



FIRST AID POLICY

Policy:	First Aid Policy
Reviewers:	Exec Team/Local Governing Body
Approved by:	Awaiting Ratification
Date:	15 th January 2025
Review cycle:	2 Years

VERSION CONTROL		
DATE	AUTHOR	CHANGES
Sep 2020	Maria Fletcher/ Adam Cave	1.1 and 1.2 Updated dates. 3.1 and first aid boxes added to fifth bullet point. 3.1 new bullet point 10 added. 6.4 added 'period'. Appendix A names updated.
Sep 2022	Claire Ogden	Vision added to start of policy 1.1 4 th bullet point year amended 1.2 bullet point 1 year updated 6.2 amended 6.3 removed
January 2025	Adam Cave	1.2 Guidance updates 2.1 Use of appropriate risk assessments 6.4 Removed 6.5 Amended to reflect induction procedure 10.1 Amended to reflect induction procedures 10.2 Amended to reflect circulation Statement of Intent amended to reflect Executive Board

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Our vision is to create a distinctively Christian and values driven environment that provides the best start to the 70 or more great years our students should enjoy when they leave our school. Our students should have the opportunity to live life in all its fullness and be good citizens wherever they may be.

1. Introduction

1.1 This policy will have consideration for, and be in compliance with, the following legislation and regulations:

- Health and Safety at Work Act 1974;
- Health and Safety (First Aid) Regulations 1981;
- The Management of Health and Safety at Work Regulations 1999;
- The Education (School Premises) Regulations 2012;
- Health and Safety (The Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)) Regulations 2013.

1.2 This policy will also have regard to the following statutory and non-statutory guidance:

- DfE (2022) 'Guidance on First Aid for Schools';
- Advice on Standards for School Premises (March 2015);
- Incident reporting in schools (accidents, diseases and dangerous occurrences) (October 2013);
- DfE (2023) 'Automated external defibrillators (AEDs)' guide for schools.

2. Risk assessment

2.1 The Principal will ensure that appropriate risk assessments of first-aid needs is undertaken, appropriate to the circumstances of the Academy.

2.2 Where a minimum number of trained first-aiders is set, this will be monitored to ensure that the needs identified in the risk assessment are met.

3. Facilities

3.1 First-aid will be administered in a room that meets the requirements of the DfE guidance. Specifically to:

- Be large enough to hold the necessary equipment.
- Have washable surfaces and adequate heating, ventilation and lighting.
- Be kept clean and tidy at all times.

- Be positioned as near as possible to a point of access for transport to hospital.
- Display a notice on the door advising the names, locations and telephone numbers of first-aiders
- Have a sink with hot and cold water, if possible.
- Have drinking water and disposable cups.
- Have soap and paper towels.
- Have a suitable container with disposable waste bags.
- Have first-aid boxes at static points around the Academy with first aid sticker on the door.

3.2 The Academy's designated First Aid room is A7.

4 Fixed and portable first-aid containers

4.1 First-aid containers are identified by a white cross on a green background.

4.2 The Academy has a first-aid cabinet, which can be found in Room A7. This cabinet contains a sufficient number of suitable provisions to enable the administration of first-aid.

4.3 The Academy has 2 travelling first-aid containers for use during school trips and off-site visits, which are stored in Room A7.

4.4 No medicinal substances or materials are permitted within a first-aid container.

4.5 Blunt-ended stainless-steel scissors should be kept in the container in case clothing needs to be cut away prior to treatment.

4.6 Inventories are kept of all first-aid supplies including expiry dates. Full lists can be found in each first-aid container.

4.7 **Fixed** – fixed first-aid containers will contain at a minimum:

- A leaflet giving general advice on first-aid.
- 20 individually wrapped sterile adhesive dressings (assorted sizes).
- Two sterile eye pads.
- Four individually wrapped triangular bandages (preferably sterile).
- Six safety pins.
- Two large (approximately 18cm x 18cm) sterile individually wrapped un-medicated wound dressings.
- One pair of disposable gloves.

4.8 **Portable** – portable first-aid boxes will contain at a minimum:

- A leaflet giving general advice on first-aid.
- Six individually wrapped sterile adhesive dressings.
- Two triangular bandages.
- Two safety pins.
- One large (approximately 18cm x 18cm) sterile un-medicated wound dressing.
- Individually wrapped moist cleaning wipes.
- One pair of disposable gloves.

4.9 **Minibuses** – the Academy minibuses will each have on board a first-aid container with the following items:

- Ten antiseptic wipes, foil packaged.
- One conforming disposable bandage (not less than 7.5cm wide).
- Two triangular bandages.
- One packet of 24 assorted adhesive dressings.
- Three large (no less than 15cm x 15cm) sterile un-medicated ambulance dressings.
- Two sterile eye pads, with attachments.
- Twelve assorted safety pins.
- One pair of rust free blunt-ended scissors.

4.10 First-aid containers will be:

- Prominently marked as a first-aid container.
- Maintained in a good condition.
- Suitable for the purpose of keeping the items referred to above in good condition.
- Readily available for use.

5 Selection of First-aiders

5.1 When selecting first-aiders, the Principal should consider the individual's:

- Reliability and communication skills.
- Aptitude and ability to absorb new knowledge and learn new skills.
- Ability to cope with stressful and physically demanding emergency procedures.
- Normal duties. A first-aidер must be able to leave immediately in an emergency.

5.2 Unless first-aid is part of a staff member's contract of employment, people who agree to become first-aiders should do so on a voluntary basis.

6 Training

6.1 The Principal is responsible for organising first-aid training.

6.2 All staff are offered the chance to complete first-aid training when refresher training is organised.

6.3 The Academy keeps a record of who is trained in first-aid and the date their certificate expires.

6.5 Staff are informed at induction of who our first aiders are and where to find the first aid room.

7 Roles and responsibilities

7.1 The main duties of the appointed person are to:

- Take charge of first-aid arrangements, including looking after equipment and calling the emergency services, where necessary.

- Bear in mind they are not first-aiders. They should not give first-aid treatment for which they have not been trained, although it is good practice to ensure they have sufficient emergency first-aid/refresher training, including:
 - What to do in an emergency.
 - Cardiopulmonary resuscitation.
 - First-aid for the unconscious casualty.
 - First-aid for the wounded or bleeding.
- Liaise with the Site Manager, where necessary, to facilitate the replacement of out-of-stock or expired first-aid material or equipment.
- Remain on-site throughout the school day.

7.2 The main duties of first-aiders are to:

- Complete a training course approved by the Health and Safety Executive (HSE).
- Give immediate help to casualties with common injuries and those arising from specific hazards at the Academy.
- Ensure that the ambulance or other professional medical help is called, where appropriate.

8 Reporting incidents and record keeping

8.1 **Reporting** - the Principal will ensure that procedures are in place to report any major or fatal injuries without delay (e.g. by telephone), as required by RIDDOR. Other reportable injuries will be reported within 10 days.

8.2 **Record-keeping** - the Principal will ensure that records are kept of any reportable death, specified injury, disease or dangerous occurrence that requires reporting under RIDDOR.

8.3 Reportable injuries include:

- Fractures, other than to fingers, thumbs and toes.
- Amputations.
- Any injury likely to lead to permanent loss of sight or any reduction in sight.
- Any crash injury to the head or torso causing damage to the brain or internal organs.
- Serious burns (including scalding), which cover more than 10% of the body or cause 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.

8.4 Reportable occupational diseases include:

- Carpal tunnel syndrome.
- Severe cramp of the hand or forearm.
- Occupational dermatitis e.g. from work involving strong acids or alkali, including domestic bleach.

- Hand-arm vibration syndrome.
 - Occupational asthma e.g. from wood dust or soldering.
 - Tendonitis or tenosynovitis of the hand or forearm.
 - Any occupational cancer.
 - Any disease attributable to an occupational exposure to a biological agent.
- 8.5 Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR, as a reportable injury has to have resulted from a work-related incident.
- 8.6 Dangerous occurrences include:
- The collapse or failure of loading-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.
- 8.7 Injuries to students and visitors who are involved in an accident at the Academy or an activity organised by the Academy are only reportable if the accident results in:
- The death of a person which arose out of or in connection with a work-related activity.
 - An injury that arose out of or in connection with a work-related activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).
- 8.8 Records will also be kept of all occupational injuries where a staff member is away from work or incapacitated for more than three consecutive days, although this does not need to be reported.
- 8.9 The Academy does not have to report injuries where the student remains at the Academy, is taken home or is simply absent from the Academy for a number of days.
- 8.10 First-aiders will ensure they comply with the reporting procedures of the Academy after administering treatment, including reporting:
- The date, time and place of the incident.
 - The name (and class) of the injured or ill person.
 - Details of the injury/illness and what first-aid was given.
 - What happened to the person immediately afterwards? (e.g. went home, resumed normal duties, went back to class, went to hospital).
 - Name and signature of the first-aider or person dealing with the incident.
- 8.11 Records will be maintained for no less than three years after the incident.
- 8.12 The accident reporting forms are kept in each first-aid kit and on the staff shared IT system.

8 Automated External Defibrillator

- 9.1 The Academy has an Automated External Defibrillator (AED), which is kept on Reception.

- 9.2 An AED is a machine used to give electric shock when a person is in cardiac arrest.
- 9.3 Voice and/or visual prompts will guide the rescuer through the entire process from when the AED is first switched on or opened.
- 9.4 It is important to understand the distinction between a heart attack and a cardiac arrest, as they are not the same and require different interventions.
- Cardiac arrest is when the heart stops pumping blood around the body.
 - Cardiac arrest can happen at any age and at any time.
 - Cardiopulmonary resuscitation (CPR) can help to circulate oxygen to the body's vital organs. This will prevent further deterioration so that defibrillation can be administered.
 - A heart attack is caused by a clot forming in one of the arteries that supplies blood to the heart muscle.
 - As the heart is still beating, CPR and defibrillation are not appropriate: however, it is important to note that a heart attack can lead to a cardiac arrest.
 - If a person experiences a heart attack, the correct course of action is to call 999 immediately.
 - Heart attacks are very rare among children.
- 9.5 There are four stages to treating cardiac arrest and they should be carried out in order:
- Early recognition and call for help – dial 999.
 - Early CPR – to create artificial circulation.
 - Early defibrillation – to attempt to restore a normal heart rhythm and blood and oxygen circulation around the body.
 - Early post-resuscitation care – to stabilise the patient.
- 9.6 When a person suffers a cardiac arrest, it is essential for effective CPR to be initiated as soon as possible.
- 9.7 If possible, someone else should attach the defibrillator pads to the patient while CPR occurs.
- 9.8 The local ambulance service will be notified of the make, model and location of the AED.
- 9.9 AEDs are designed to be used by someone without any specific training by following step-by-step instructions on the AED at the time of use. They may be used by adults and children.
- 9.10 Should a rescuer need support after an incident, they may be able to request a debriefing from the local ambulance service.
- 9.11 The Academy will contact the local ambulance service after an AED has been used and make arrangements for the data to be downloaded.
- 9.12 The Academy will ensure that the AED is ready to use again by replacing pads and other consumables as required.

- 9.13 The AED will be kept with a number of accessories/consumables to ensure it is always ready for use – electrode pads, key for switching between adult and paediatric modes, scissors, protective gloves, towel or dry wipes, safety razor and a pocket mask/face shield.
- 9.14 Consumables need to be replaced after every incident. Even when an incident has not taken place, batteries and pads should be replaced after the period of time specified by the manufacturer.

9 Circulation

- 10.1 At induction all staff will be informed of where the first aid room is and who our first aiders are.
- 10.2 Copies of this policy will be published on the Academy's website and on the staff intranet page..

Other associated policies

Supporting Students with Medical Conditions

Health and Safety Policy

APPENDIX B

A) First-aid box supply checklist

Item	Suggested stock	Current stock	Ordered if required?
A leaflet giving general advice on first-aid	1		
Individually wrapped sterile adhesive dressings (assorted sizes)	20		
Sterile eye pads	2		
Individually wrapped triangular bandages (preferably sterile)	4		
Safety pins	6		
Medium-sized (12cm x 12cm) individually wrapped sterile wound dressings	6		
Large (18cm x 18cm) individually wrapped un-medicated wound dressings	2		
Disposable gloves	1 pair		

APPENDIX C

B) Travel first-aid box supply checklist

Item	Suggested stock	Current stock	Ordered if required?
A leaflet giving general advice on first-aid	1		
Individually wrapped sterile adhesive dressings	6		
Large sterile un-medicated wound dressings (18cm x 18cm)	1		
Triangular bandages	2		
Safety pins	2		
Individually wrapped moist cleaning wipes	10		
Disposable gloves	1 pair		

APPENDIX D

C) Minibus first-aid box supply checklist

Item	Suggested stock	Current stock	Ordered if required?
Foil packaged antiseptic wipes	10		
Conforming disposable bandage (not less than 7cm wide)	1		
Triangular bandages	2		
Assorted adhesive dressings	24		
Assorted safety pins	12		
Large sterile un-medicated ambulance dressings (15cm x 15cm)	3		
Rustless blunt-ended scissors	1 pair		
Sterile eye pads with attachments	2		

Incident/Injury Report Form

This must *be completed by First Aider/Site manager* if injury has been caused by property or equipment)

Please print clearly and tick the correct box

Section 1 - 6 must be completed by First Aider/Site Manager

1. Did the injured person stop work / school? (First Aider)

Yes No If yes, state date: _____ Time: _____

Outcome:

- Treated by doctor Hospitalised Workers compensation claim
 Returned to normal work Alternative duties Rehabilitation

2. Incident investigation (comments to include causal factors) (Site Manager)

3. Risk assessment (Site Manager)

Likelihood of recurrence

Severity of outcome

Level of risk

4. Actions to prevent recurrence (Site Manager)

Action	By whom	By when	Date completed

5. Actions completed

Principal:

Title

Date

Feedback to person involved

Date

6. Review comments

Staff meeting

Reviewed by Site Manager (signed)

Date

First Aider (Print) Signature:	Time Date	All accidents and workplace injuries should be recorded and reported.
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