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First Aid Policy and Procedures

Date	Review Date	Person responsible	Head Teacher	Nominated Governor
6 th December 2023	6 th December 2025	Sharon Moy	Debbie Edwards	Daniel Childerhouse

The Health and Safety (First-Aid) Regulations set out a duty of care on employers to provide adequate and appropriate first aid provision for staff.

We will always ensure that we have at least suitably trained first aiders employed in the school, with at least one first aider available on site at all times, taking into consideration staff absence, holidays, lunch breaks, trips and visits, before and after hours and the needs of our pupils. The appointed person with responsibility for First Aid is Nadine Davy.

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1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2. Legislation and guidance

This policy is based on advice from the Department for Education on <u>first aid in schools</u> and <u>health and safety in schools</u>, and the following legislation:

- <u>The Health and Safety (First Aid) Regulations 1981</u>, 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
- <u>The Management of Health and Safety at Work Regulations 1992</u>, which require employers to make an assessment of the risks to the health and safety of their employees
- <u>The Management of Health and Safety at Work Regulations 1999</u>, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- <u>The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013</u>, 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
- <u>Social Security (Claims and Payments) Regulations 1979</u>, which set out rules on the retention of accident records
- <u>The Education (Independent School Standards) Regulations 2014</u>, which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. Roles and responsibilities

3.1 Appointed person(s) and first aiders

The school's appointed person is Nadine Davy. They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate and First aiders are trained and qualified to carry out the role (see section 7). Responsible first aiders are responsible for:
- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment

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- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- Keeping their contact details up to date

Our school's First Aiders are listed in appendix 1. Their names will also be displayed prominently around the school.

3.2 Trustees and Governing board

Future Projects Trustees has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the Headteacher and staff members.

3.4 The Headteacher

The headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of first aiders are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space and facilities are available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

3.5 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports (see appendix 2) for all incidents they attend to where a first aider is not called
- Informing the Headteacher or their manager of any specific health conditions or first aid needs

4. First aid procedures

4.1 In-school procedures

In the event of an accident resulting in injury:

• The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment

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- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the School Administrator will contact parents immediately
- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

4.2 Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the lead member of staff prior to any educational visit that necessitates taking pupils off school premises. There will always be at least one first aider on school trips and visits.

4.3 Emergency Services

Emergency services should be called, without delay if someone is having a life-threatening emergency including but not limited to:

- loss of responsiveness
- breathing difficulties
- severe bleeding
- severe allergic reactions
- severe burns or scalds
- seizures that are not stopping severe, persistent chest pain
- an acute, confused state.

An ambulance should also be called whenever the first aider is unsure of the severity of the injuries/illness and has cause for concern.

5 First aid equipment

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages

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- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings
- No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room
- Construction Pod
- Hair and Beauty Pod
- Science Lab
- Main school office
- Both school kitchens
- School vehicles

6 Record-keeping and reporting

6.1 First aid and accident record book

- An accident form will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form at appendix 2
- A copy of the accident report form will also be added to the pupil's educational record by the School Administrator
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.
- The school will collect and retain information about any medical needs of staff and visitors and will use this information to assess and manage risk and to respond effectively to accidents or illnesses.

6.2 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, details of allergies and chronic conditions, and consent for the administration of emergency first aid – these forms will be updated periodically.



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

6.3 Reporting to the HSE

The School 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).

The School Business Manager will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - 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)
 - Any scalping requiring hospital treatment o 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
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident).
- Where an accident leads to someone being taken to hospital
- 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

Information on how to make a RIDDOR report is available here: How to make a RIDDOR report, HSE

7 Training

All school staff have the opportunity to undertake first aid training if they would like to.

All first aiders must have completed a training course, and must hold a valid certificate of competence. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 3). More detail on the first aid training courses used by the school is below.

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First Aid at Work (FAW) - A 3-day course in first aid delivered by a Health and Safety Executive (HSE) approved training provider. Certificates are valid for 3 years and the qualification can be maintained by attending a 2-day FAW renewal course. Renewal courses must be completed within 28 days of expiry of the previous certificate.

Emergency First Aid at Work (EFAW) - A 1-day course in first aid delivered by an HSE approved training organisation or a training organisation that have gained accreditation from one of the awarding bodies offering accreditation that are listed on the HSE website. Certificates are valid for 3 years.

8 Monitoring arrangements

This policy will be reviewed by the Head Teacher and Head of Operations every two years. At every review, the policy will be approved by the Board of Governors

9 Links with other policies

This first aid policy is linked to the

- Health and safety policy
- Risk assessment policy
- Administration of medication policy

Headteacher:	cher: Debbie Edwards		06/12/2023
Chair of Governing Body:	Daniel Childerhouse	Date:	01/12/2025

Appendix 1: List of trained first aiders

Staff member's name	Role	Contact details	
Lily Gant	School Administrator and Exams Officer	01603 251310	
Christopher Baldry	Assistant Head - Inclusion	01603 251310	
Grace Player	Teacher	01603 251310	

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Kyle Badderely	Tailored Delivery Teacher	01603 251310	
Helen Oghenegweke	Tailored Delivery Teacher	01603 251310	
Daniel Starr	Tailored Delivery Teacher 01603 251310		
Samera Jones	Tailored Delivery Teacher	01603 251310	
Darren Chapman	Tailored Delivery Teacher	01603 251310	
Flower Trower	Tailored Delivery Teacher	01603 251310	
Grace Smith	Tailored Delivery Teacher	01603 251310	
Stephen Williams	Caretaker	01603 251310	
Emma Yallop	Learning Support Assistant	01603 251310	
Liam Ward	PE Teacher	01603 251310	



Appendix 2: Accident report form

Name of Injured Person		Role/Class			
Date and time of incident		Location of incident			
Incident Details					
Describe in detail what happe	ned, how it happened and wha	t injuries the person incurred			
Action taken					
	sponse to the incident, includin	a any first aid treatment, and y	what happened to the injured		
person immediately afterward		- <i>, , ,</i>			
Follow up action required					
Outline what steps the school happening again	will take to check on the injured	d person, and what it will do to	reduce the risk of the incident		
Name of Person attending	the incident:				

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Signed:

Date:

Appendix 3: first aid training log (Stored on staff CPD Tracker)

Name/type of training	Staff who (individual staff r groups)	attended nembers or	Date attended	Date for training to be updated (where applicable)



Appendix 4: First Aid Procedures (Guidance)

Bodily fluids

In the event of blood or other bodily fluids being present first aiders must wear gloves and aprons provided. Any spillages of bodily fluids should be wiped up with disposable towels and flushed down the toilet or put in a sealed bag and disposed of immediately in bins in adult only areas. Floors and other affected surfaces should be disinfected with relevant cleaning materials as detailed in the COSHH guidance, including using the correct coloured cloths. Any clothes belonging to the child should be rinsed in hot water and placed in a disposable bag to take home or washed in the laundry. Any school items should be rinsed in hot water and taken to the laundry. Any material used

e.g. bandages or gauze etc. should be disposed of in a sealed bag and put in a bin in a designated adult only area. Cuts or abrasions should be covered by a plaster or bandage as appropriate and anyone who has come into contact with the bodily fluids must wash their hands thoroughly afterwards.

Specific Guidelines for Children and Staff with Medical Conditions

Lists of children and team members with specific medical conditions is maintained and held by Senior Managers, who share relevant information with practitioners and teachers.

<u>Asthma</u>

Teachers and other members of the team are aware of the children in their care that have asthma and if/when they need their inhaler. Team members who have asthma inform their line manager upon starting work with the company and are responsible for ensuring their line manager knows of changes to their condition. Inhalers are kept in the school office in a secure place if necessary and are taken on all outings both on and off site. In the event of someone having an asthma attack, a member of the team must stay with the person at all times including when taking an inhaler. An ambulance must be called if the person: turns blue, collapses, is going blue or has a blue/white tinge around the lips, or if the member of the team caring for them is concerned at all.

Epilepsy

Teachers, practitioners and other members of the team are aware of any children in their care that suffer with epilepsy and follow usual first aid procedures. Team members who have a form of epilepsy inform their line manager upon starting work with the company and are responsible for ensuring their line manager knows of changes to their condition. An ambulance must be called if someone fits for longer than is usual for them.

<u>Diabetes</u>

Teachers, practitioners and other members of the team are aware of any children in their care with diabetes and are made aware of the required medication. Team members who have diabetes inform their line manager upon starting work with the company and are responsible for ensuring their line manager knows of changes to their condition. Children who are old enough can self-administer insulin and medication in the school office in a designated secure place. Blood sugar levels are checked in secure areas outside of classrooms (sick room) unless in an emergency. In the event of a person suffering from hypoglycaemia or hyperglycaemia a member of the team should stay with them at all times, administer medicine as required and remain with the child until their blood sugars have returned to normal levels. An ambulance must be called if at any point a person becomes unconscious. See the school administration of medication policy for more information.



<u>Anaphylaxis</u>

Teachers, practitioners and other members of the team are aware of any children in their care that have a severe allergy and monitor them to ensure they do not come into contact with the allergen. Team members who have a severe allergy inform their line manager upon starting work with the company and are responsible for avoiding the allergen and ensuring their line manager knows of changes to their condition.

If someone requires an EpiPen it can be kept in the school office designated secure place. In the case of a severe reaction resulting in anaphylactic shock, the EpiPen should be administered by a trained a member of the team wherever possible and an ambulance must be called. Adults may administer their own EpiPen's if they are able. A member of the team should stay with the person at all times until an ambulance arrives.

Treatment of head injuries to children

Children often fall and bang themselves, and thankfully most bangs to the head are harmless events and can be dealt with by the supervising adult by applying a cold compress (wet tissue or cloth) for the child's own comfort. Parents/Carers must be contacted if the child has a visible or grazed bump to the head. All head bumps must be recorded into the accident book and a letter sent home informing parents of possible symptoms to look out for. It is the responsibility of the first aider dealing with the head bump to contact the parent and also inform the class teacher. Head bump letters will be texted to parents electronically so the school can be sure the parent receives the information. The bottom section of the letter must also be completed and retained by the school.

Under no circumstances, should ICE PACKS be applied to head bumps. It will reduce swelling but it can actually do more harm if there is a hairline fracture this could result in the child needing additional emergency hospital treatment.

Emergency First Aiders should be sought if the child:

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

If any of the above symptoms occurs in a child who has had a bang to the head, urgent medical attention is needed. Parents should be contacted and the emergency services too.

In the event of an accident in which the child cannot stand up unaided, he/she should be left in the position that he/she was found (even if this is in the toilets or playground) so long as it is safe to do so, and the emergency first aider must be called immediately to assess the situation.

Treatment of suspected breaks/fractures

The seven things to look for are:

- Swelling
- Difficulty moving
- Movement in an unnatural direction

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- A limb that looks shorter, twisted or bent
- A grating noise or feeling
- Loss of strength
- Shock

If it is an open fracture, cover the wound with a sterile dressing and secure it with a bandage. Apply pressure around the wound to control any bleeding.

Support the injured body part to stop it from moving. This should ease any pain and prevent any further damage. Once you've done this, call 999 or 112 for medical help. While waiting for help to arrive, don't move the injured person unless they're in immediate danger.

Keep checking the casualty for signs of shock.

First Aid training states that clothing should only be removed if absolutely necessary. Where clothing needs to be removed which could cause a safeguarding issue then two members of staff should be present. Only one needs to be first aid trained. However, if waiting for a second member of staff puts a child's life in danger then the first aider should not withhold treatment.