



First Aid Policy

Date Published	September 2022
Version	3
Approved Date	January 2026
Review Cycle	Annual
Review Date	January 2027

An academy within:



“Learning together, to be the best we can be”

1. Policy Aims

- 1.1. All staff are expected to use their best endeavours at all times, particularly in emergencies, to secure the physical and emotional welfare of everyone at the school. Stay calm and do no further harm is a fundamental first aid message.

2. Policy Objectives

- To ensure all pupils and staff are kept safe in the event of an injury;
- To ensure that first aid provision is available at all times;
- To provide relevant training and ensure monitoring of training needs;
- To provide sufficient and appropriate resources and facilities;
- To inform staff and parents/ carers of the School's First Aid arrangements;
- To report, record and where appropriate investigate all accidents;
- To keep accident records and to report to Nexus MAT, the appointed competent person and the Health & Safety Executive (HSE) as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 1995 (RIDDOR).

3. Summoning Assistance

- 3.1. A first aider can be requested via the telephone paging system. The following information should clearly be communicated: -
- "Code blue, first aider to [location of casualty]" – *indicates emergency situation eg child is in seizure, bumped head, fall*
 - "Code blue, first aider to [location of casualty], non emergency" – *indicates general first aid incident eg graze, nose bleed*
- 3.2. If an ambulance is required, the first aider or a member of SLT will make the call.

4. First Aid Provision



4.1. First aid kits are distributed around school. Their location is indicated by a green First Aid Sign.

4.2. First aid kits contain a sufficient quantity of suitable first aid supplies. A typical first aid box contains a sufficient quantity of the following items:

- a leaflet with general guidance on first aid
- individually wrapped sterile plasters of assorted sizes
- sterile eye pads
- individually wrapped triangular bandages, preferably sterile
- safety pins
- large and medium-sized sterile, individually wrapped, unmedicated wound dressings
- disposable gloves

4.3. Monthly checks will be carried out on the contents of the boxes by a nominated first aider and staff are also encouraged to replenish items as they use them.

4.4. Any employees allocated first aid responsibilities will be trained accordingly to enable them to competently fulfil that function. All First Aiders must complete a training course by an approved organisation and attend a refresher course after 3 years. They must show competence in order for the certificate to be (re-)issued.

5. Designated Staff

5.1. A number of staff have completed training courses in, and were able to demonstrate an acceptable level of competence in:

- Paediatric First Aid
- First Aid at Work
- Mental Health First Aid

6. First Aid Administration

6.1. Where applicable, pupils' specific care plan procedures should be followed. If any doubt remains, medical advice should be obtained. Where the incident is not an emergency, but further advice/treatment is needed from a GP/other health professional, then parents/carers will be contacted to discuss the situation, with a view to parents/carers taking the child to that medical help. Where parents/carers cannot be contacted, then school staff will escort the



child to hospital for investigation, for example in the case of a possible fracture.

7. First Aid on External Visits

- 7.1. First Aid kits should be taken out on all school visits. First aid provision should be followed as detailed on the risk assessment for each visit.
- 7.2. **It is the responsibility of the lead member of staff to check first aid kit contents every external visit and re-stock as necessary with assistance from the site manager.**

8. Emergency Arrangements

- 8.1. Where the injury is an emergency, a First Aider and SLT should be called and a 999 call should be made.
- 8.2. SLT will:
 - Allocate a member of staff to escort the paramedics to the casualty
 - Notify parents/carers if requested
- 8.3. If a pupil is taken to hospital, a staff member (familiar with the situation and pupil) and/or a member of the SLT will supervise until parents/carers arrive.
- 8.4. Where a child has a Health Care Plan, this will be taken to hospital with the child.

9. Hygiene/Infection Control

- Hands must be washed after giving First Aid
- Single-use non-latex disposable gloves must be worn when treatment involves blood or other body fluids
- Any soiled dressings etc. must be disposed of in the clinical waste box
- The affected area (location, not casualty) should be cleaned using a form of disinfectant and the area left clean and dry.
- Exposed cuts and abrasions should always be covered using non-allergic dressings and tape



10. Incident Reporting

- 10.1. All first aid treatment is recorded on the iAM Compliant tool at School level. This needs to be completed by the person administering First Aid and record the name of, and the details given by, the person who witnessed the accident/incident.
- 10.2. When a serious accident occurs and the pupil/person requires treatment, the iAM Compliant alerts the H&S manager in all cases to carry out investigations, report RIDDOR and monitor hot spots for H&S on all school sites.

11. Sharing Of Information Within School

- 11.1. Good communication ensures that accident reporting, risk identification, reduction and elimination are effective. Good communication is also essential to promote healthy and safe working/learning environments and avoid misunderstandings. Information will be shared through staff meetings, emails and briefings.
- 11.2. All staff are advised to be familiar with pupils' medical needs, associated care plans and risk assessments.