



First Aid Policy

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| Date Published | February 2023 |
| Version | 2 |
| 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 welfare of the pupils 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. Various staff on our sites are trained in Emergency First Aid, and should administer first aid where appropriate at the scene. If administration of a fully trained First Aider for more senior incidents is required, staff should immediately contact the office. The following information should clearly be communicated:

- Where the casualty is;
- Who they are;
- What has happened;
- The time since the injury took place.

3.2. If an ambulance is required, the fully trained 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 cross sign.
- 4.2. First Aid sign. All First Aiders must complete a training course approved by the Health and Safety Executive (HSE) and attend updates as advised. Monthly checks by the Medical Team will be carried out on the contents of the boxes but staff are also asked to replenish items as they use them.
- 4.3. A defibrillator is kept in Reception along with a universal inhaler and spacer. A second defibrillator is kept in Lower School Staff Room along with an Emergency Adrenaline Kit containing 4 Epipens. Both Defibs are checked by Damon Johnston each Monday morning and checks recorded.

5. Designated Staff

- 5.1. Tracey Conlon (SLT), Joanne Worall (SLT), Natasha Carter (EYFS), Sara Job (Meadow Area) and Emily Knight (Meadow Area) **are Level 3 Paediatric First Aiders**.
Damon Johnson, Terri Christian (Post 14), Rebecca Huby (The Bridge) and Janine Surgey (SLT) are **Level 3 Emergency Response First Aider at Work**.
All teachers and HLTA's have completed a 6 hour **Level 2 First Aid Training Course**.
Tracey Conlon takes the role of medical lead to ensure policies and procedures are adhered to.

6. First Aid Administration

- 6.1. All designated staff attend regular update first aid training to meet current HSE and legal requirements. All staff have yearly training from the School Nurses / Epileptic Nurses on: Managing Medication in School; Epilepsy; Asthma; Anaphylaxis; where applicable, pupils' specific care plans 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. Staff must try all emergency contact numbers when trying to contact a parent in the case of First Aid. 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. A First Aider is identified on External Visits forms which are signed by an EVC Lead.
- 7.3. **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 reception.**

8. Emergency Arrangements

- 8.1. Where the injury is an emergency, a fully trained First Aider or 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.
- 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. In addition, the member of staff will take the information sheet printed by reception from BromCom.

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 put in a yellow clinical waste bag and disposed of in the grey clinical waste box (located in Personal Care)



- 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 CPOMs and the ProAktive Accident and Incident if the accident/ incident is deemed as serious. This needs to be completed by the person administering First Aid and by the person involved in the accident, or a person who witnessed the accident. The office Manager or SLT will upload the accident and incident form onto the ProAktive portal, ensuring they can support if needed.

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.

11.2. All staff are advised to be familiar with pupils' medical needs, associated care plans and risk assessments.

11.3. All students with medical needs have a Care Plan from the NHS and details are also collated in a school Care Plan which are signed by parents each September (or when an adjustment is made).