



FIRST AID POLICY

Review cycle:	Annual
Reviewed by:	Operations Manager
Approved by:	Local Governing Body

VERSION	DATE	AUTHOR	CHANGES
1	28 April 2023	Julie Rickerby/Tracy Willows	Full policy review
2	11 July 2024	Julie Rickerby/Tracy Willows	F-45 – wording changed to reflect move to online form Point 6.1 – procedure for sharing data with SNMAT changed
3	December 2025	Julie Rickerby	No changes made

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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 [first aid in schools](#) and [health and safety in schools](#), and 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 person(s) are Tracy Willows and Julie Rickerby. 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:

- 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
- 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
- Keeping their contact details up to date

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

3.2 The governing board

The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Executive Principal and staff members.

3.3 The Executive Principal

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

- Ensuring that an appropriate number of appointed persons and trained first aid personnel 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/or appointed person(s) in school are
- Informing the Executive Principal 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
- 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, parents will be contacted immediately by the administration team.
- The first aider will enter the injury as a Medical Event on Bromcom on the same day or as soon as is reasonably practical after an incident resulting in an injury.
- A F-45 Accident and Incident Form will be completed online for head injuries or injuries resulting in a visit to a GP or hospital, and all injuries to either a member of staff or visitor, by the first aider on the same day or as soon as possible after an incident resulting in an injury and the form handed to the Operations Manager.
- In the event of a head injury a Head Injury Assessment (Appendix 2) should be completed and given to the parent/carer.

4.2 Off-site procedures

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

- A mobile phone
- 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

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 × 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 trip leader and approved by the EVC prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least 1 first aider on school trips and visits.

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 kits are stored in:

- The medical room
- Main office
- Science
- Food Technology
- Canteen
- School vehicles
- Pastoral
- English

6. Record-keeping and reporting

6.1 First aid and accident record book

- A Medical Event will be completed on Bromcom.
- A F-45 Accident and Incident Form will be completed online for head injuries or injuries resulting in a visit to a GP or hospital, and all injuries to either a member of staff or visitor, by the first aider on the same day or as soon as possible after an incident resulting in an injury and the form handed to the Operations Manager. The Operations Manager will review the F-45 Accident and Incident Form and will upload a copy of the F-45 Accident and Incident Form log to the West Grantham Secondary folder on Teams to SNMAT Operational Support→Health and Safety→F45 Accident Reporting.
- As much detail as possible should be supplied when reporting an accident
- Records held in the first aid and accident book (for injuries before October 2023) and on Bromcom (for injuries after October 2023) 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.

6.2 Reporting to the HSE

The Operations 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 Operations Manager 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 scalding 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 Operations Manager 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

The first aider will inform parents of any accident or injury sustained by a pupil to the head or needing further medical intervention, and any first aid treatment given, on the same day, or as soon as reasonably practicable. Parents will also be informed if emergency services are called.

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 (see Appendix I).

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.

8. Monitoring arrangements

This policy will be reviewed by the Operation Manager annually. At every review, the policy will be approved by 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

Appendix I: First Aid Trained Members of Staff

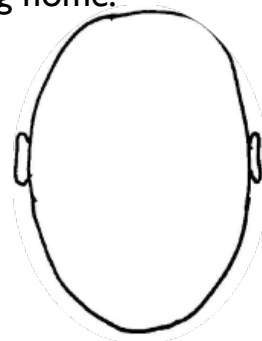
- Dom Brown
- Debbie Clarke
- Will Everett
- Belinda Hicks
- Sam Paton
- Louise Potterton
- Jo Rollinson
- Tracy Willows
- Andy Batten
- Hannah Lines
- Louise Breden
- Rachel Atkins
- Tom Butt
- Sharon Jones
- Richard Briggs
- Laurent Six
- Wayne Martini

HEAD INJURY OBSERVATION GUIDANCE

Name.....

Your child has sustained a head injury at school today at approximately.....am/pm and has been monitored since the accident. We have not identified anything that caused concern up to the time of them going home.

Details.....
.....
.....
.....
.....



If any of these symptoms are present, particularly loss of consciousness (even for a short period of time), you should call an emergency ambulance (999/112) or NHS Direct on 111/0845 4647.

- Lasting headache that gets worse or is still present over six hours after the injury;
- Extreme difficulty in staying awake, or still being sleepy several hours after the injury. It is fine to let children go to sleep after a slight bump to the head, but you should check on them regularly and make sure you are able to wake them.
- Nausea and vomiting several hours after the injury;
- Unconsciousness or coma;
- Unequal pupil size;
- Confusion, feeling lost or dizzy, or difficulty making sense when talking;
- Pale yellow fluid or watery blood, coming from the ears or nose (this suggests a skull fracture);
- Bleeding from the scalp that cannot be quickly stopped;
- Not being able to use part of the body, such as weakness in an arm or leg;
- Difficulty seeing or double vision;
- Slurred speech; and
 - Having a seizure or fit.