



FIRST AID POLICY

MIDDLEWICH HIGH SCHOOL

Amended: November 2025

Date Approved: 10 November 2025

Next review date: Autumn Term 2026



Document Control Sheet

Document Type	Policy
Document name	First Aid Policy
Originator	Karen Holt
Approved by	Full Governing Body
Date approved	10 th November 2025
Review interval	Annual
Date of next review	Autumn Term 2025
Links with other policies	
Equality Act 2010 issues fully considered	Yes – considered to have a neutral impact

Middlewich High School
King Edward Street, Middlewich, Cheshire, CW10 9BU
Tel: 01606 537670

FIRST AID POLICY

This policy outlines Middlewich High School responsibility to provide adequate and appropriate First Aid to students, staff, parents/carers and visitors and the procedures in place to meet that responsibility. The policy is reviewed annually.

Aims

To ensure that First Aid provision is available at all times whilst people are on Middlewich High School premises, and also off the premises whilst on school visits.

To provide effective, safe First Aid cover for students, staff

and visitors. To ensure that all staff and students are aware

of the system in place.

To provide awareness of Health & Safety issues within the Middlewich High School and during school trips, to prevent, where possible, potential dangers or accidents.

NB: The term FIRST AIDER refers to those members of the Middlewich High School who are in the possession of a valid First Aid at work certificate or equivalent, we also have some staff who hold Emergency First Aid certificates.

Staff Responsibilities

The Assistant Headteacher in charge of Health and Safety will ensure that there are adequate numbers of staff at Middlewich High School with the necessary First Aid qualifications. The Office team will ensure up to date lists of named first aiders are displayed in all offices. (See Appendix I – for current list of qualified First Aiders).

First Aiders need to keep a record of when they are called, and to whom they are called. (See Appendix 2 by using a blue accident report form).

The Office team/First Aider is responsible for ensuring first aid bags/boxes are fully stocked.

Whenever Educational Visits take place organisers should liaise with the Office team/First Aider and ensure that first aid bags are taken on trips and returned to the main reception office to be re-stocked if used.

Trip organisers are responsible for collecting and adhering to medical information about students who are going on the trip.

If a student complains that he /she is feeling unwell, the member of staff or adult in charge of the class calls on call and the member of staff called to the classroom will be taken to the reception for review or medication.

The Office team/First Aider will then contact the parent/carer to arrange permission

for the student to receive medication or for the student to be collected. Only the Deputy Headteacher or Headteacher can authorise a student to go home if they are unwell.

The student will be taken to reception to sign out and be handed over to their parent/carer.

In the event of staff being unable to contact parent/carer, the student will remain outside the office until a parent/carer has been contacted.

Serious illness: where hospitalisation may be required an ambulance will be called.
(See Appendix 3 – Procedure for calling an ambulance/list found on notice boards)

In the event of an incident where there is no danger that moving the student will cause himself or herself further injury:

Use on call or a radio if available to inform the Office team. Alternatively send the student and a reliable other to the office with a note outlining the problem.

The First Aider will take appropriate action, which may include arranging for the student to go home or to hospital.

The attending First Aider will record the incident in the Cheshire East accident form (See appendix 2)

Particular consideration should be given to students who present with a head injury where parental contact should be made via phone call or standard letter. (See Appendix 4)

If a student needs to go to hospital, a responsible adult will accompany him/her, unless parent/carer has arrived. The responsible adult should have a Middlewich High School mobile from the office to take with him/her.

The office staff will need to alert the senior management at Middlewich High School that the responsible adult has left.

The responsible adult should keep Middlewich High School notified of the situation and, when ready, transport will be sent from Middlewich High School to collect him/her. The responsible adult's other duties will need to be covered; the line manager should make arrangements for this.

The responsible adult's duties end when their working day ends. Arrangements will be made for him/her to return to Middlewich High School. If necessary, a Senior Colleague will take his/her place.

If the injury is such that the student should not be moved:

The student should be kept still and comforted.

The nearest member of staff should use on call or radio reception regarding the incident identifying the location and to request a First Aider to attend the scene of the accident immediately.

The attending First Aider will take a radio to remain in contact with reception/office and also in the event the situation requires an ambulance or the aid of a further First Aider.

Ensure other students are kept away from the area and enrol the help of other colleagues if required to help maintain crowd control.

On arrival the First Aider will take control. Please be advised by him/her.

The reception/office will contact parents/carers/ambulance as necessary.

The relevant ACCIDENT FORMS will then be completed and information recorded. (See Appendix 2) IF THE STUDENT COLLAPSES AND/OR STOPS BREATHING, IMMEDIATELY CONTACT RECEPTION/OFFICE WHERE THE DEFIBRILATOR IS LOCATED AND CALL FOR AN AMBULANCE, GIVING AS MUCH DETAIL AS POSSIBLE (See appendix 3 nature of incident, age, gender, any other known medical conditions, location etc)

Student information

Arrangements are in place for confidential medical information to be uploaded on SIMS for members of staff to access as necessary. This will be updated annually on receipt of the student data information form from parents/carers. Any colleague, who has confidential medical information about a student that is not on the sheets/data base, should pass this to the Office team/First Aider for uploading.

Students who need EpiPen's carry them on them. A reserve is kept in the office. Names and photographs of students who may go into Anaphylactic Shock are posted in key areas, e.g. Staff room, Main Office. UP TO DATE CONTACT AND TELEPHONE INFORMATION ARE VITAL.

Student medication

Any prescribed or non-prescribed over the counter medication should be held in the office in a locked cupboard. Medication forms need to be completed when personal medication is brought in from home, these forms can be collected from the office (See Appendix 4). When medication is given, a record is to be kept at reception. (See Appendix 4)

Parents/carers of students who use an inhaler should provide a spare asthma inhaler for the cupboard in the main office.

Any student with an EpiPen should have a health care plan and a spare EpiPen which is kept in the main office. The parent/carer will provide an in-date epi-pen when they become out-of-date.

School Nurse Visits

The School Nurse can visit if requested. Any student is welcome to go to him/her and discuss in confidence any medical or social issue.

Staff who act for the establishment as Appointed Persons or First Aiders are legally covered for their actions at work and receive the fullest backing, through its Employers' liability and third-party insurance.

Appendix 1



MIDDLEWICH HIGH SCHOOL
FIRST AIDERS
September 2025

	SURNAME	FORENAME	QUALIFICATION	VALID UNTIL
1	Anderson	Claire	First Aid at Work	07.02.2026
2	Denham	Sam	First Aid at Work	09.05.2025
3	Hough	Jackie	First Aid at Work	07.12.2025
4	Nolan	David	First Aid at Work	
5	Stevens	Heidi	First Aid at Work	
6	Wyatt	Helen	First Aid at Work	
7	Wallace	Joanne	First Aid at Work	
8	Naylor	Lydia	First Aid at Work	
9	Penney	Karen	First Aid at work	
10	Coxon	Neil	First Aid at Work	
11	Holt	Karen	First Aid at Work	
12	Cottrell	Natalie	First Aid at Work	
13	Brown	Paula	First Aid at Work	
14	Caufield	Abigail	First Aid at Work	

**DEFIBRILLATOR LOCATED in main office
cupboard opposite the sink.**

Accident/Incident Report Form v2



This form must be completed for all accidents, near misses (reportable diseases, dangerous occurrences) and physical/verbal assault at all premises under Council control or arising as a result of any operation undertaken by the Council as follows:

1 Details of injured person

Mandatory sections are marked *

Title	Surname*:	Forename*:	Age/DOB*:	M ☐ F ☐
Address:		Postcode:		
Contact Telephone Number				
Employees only: Status*: Please select person type and complete relevant boxes				
Council Employee:	☐	Job title:	Employee number:	
Division:		Service:	Team:	
Do you agree to a copy of this form being released to your Trade Union Representative? Y ☐ N ☐				
Non employees only : Status*: Please select person type and complete relevant boxes				
Contractor / Consultant	☐	Agency Worker:	☐	Member of the Public: ☐
Pupil /Young Person:	☐	Service User/Client:	☐	PARIS ref number:
Other (Please State):				

2 Accident/incident detail

Date*:		Time*:	
Location*: Inside ☐ Outside ☐		Sub location*: e.g. car park, sports hall, kitchen	
Weather Conditions		Light	Artificial ☐ Bright ☐ Dark ☐ Good ☐ Poor ☐ Not known ☐

Briefly describe incident and apparent cause, including events leading up to the incident, any equipment and PPE being used, assailant details etc. please continue on additional sheet if necessary: *

(if other people involved, please list names and ages)

Injury type and body area affected:

What immediate action was taken to make the area safe/remove hazard (for example spillage cleared up and warning signs displayed)? If no action was taken at the time please state none *

3. Assailant detail – if a violent or aggressive incident:

Surname*:		Forename*:		Age/DOB*:		M ☐ F ☐	
Address:						Postcode:	
Description;							
<u>Status*:</u> Please select person type and complete relevant boxes							
Council Employee:		☐	Job title:		Team:		
Contractor / Consultant		☐	Agency Worker:		☐	Member of the Public: ☐	
Pupil /Young Person:		☐	Service User/Client:		☐	PARIS ref number:	

4. Additional information

Did the Injured Person become unconscious * Yes ☐ No ☐ or Need resuscitation * Yes ☐ No ☐ Was any First Aid treatment given? * Yes ☐ No ☐ If yes above, what treatment? *	
Was treatment carried out by a person competent to give first aid treatment? * Yes ☐ No ☐ Not Known ☐ If Yes By Whom? Did Emergency Services attend? * Yes ☐ No ☐ If yes, which one(s) attended? *	
Did the injured person go to hospital following the incident? * Y ☐ N ☐ If yes which one*: Was the injured person detained in hospital for more than 24 hours? Y ☐ N ☐ Not Known ☐	
If the injured person is an employee , did they return to work following the incident? * Y ☐ N ☐ If no, are they likely to be off work for more than 3 days? * Y ☐ N ☐	Total absence if known:
Were there any witnesses? * Yes ☐ No ☐ (please give names of witnesses and attach witness statements if available) 1. Contact number. 2. Contact number.	
What action has been taken to prevent re-occurrence? * E.G. Refresher training, staff briefing, procedural review.	
Additional / follow up information: Please give details of guarding systems or other safety features/ hazard controls in place before the incident and any obvious deficiencies. (Including what if any personal protective equipment was provided / worn, what training had been given).	

Signed:

Date:

Inputted by:		Job Title	Date:
PRIME REF:		Documents scanned & attached? Yes ☐ No ☐ N/A ☐	



Middlewich High School Contacting Emergency Services

- **Request an ambulance-dial 999, ask for an ambulance and be ready with the information below.**
- **Speak clearly and slowly and be ready to repeat information when asked.**
- 01606 537670
Middlewich High School King Edward
Street Middlewich
CW10 9BU
- Provide the exact location of the patient.
- Provide the name of the child and a brief description of their symptoms.
- Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient e.g. Sports field, Leisure Centre.
- Arrange for a member of staff to wait for the ambulance and direct them to the patient.
- You may be asked for the student's age, D.O.B and home address.

Appendix 4



Head Bump Notification

Date:

Dear Parent/Guardian,

Your child: _____
received a bump to his/her head today.

They were seen by a first aider and have not displayed any adverse effects. However, as a precautionary measure you may wish to observe your child for any of the following and seek medical attention if necessary.

- Confusion/Memory Loss
- Nausea/Vomiting
- Vision changes
- Excessive Sleepiness
- Severe headache
- Slurred speech
- Restlessness/Irritability
- Dizziness

Signed: _____

Rebecca Prime
First Aider



Middlewich High School: Parental Agreement for Setting to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by
Name of child
Form
Date of birth
Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)
Expiry date
Dosage and method
Timing
Special precautions/other instructions
Are there any side effects that the
needs to know about?
Self-administration — y/n
Procedures to take in an emergency
NB: Medicines must be in the original
dispensed by the pharmacy

school/setting

container as

Contact Details

Name
Daytime telephone no.
Relationship to child
Address
I understand that I must deliver the
personally to

[agreed member of staff]

medicine

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)Date



Middlewich High School: Record of Medicine Administered to all Children

Name of School Setting	MIDDLEWICH HIGH SCHOOL
-------------------------------	-------------------------------

[illegible]