

First Aid Policy

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 the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), 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 pupils

This policy complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 Appointed person(s) and first aiders

The school's appointed persons are Marianne Walker, Sandra Hendry and Sharon Murray. 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 first aiders are trained and qualified to carry out the role (see section 7) and are responsible for:
 1. 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
 2. Sending pupils home to recover, where necessary

3. Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (staff portal)
4. Keeping their contact details up to date

Our school's appointed person and first aiders are listed in appendix 1. Their names will also be displayed prominently around the school.

3.2 The Trust

The Trust has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Head of School and staff members.

3.3 The Head of School

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

- Ensuring that an appropriate number of appointed persons and trained 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 is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

3.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders and appointed person in school are
- Completing CPOMS logs when they carry out first aid
- Completing any 'accident reports' via the IFTL portal when required
- Informing the Head of School 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 at Exeter A Learning Community:

- 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.
- 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 the 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, a member of the SLT (Senior Leadership Team) will contact parents immediately.
- The first aider or relevant member of staff will complete a CPOMS first aid log on the same day or as soon as is reasonably practical after an incident resulting in an injury.

- There will be at least one person who has a current paediatric first aid (PFA) certificate on the premises at all times.

4.2 Head Injuries

All IFtL schools must follow Trust guidance with relation to head injuries. With the majority of our pupils being of primary school age, there are a high number of low-risk minor head bumps that occur on a daily basis within our schools.

All head bumps and head injuries must be seen by an appropriately qualified first aider, regardless of how insignificant they may appear. A trained, qualified first aider will be able to judge the severity of the injury and decide whether further action is necessary.

All head injuries must be notified to parents via an approved communication channel. This includes a telephone call home, a notification through Bromcom or a message through one of the messaging apps used in schools.

The message home should convey the severity of the event, for example, where a minor head bump has occurred, the message home should not imply that a major head injury has been received. Conversely, should the first-aider or senior school staff feel that the incident requires a medical follow-up, this must be communicated appropriately to allow parents to come in and take their child for medical attention promptly.

NHS guidance (<https://www.nhs.uk/conditions/head-injury-and-concussion/>) states that most head injuries are not serious, but that you should seek medical help if there are any symptoms following a head injury.

You should call 999 if, following a head injury:

- Someone has been knocked out and has not woken up
- they have difficulty staying awake or keeping their eyes open
- they have had a fit
- they have fallen from a height of more than 1m, or 5 stairs
- they have problems with vision or hearing
- they have a black eye without direct injury to the eye
- they have clear fluid coming from their ears or nose
- they have bleeding from their ears or bruising behind their ears
- they have numbness or weakness in parts of their body
- they have problems with walking, balance, understanding, speaking or writing
- they have a head wound with something inside it or a dent to the head

If the following symptoms should occur, the child should be taken to A&E:

- Vomiting
- A headache that does not go away without painkillers
- a change in behaviour, like being more irritable or losing interest in things around you (especially in children under 5)
- crying more than usual (especially in young children)
- problems with memory
- Sleepiness
- Abnormal limb movements
- Dizziness or difficulty walking

- Strange behaviour or confused speech
- If they are on blood thinners or have a blood clotting disorder
- If they have had brain surgery in the past

If in any doubt, you should call 111 for advice.

Children should be monitored throughout the rest of the day following any head bump or injury. Staff must remain vigilant and be made aware of a prior head injury if they were not aware already.

4.3 Off-site procedures

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

- A mobile phone with contacts for school office, SLT and visit leader
- A portable first aid kit including, at minimum:
 - A leaflet giving general advice on first aid
 - 6 individually wrapped sterile adhesive dressings
 - 1 large sterile unmedicated dressing
 - 2 triangular bandages – individually wrapped and preferably sterile
 - 2 safety pins
 - Individually wrapped moist cleansing wipes
 - 2 pairs of disposable gloves
- Information about the specific medical needs of pupils
- Parents' contact details (obtainable via Bromcom database remotely, via Plumsun or via school office)

When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15cm x 20 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustproof blunt-ended scissors

Risk assessments will be completed by the trips and educational visits coordinator prior to any educational visit that necessitates taking pupils off school premises. These risk assessments will be uploaded to Plumsun, and the approval process followed, before any trip takes place.

There will always be at least 1 first aider with a current paediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

5. First aid equipment

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

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

No medication is kept in first aid kits.

First aid equipment is located in:

- The Key Stage 1 First Aid Room
- The Food Tech Room in Key Stage 2
- Staff also have bum-bags for trips and break and lunch

6. Record-keeping and reporting

6.1 First aid and accident record book

- Accidents will be recorded on CPOMS. Small bumps and scrapes will only require minimal detail.
- For more serious accidents (medical advice required e.g. ambulance or hospital), a full accident report should be filed on the portal with witness statements and enough detail to ensure that anyone picking up the form will understand the details. It is critical that, even if this is 10 years or more in the future and all staff have changed, the form is clear and a full picture of the incident is captured.
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form or incident form
- A copy of any accident report forms will also be added to the pupil's educational record by a member of the office team.
- Records will be held until the child involved reaches 21 years of age, at which time records will be securely destroyed.

6.2 Reporting to the HSE

The Head of School 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 Head of School and operations manager for Inspiring Futures through Learning 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.

School staff: reportable injuries, diseases or dangerous occurrences

These 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) which:
 - Covers more than 10% of the whole body's total surface area; or
 - Causes 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
 - 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 headteacher and operations manager for IFtL will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident

- 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

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and the person is taken directly from the scene of the accident to hospital for treatment

*An accident “arises out of” or is “connected with a work activity” if it 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](http://www.hse.gov.uk/riddor/report.htm)
<http://www.hse.gov.uk/riddor/report.htm>

6.3 Notifying parents (early years only)

The class teacher or member of the office team will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

6.4 Reporting to Ofsted and child protection agencies (early years only)

The Head of School notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The designated safeguarding lead will also notify the Northamptonshire Multi-Agency Safeguarding Hub (MASH) of any serious accident or injury to, or the death of, a pupil while in the school's care, if relevant service is involved with the child/family.

7. Training

All school staff are able 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 to show this.

The school will keep a register of all trained first aiders, what training they have received and when this is valid until.

The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework. The PFA certificate will be renewed every 3 years.

8. Monitoring arrangements

This policy will be reviewed by the Head of School every year.

At every review, the policy will be approved by the Executive Headteacher and the governing body.

9. Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Policy on supporting pupils with medical conditions
- IFTL First aid and accident reporting

Policy information	
Date of policy	September 2023
Policy author(s)	Jennifer Doherty
Role(s) of reviewer	Head of School
Review date	September 2024
Published on website?	Yes
Additional notes <i>(if required)</i>	

Appendix 1 – List of Qualified First Aiders:

Please list first aiders here along with name of qualification (i.e. Paediatric First Aid, First Aid at Work etc) and expiry date.

Staff Member	First Aid Training	Expiry Date
Sammy Newstead	Paediatric First Aid	August 2026
Barbara Budyk	Paediatric First Aid	August 2026
Eve Coleman	Paediatric First Aid	August 2026
Hayley Emerton	Paediatric First Aid	August 2026
Rajna Manojlovic	Paediatric First Aid	August 2026
Rochelle Golding	Paediatric First Aid	August 2026
Gail Kemley	Paediatric First Aid	August 2026
Sandra Hendry	First Aid at Work	May 2026
Sharon Murray	First Aid at Work	May 2026
Ashleigh Nelson	Paediatric First Aid	July 2025
Corina Zaharia	Paediatric First Aid	July 2025
Hannah Kemley	Paediatric First Aid	July 2025
Janet Peat	Paediatric First Aid	July 2025
Joanne Peter	Paediatric First Aid	July 2025
Julia Clarke	Paediatric First Aid	July 2025
Maria Figueiredo	Paediatric First Aid	July 2025
Pauline McGettens	Paediatric First Aid	July 2025
Rachel Logue	Paediatric First Aid	July 2025
Sarah Politano	Paediatric First Aid	July 2025
Tracy Poulter	Paediatric First Aid	July 2025
Angela Maddox	Paediatric First Aid	December 2023
Jeanne Beer	Paediatric First Aid	December 2023

Appendix 2 - First Aid – A Summary

<p>Where to record?</p> <p>CPOMS</p>	<p>Where is first aid equipment kept?</p> <p>Medical room KS1 Food tech room KS2 Staff bum-bags</p>
<p>Has a head injury been sustained?</p> <p>If yes, always make a phone call home to parents</p>	<p>When to call a parent?</p> <p>Head injury Suspected break or fracture Splinter Anything that requires medical attention</p>
<p>Does the child need to go to hospital/urgent care for medical advice?</p> <p>Phone call to parents Record the incident on the 'accident tile' on the portal Investigation carried out if needed</p>	<p>When to inform SLT?</p> <p>Possible breaks or fractures Serious injuries that require medical attention When an ambulance is required</p>