

First Aid Policy

Reviewed by:	Richard Fihosy and Claire Ames
Policy Commencement Date:	02.10.2021
Ratified by:	Provision Manager and DSL
Review:	Annual
Next Review:	Autumn Term 2026
Review Date 08.03.24 Richard Fihosy	Page and Sections Page 1 - Former Director's name was deleted.
Aug 25	Full Policy Review

Aims

- Safeguard the health, safety, and emotional wellbeing of all staff, pupils, and visitors
- Clarify staff responsibilities regarding first aid
- Provide a consistent, trauma-informed framework for responding to incidents and reporting outcomes

Legislation & Guidance

This policy complies with:

- Health and Safety (First Aid) Regulations 1981
- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Health and Safety at Work etc. Act 1974 and associated regulations
- School Premises (England) Regulations 2012
- Education (Independent Provision Standards) Regulations 2014
- DfE First Aid in Schools guidance (updated 2024)
- Working Together to Safeguard Children (2025)

Roles and Responsibilities

Appointed Person & Lead First Aider – Richard Fihosy

- Leads response when someone is injured or becomes unwell
- Ensures first aid kits are stocked and functional
- Summons professional medical help when needed

First Aid Personnel

- Respond promptly and appropriately to incidents
- Administer care with compassion and privacy
- Complete incident records promptly

- Maintain up-to-date contact info and certification

Provision Manager (Richard Fihosy)

- Ensures adequate first aid staffing across the provision and during off-site activities
- Maintains training validity and competency of first aiders
- Communicates procedures to all staff
- Oversees risk assessments and ensures safe space for medical response
- Reports Reportable incidents (RIDDOR) to HSE and notifications to Local Authority where required

All Staff

- Adhere to first aid procedures
- Know the locations of first aid personnel and kits
- Complete internal reports for minor incidents not requiring first aid
- Share known health needs with the Provision Manager

First Aid Procedures

On-site Injury/Illness

- The nearest available staff member evaluates and involves a first aider if needed
- First aider assesses injuries, calls emergency services if needed, and provides trauma-sensitive care
- Injured individuals are treated with dignity and emotional support
- Parents/ carers are informed promptly if a pupil needs to go home or emergency care is required
- An incident report is completed within the same day or as soon as possible

Off-site Activity

- Staff must carry: a mobile phone, portable first aid kit, emergency contact details, and information on medical needs
- At least one trained first aider is present for every off-site activity
- Individual risk assessments ensure medical needs are planned for in advance

First Aid Equipment & Storage

Contents of Kits (checked regularly):

- Bandages, plasters, gloves, antiseptic wipes, scissors, cold compress, burn dressings, etc.
- Kits are stored in: office, classrooms, kitchen area, and staff vehicles

Note: No medication is kept in first aid kits.

Record-Keeping & Reporting

- Detailed incident forms are completed promptly and copied to the pupil's file
- Records are retained securely for at least 3 years and then disposed of in line with data protection requirements
- Reportable incidents under RIDDOR are submitted to HSE within 10 days (e.g. serious injuries, hospitalisation, fatalities)
- Parents are notified of any medical care provided on the same day or as soon as reasonably practicable
- Serious incidents or pupil death are promptly reported to safeguarding partners per Working Together to Safeguard Children (2025)

Training & Competency

- First aiders hold valid certificates and refresh annually, with full requalification every 3 years
- All staff receive general trauma-informed first aid awareness training as part of induction, with refreshers annually
- First aid training includes understanding emotional trauma response and supporting distressed individuals

Anaphylaxis Guidance

- Pupils with known severe allergies must have Individual Healthcare Plans (IHPs)
- Trained staff administer auto-injectors in emergencies with support and minimal distress to pupils
- Emergency medication accompanies pupils during site and off-site activities

- Off-site trips always include a trained member of staff carrying auto-injector and care plan
- Staff are trained face-to-face in administering adrenaline and recognise allergy triggers and symptoms
- All staff have general allergy awareness, updated every 3 years or on induction

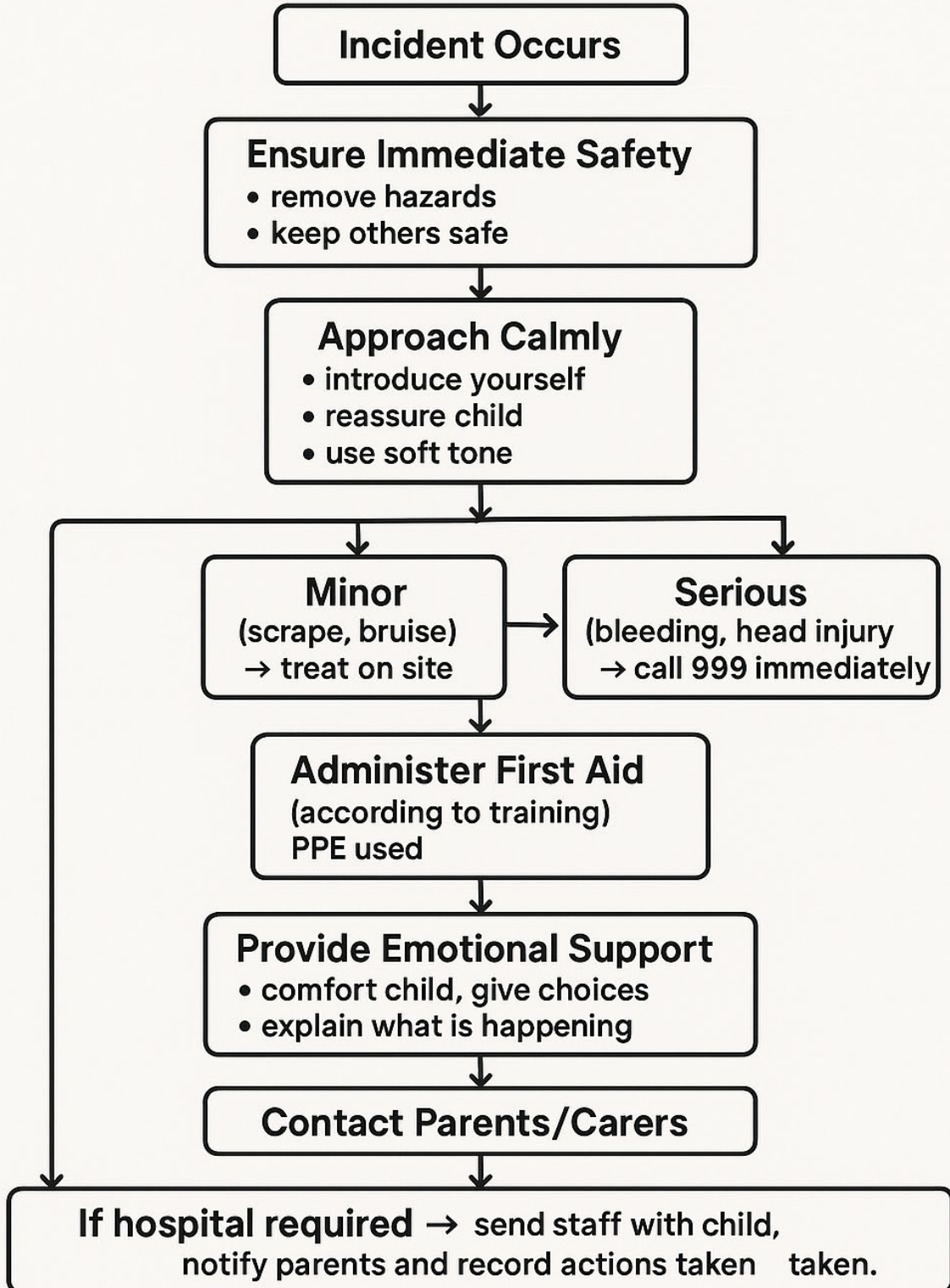
Trauma-Informed Considerations

- Care is delivered with empathy, ensuring procedures are explained and the child's emotional needs are considered
- Staff avoid sudden or invasive actions and offer reassurance before physical care
- Behaviour that may result from trauma or distress is managed with sensitivity, aiming for emotional comfort first
- All interactions aim to restore psychological safety, especially for children with SEND or previous adverse experiences

Monitoring & Review

- The Provision Manager monitors first aid usage and training effectiveness
- The policy is reviewed annually or sooner if there is a legislative update or incident requiring policy refinement

FIRST AID RESPONSE FLOWCHART



1 IMMEDIATE ACTIONS

Stay Calm & Safe: Remove hazards, ensure the area is secure.
Reassure the Child: Speak softly, explain what's happening, allow choices where possible.
Call for a First Aider (or emergency services if life-threatening).

2 INJURY ASSESSMENT

Minor Injuries: Treat on-site using PPE.
Serious Injuries:
Heavy bleeding, head injuries, unconsciousness, breathing difficulty → call 999 immediately.
Keep child still, warm, and reassured until help arrives.

3 TRAUMA-INFORMED APPROACH

Use calm tone and safe body language.
Avoid sudden movements or unnecessary restraint.
Offer comfort (blanket, toy, supportive adult present).
Explain every step (“I’m just cleaning your cut, it might sting a little”).
Check emotional wellbeing after incident – offer quiet space or further support.

4 CONTACT & COMMUNICATION

Parents/Carers: Inform promptly with clear, supportive explanation.
Emergency Services: If attending, staff member stays with child until parent arrives.

5 RECORDING & REPORTING

Complete accident form same day (file with pupil record).
Safeguarding concern or serious injury: Inform Designated Safeguarding Lead immediately.
RIDDOR report if required (serious injuries, hospitalisation).

6 FIRST AID KIT LOCATIONS

office, classrooms, kitchen area, and staff vehicles
Each kit includes PPE, cold compresses, bandages, and a comfort pack (blanket, stress toy).

7 TRAINING REQUIREMENT

All staff: Basic first aid awareness & trauma-informed response refresher every 3 years.
Designated first aiders: Valid, up-to-date qualification (paediatric where required).

✓ Remember:

**First aid is about physical care + emotional safety.
Stay with the child, keep them calm, and record everything.**

Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication & latex.

Recognise the **ABC symptoms** and act quickly - you could save a life.

WHAT TO LOOK FOR

- A Airway**
- Persistent cough
 - Vocal changes (hoarse voice)
 - Difficulty swallowing
 - Swelling in throat, tongue or upper airway
- B Breathing**
- Difficult or noisy breathing
 - Wheezing
- C Consciousness/Circulation**
- Feeling lightheaded or faint
 - Clammy skin
 - Confusion, sudden sleepiness
 - Unresponsive/ unconscious (due to a drop in blood pressure)

These severe symptoms may occur alongside milder stomach or skin symptoms.

Anaphylaxis may occur without any skin symptoms.

WHAT TO DO

1. Lay the person flat and raise their legs - do **NOT** allow them to stand or walk anywhere.
 - A. If unconscious, place them in the recovery position
 - B. If breathing is difficult, allow them to sit up
2. Administer an adrenaline auto-injector without delay (refer to device label for instructions)
3. Phone 999 and tell them the person is suffering from anaphylaxis (anna-fill-ax-is)
4. If there is no improvement of symptoms after 5 minutes, a second dose of adrenaline can be given

Medical observation in hospital is recommended after anaphylaxis



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