaline record suspected symptoms, device type, prescribed or spare status, dose, time of each administration, ambulance details and medication replacement. Record allergic reactions and near misses, including food errors discovered before consumption and reports received from families after the school day.

Parents are told of pupil accidents, injuries and treatment on the same day or as soon as reasonably practicable. Serious illness, significant injury, anaphylaxis and allergy near misses are communicated promptly. Provide the family with the factual report and an

opportunity to contribute to review. Confidential information is shared with healthcare professionals or emergency responders when necessary for care.

Review and retention

The Headteacher and Allergy Leads review significant incidents and near misses, address immediate hazards, involve parents and relevant professionals, and record actions, owners and completion dates. Review the healthcare plan, training, food arrangements and policy as needed. Share lessons with relevant staff and anonymised trends with governors.

RIDDOR records are retained for at least three years from the date the record is made. This is not a blanket disposal date for pupil accident or medical records. Those records follow the school's approved retention schedule, Council and insurer requirements, data protection advice and any safeguarding or litigation hold. Do not destroy records while a claim, investigation or other hold is active.

10 External reporting

The Headteacher, supported by the School Business Manager, checks each serious incident against Council requirements and the relevant statutory reporting criteria. The legally responsible person submits any RIDDOR report, with coordination to avoid gaps or duplicate reporting. Keep a record of the reporting decision, reference and date.

RIDDOR

Work-related deaths, specified worker injuries and specified dangerous occurrences require notification without delay and a report within ten days. Over-seven-day worker incapacity is reported within fifteen days of the accident; exclude the accident day but include weekends and rest days. Over-three-day worker incapacity is recorded, even where it is not reportable. Reportable occupational diseases are reported on receipt of the relevant diagnosis.

For pupils and other people not at work, an accident is generally reportable if it arises out of or in connection with work and causes death, or injury leading to direct transfer from the scene to hospital for treatment. Diagnostic checks or precautionary attendance alone are not sufficient. Ordinary playground collisions and spontaneous medical episodes are not automatically reportable. An allergic reaction caused by a school work activity, such as serving an allergen, may meet the criteria. Not every near miss is a RIDDOR dangerous occurrence; the defined categories apply.

EYFS and safeguarding notifications

The EYFS duty to notify Ofsted within fourteen days of a serious accident, illness, injury or death applies to registered providers. It must not be presented as a blanket Ofsted duty for every incident at this maintained school. The Headteacher confirms whether any separately registered provision is involved and completes the applicable notification promptly. EYFS also requires notification to local child protection agencies of serious accident or injury, or death of a child in care, and action on their advice. The DSL and Headteacher follow the current local safeguarding arrangements without delay.

Food safety and healthcare

For allergen-related food safety incidents, contact the caterer and Council environmental health service promptly, contain the risk and follow food business reporting requirements. Where unsafe food has left the business's immediate control and may expose others, the competent authority must be notified under applicable food law. Notify the relevant healthcare professional where an incident or near miss concerns delivery of their action plan. Safeguarding concerns are referred through the DSL; immediate danger is reported to emergency services.

11 Monitoring and linked documents

The Headteacher reviews this policy and the needs assessment annually, next by July 2027, and earlier after relevant incidents, staffing or premises changes or new guidance. Governors receive assurance about qualified cover, equipment, training, incidents and completed actions. The live register is updated whenever personnel, certificates, equipment or medication arrangements change.

Linked documents: Pupil Allergy and Anaphylaxis; Supporting Pupils with Medical Conditions; Health and Safety; Educational Visits; EYFS and Safer Sleep arrangements; Safeguarding and Child Protection; Protective Security Protocols; Premises Hire and Lettings; Records Management and Data Protection.

12 Guidance references

Guidance checked on 1 October 2026. These sources support this policy; individual clinical plans and current manufacturer instructions remain essential.

DfE First aid in schools, early years and further education:

<https://www.gov.uk/government/publications/first-aid-in-schools>

DfE Allergy safety in schools statutory guidance, July 2026:

<https://www.gov.uk/government/publications/allergy-safety-in-schools>

DfE EYFS statutory framework, group and school-based providers, effective September 2026: <https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

DfE Supporting pupils with medical conditions at school:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

DHSC Using emergency adrenaline auto-injectors in schools, 2017, read with the July 2026 DfE guidance on emergency use:

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

HSE Incident reporting in schools EDIS1: <https://www.hse.gov.uk/pubns/edis1.pdf>

HSE RIDDOR reporting timescales: <https://www.hse.gov.uk/riddor/when-do-i-report.htm>

DfE School food standards allergy guide, September 2026:

<https://www.gov.uk/government/publications/school-food-standards-allergy-guide>

DHSC Emergency asthma inhalers for use in schools:

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

Resuscitation Council UK emergency treatment of anaphylaxis:

<https://www.resus.org.uk/library/additional-guidance/guidance-anaphylaxis>

Appendix A Live first aid arrangements

The Office Team maintains and dates the operational register separately so that routine changes do not require a policy rewrite. The Headteacher checks its accuracy and staff access. It must contain:

- Appointed persons, nominated office lead and deputies; qualified first aiders, qualification type and expiry; daily and absence cover, including PFA cover at EYFS meals and outings.
- Verified first aid kit, portable kit, prescribed medicine, Anaphylaxis Kitt and AED locations; stock and device-check leads and deputies; manufacturer maintenance requirements and check records.
- Allergy and medical registers, individual plans, emergency contacts, medication permissions and training records; access arrangements for supply staff and external providers.
- The school address, ambulance access and gate arrangements; approved incident recording route and secure contingency; Council, safeguarding and environmental health reporting contacts.

Before each visit or event, the responsible leader confirms that staffing, medicines and equipment are in place and on-site cover remains adequate. Staff report changes or gaps immediately.