Redbourn Park

First Aid Policy

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Related policies

Child Protection and Safeguarding Policy
Children with Health Needs Who Cannot Attend School Policy
Use of Restrictive Interventions Policy

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1. Aims

Safety, Empathy and Ambition guide our first-aid response: care is prompt, calm and person-centred, communication is accessible, and support protects each person's dignity and continued learning.
The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and those carrying out governance functions are aware of their responsibilities regarding 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 (DfE) 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 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
- The 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

3. Roles and responsibilities

3.1 Appointed person(s) and first aiders

Appointed persons coordinate local arrangements, equipment and emergency calls. Qualified first aiders provide immediate clinical first aid within their training and current guidance. Together they are responsible for:

- Taking charge when someone is injured or becomes ill
- Making sure there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Making sure that an ambulance or other professional medical help is summoned when appropriate

Qualified first aiders hold current, needs-appropriate certification (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
- Recommending that a pupil is collected to recover at home, where necessary; the Headteacher authorises and coordinates collection
- Recording the incident on SmartLog on the same day or as soon as is reasonably practicable
- Keeping their contact details up to date

Current first-aider details are maintained in the controlled first-aider register and displayed prominently at each site.

3.2 The Headteacher

The Headteacher is responsible for implementation at Grovehill and Gaddesden, including:

- Maintaining needs-assessed first aid cover whenever pupils, staff or visitors are on site and for school-led off-site activities
- Making sure that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Making sure all staff are aware of first aid procedures
- Ensuring first aid and medical risk assessments are completed and appropriate measures are put in place
- Reviewing those assessments after significant incidents and when staffing, activities, pupils or premises change
- Maintaining a suitable, accessible and risk-assessed medical space, first aid points, emergency medicines and AED arrangements at each site
- Reporting specified incidents to the HSE when necessary (see section 6)

3.3 Staff

All staff must summon appropriate help, follow the direction of trained first aiders and emergency services, and are responsible for:

- Making sure they follow first aid procedures
- Making sure they know who the first aiders in school are
- Recording on SmartLog any incident they attend where a first aider is not called
- Informing the Headteacher of any specific health conditions or first aid needs, and informing the designated safeguarding lead (DSL) or a deputy designated safeguarding lead (DDSL) immediately where an incident may involve safeguarding

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
- In an emergency, lack of prior consent will never delay lifesaving or immediately necessary first aid. Staff will act in the person's best interests, within their competence, call professional help and follow any known individual healthcare plan.
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider recommends that a pupil should leave school, the Headteacher will authorise and coordinate collection. On the parents/carers' arrival, the first aider will recommend next steps
- If emergency services are called, the Headteacher will contact parents/carers immediately
- The first aider will record the clinical first aid or accident on SmartLog on the same day or as soon as reasonably practicable. Where safeguarding is involved, a DDSL will ensure a proportionate CPOMS record under the ownership of the designated safeguarding lead (DSL)

4.2 Off-site procedures

When taking pupils off the school premises, staff will make sure that they always have the following:

- A school 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/carers' 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 teacher prior to any educational visit that necessitates taking pupils off school premises.

The procedure in 4.1 will be followed as closely as possible for any off-site accidents (though whether the parents/carers can collect their child will depend on the location and duration of the trip).

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

4.3 Location of first aid facilities

First aid facilities across school sites include:

- Grovehill: the exact risk-assessed medical space, first aid points, emergency medicines and AED location are maintained and displayed by the Headteacher.
- Gaddesden: the exact risk-assessed medical space, first aid points, emergency medicines and AED location are maintained and displayed by the Headteacher.

The Headteacher will verify at least termly, and after any premises change, that the medical space and first aid points remain suitable, accessible, hygienic, appropriately equipped and available without delay.

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:

- Risk-assessed first aid points identified on the live schedule maintained by the Headteacher
- Accessible grab kits for off-site activities, where the risk assessment requires them
- Any other needs-assessed location recorded in the live site schedule

See section 4.2 for first aid equipment off the school site.

5.1 Medication and labelling policy

To ensure pupil safety and prevent administration errors, the school adheres to strict labelling standards:

- Individually supplied medicines must normally be in the original pharmacy container with the dispensing label intact. This requirement does not apply to lawfully held school spare adrenaline auto-injectors or emergency salbutamol inhalers, which must be stored, checked and used under current statutory guidance and school procedures.
- The dispensing label must clearly display:
  - Pupil's full legal name.
  - Prescribing doctor/pharmacy details and dispensing date.
  - Exact dosage, route, and timing of administration.
  - Expiry date and specific storage instructions (e.g., "refrigerate").
- Where practicable, two trained staff members will check routine medication against the label, IHCP and authorisation. If delay would create an emergency risk, one appropriately trained member of staff may administer emergency medication immediately and record the reason; a second-person check must never delay lifesaving treatment.
- Staff and parents are strictly prohibited from writing over, defacing, or altering dispensing labels.
- Routine medicines are stored securely in accordance with their label and IHCP. Emergency medicines, including inhalers and adrenaline auto-injectors, must be immediately accessible to authorised staff and pupils as agreed; they must not be locked away where access could be delayed.

5.2 Defibrillators (AEDs) and inspection tagging

- The Headteacher will maintain and display the exact AED location, access route and availability for each site, ensure staff can retrieve it without delay and include it in induction and emergency drills.
- All stationary and mobile trip kits feature an attached physical inspection tag. The Headteacher or a designated first aider signs and dates the tag during weekly checks of stock, seals, batteries, pads and expiry dates, and records any corrective action.

5.3 Biohazard and bodily fluid disposal

To prevent cross-contamination and control infection:

- Disposable gloves must be worn whenever handling blood or bodily fluids.
- Bodily fluid spills (blood, vomit, urine, faeces) must be absorbed immediately using disposable paper towels and treated with an approved disinfectant solution. Standard mops must never be used on blood or bodily fluid spills.
- If bodily fluids enter the eyes, mouth, or open wounds, irrigate immediately with copious amounts of saline or cold water and seek medical advice

6. Record-keeping and reporting

6.1 First aid and accident record book

- An accident record will be completed on SmartLog by the first aider on the same day or as soon as reasonably practicable after an incident resulting in an injury
- The SmartLog record will include the circumstances, assessment, treatment, outcome, notifications and any follow-up required
- For accidents involving pupils, parents/carers will receive a timely, proportionate summary of the incident, treatment and recommended next steps. The full internal record will be shared only where lawful and appropriate.

- First aid, medication and accident records will be retained and securely disposed of in accordance with the school's approved retention schedule, taking account of the record type, the age of the person and any safeguarding, insurance, litigation or statutory requirement

6.2 Reporting to the HSE

The Head of Operations will keep a record of any accident that results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Head of Operations will notify the HSE without delay of fatal accidents, specified injuries and dangerous occurrences that are reportable under RIDDOR, and will submit the required report within the applicable statutory timescale. Other reportable incidents, including over-seven-day injuries, will be reported within the timescale specified by current HSE guidance.

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 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
- 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 Head of Operations 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 where 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

7. Training

- Training and cover will be determined by the first aid needs assessment. The school will maintain enough appropriately trained staff for both sites, absence cover and off-site activities, with role-specific emergency training where pupils' health plans require it.
- All first aiders must have completed needs-appropriate training and hold a valid certificate of competence. The school will maintain a controlled register of trained first aiders, their site or role, training completed and certificate expiry date.
- 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 monitored by the Head of Operations and the Headteacher and reviewed annually by the proprietor/chair.
- At every review, the policy will be approved by the proprietor/chair.
- First aid provision and the needs assessment will be reviewed by the Head of Operations and the Headteacher at least annually, after significant incidents and when staffing, pupils, activities or premises change.

9. Links with other policies

This first aid policy is linked to the:

- Health and Safety Policy
- Children with Health Needs Policy
- Use of Restrictive Interventions Policy

Appendix 1: controlled first-aider register

The current first-aider register is maintained electronically and a site-appropriate contact list is displayed at Grovehill and Gaddesden. The controlled register records role, site, qualification, certificate expiry and any restrictions.

Appendix 2: SmartLog accident-record route

Log the incident on SmartLog. Give parents/carers a timely, proportionate summary in line with section 6.1; contact them immediately where emergency action or prompt collection is required.

Appendix 3: controlled first-aid training register

The current first-aid training register is maintained electronically and records the trained person, course, provider, competence or restrictions, issue date, expiry date and refresher due date.

Appendix 4: Allergic Reactions and Anaphylaxis Protocol

Mild to Moderate Allergic Reactions

- Symptoms: Rash, skin flushing, hives, swelling, itching, or abdominal pain.
- Action:
    1. Follow the pupil's Individual Health Care Plan (IHCP).
    2. Administer the prescribed dose of antihistamine (checking the pharmacy label for correct pupil name, dose, and expiry date).
    3. Record the dose, time, and date on SmartLog and notify parents/carers.
    4. Monitor the pupil continuously in accordance with their IHCP, seek clinical advice where needed and administer adrenaline immediately if any sign of anaphylaxis develops.

Severe Allergic Reaction (Anaphylaxis)

- Symptoms: Swelling of the tongue/throat, difficulty breathing or swallowing, wheezing, dizziness, confusion, or collapse.
- Action:
    1. Administer the pupil's own prescribed AAI immediately, or the school's spare AAI where its legal authorisation and consent criteria are met. Do not delay while calling for help.
    2. Call 999 immediately, state "anaphylaxis", give the site location clearly and send someone to meet the ambulance.
    3. Note the exact time of injection. If symptoms do not improve after 5 minutes, administer a second AAI in the opposite thigh.
    4. Keep the pupil lying flat with legs raised, or allow them to sit if breathing is difficult; do not let them stand or walk. Stay with them, begin CPR if there are no signs of life, contact parents/carers and hand the used device and timing information to paramedics.

Appendix 5: Asthma Management

General Rules

- Reliever Inhalers: Pupils with asthma must have immediate access to their prescribed blue reliever inhaler at all times. Inhalers must be clearly labelled with the pupil's name and kept in date.
- Spare and emergency inhalers: pupils' named reliever inhalers must remain immediately accessible and accompany them off site. A school emergency salbutamol inhaler may be used only for a pupil diagnosed with asthma or prescribed reliever medication and with the required written consent.

Recognising an Asthma Attack

- Inability to talk or complete sentences.

- Wheezing, persistent coughing, or chest tightness.
- Rapid, shallow breathing and distress/anxiety.

Step-by-Step Action Plan

1. Help the pupil sit upright and remain calm; do not leave them unattended.
2. Use the pupil's own reliever inhaler, or the authorised emergency inhaler if the pupil's is unavailable, and immediately help the pupil take 2 separate puffs of salbutamol through a spacer.
3. If there is no immediate improvement, give 2 puffs at a time every 2 minutes through the spacer, shaking the inhaler between puffs, up to a total of 10 puffs or until symptoms improve.
4. Call 999 for an ambulance immediately if:
    - Symptoms do not improve, or you are worried at any time before 10 puffs have been given.
    - The pupil is distressed, unable to speak, or turning pale/blue.
    - You are in any doubt.
5. If the ambulance has not arrived within 10 minutes, repeat the inhaler doses as above.
6. Record details on SmartLog and inform parents/carers.

Appendix 6: Seizure Management

Symptoms of a Seizure

- Sudden collapse, rigid muscle spasms, twitching of limbs, noisy breathing, confusion, or loss of consciousness.

Action to be Taken

1. Protect from Injury: Guide the pupil gently to the floor away from hard objects or hazards. Cushion their head.
2. Do Not Restrain: Never attempt to stop the movements or force anything into the pupil's mouth.
3. Maintain Dignity: Move other pupils away and keep the area quiet.
4. Time the Seizure: Note the exact start time and duration of the seizure.
5. Recovery Position: Once jerking stops, place the pupil into the recovery position to keep their airway clear.
6. Call 999 Immediately if:
    - It is the pupil's first known seizure.
    - The seizure lasts longer than 5 minutes, longer than stated in the pupil's IHCP, or is otherwise different from the pupil's usual seizure pattern.
    - Another seizure begins without the pupil recovering between seizures.
    - The pupil has breathing difficulty, is seriously injured, the seizure occurs in water, or the pupil does not recover as expected.
7. Inform parents/carers, offer reassurance, and log the event on SmartLog.

Appendix 7: Head injury, poisoning and self-harm response

Immediate and safeguarding response

If a pupil has a head injury, suspected poisoning or overdose, or has self-harmed, staff must assess immediate danger and call for a trained first aider without delay. Emergency care takes priority over investigation.

1. Emergency assessment: Call 999 immediately for loss of consciousness, breathing difficulty, seizure, severe bleeding, suspected serious head or spinal injury, rapidly worsening symptoms, or any life-threatening presentation. Do not move the pupil unless necessary for immediate safety.
2. Head injury and concussion: Monitor continuously; do not allow the pupil to return to sport or strenuous activity. Seek urgent clinical advice for vomiting, worsening headache, confusion, unusual behaviour, balance or vision changes, increasing drowsiness, memory loss or any other red flag. Inform parents/carers and provide written safety-net advice.
3. Poisoning or overdose: Call 999 where symptoms are severe or life-threatening; otherwise obtain urgent advice from NHS 111 or another appropriate clinical service. Do not induce vomiting or give

food or drink unless instructed. Preserve the substance, packaging and available information for clinicians.

4. Self-harm: Treat injuries within competence, use calm and non-judgmental communication, maintain supervision and protect the pupil from further immediate harm. Do not search for motives or require repeated disclosure during first aid.
5. Safeguarding: Inform the DSL immediately, or a DDSL if the DSL is not available. If the DSL is unavailable and risk is immediate, contact emergency services or children's social care without delay.
6. Recording: Record clinical first aid, medication and accident information on SmartLog. Record on CPOMS only where safeguarding is involved, under the ownership and direction of the DSL, avoiding unnecessary duplication of sensitive clinical detail.
7. Handover: Provide a secure, timely handover to parents/carers or emergency services. Safeguarding direction comes from the DSL; clinical decisions remain with first aiders and health professionals.