First Aid Policy 26/27

The school is committed to reviewing this policy regularly to ensure it remains compliant with current legislation, statutory guidance, and best practice.

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This policy explains how the school provides first aid, responds to illness and injury, manages medicines and records incidents. It applies to pupils, staff, visitors and school activities on and off the premises.

1 Purpose and principles

The school will provide prompt, appropriate assistance and suitable first aid cover throughout its activities. Pupils with medical needs will be supported to take part safely, with reasonable adjustments where required. Emergency treatment must not be delayed while staff seek parental permission, locate a manager or complete paperwork.

2 Legal and guidance framework

The Trust, as employer and academy proprietor, retains responsibility for adequate arrangements. The Health and Safety (First-Aid) Regulations 1981 address employees; the school also plans for pupils and visitors through its wider duties of care and health and safety responsibilities.

This policy takes account of the Health and Safety at Work etc. Act 1974; Management of Health and Safety at Work Regulations 1999; Children and Families Act 2014, section 100; Equality Act 2010; Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR); Human Medicines Regulations 2012 as amended; UK GDPR and Data Protection Act 2018; and applicable school premises requirements. The new allergy policy duties introduced by section 34 of the Children's Wellbeing and Schools Act 2026 are addressed through the school's dedicated Allergy Safety Policy.

3 Responsibilities

- The Trust and governing body oversee implementation, sufficient resources, insurance and assurance, within the scheme of delegation.
- The Headteacher approves the first aid needs assessment, secures sufficient cover, appoints responsible staff and ensures that emergency arrangements are communicated and tested.

- The School Business Manager maintains training and incident oversight, supports reporting to the Trust and obtains competent health and safety advice on RIDDOR decisions.
- The Inclusion Manager coordinates pupil medical information, consent forms, healthcare plans and the briefing of staff who support those pupils.
- The Site Manager checks first aid supplies and minibus kits, and arranges equipment maintenance with the designated equipment lead. Checks and remedial action are recorded.
- First aiders assess and assist within their competence, summon help, make records and communicate relevant information. All staff obtain help promptly and report hazards, incidents and near misses.
- Parents and carers provide current medical information, labelled medicines and updated clinical instructions. Staff work with families to resolve missing information without creating avoidable barriers to attendance.

4 Assessment and first aid cover

The Headteacher will oversee a documented needs assessment, held with the school risk assessments on the staff shared OneDrive. It will be reviewed at least annually and after changes to pupil needs, staffing, premises, activities or significant incidents.

The assessment will consider pupil age and needs, staff numbers, previous incidents, the site layout, practical lessons, personal care, physical activity, offsite provision, transport, lone working and access to emergency services. It will identify equipment, facilities, qualifications and cover for breaks, absence and visits. There is no universal statutory school first aider ratio.

The school will maintain a current list of first aiders and certificate expiry dates. Its main first aiders will complete a three-day First Aid at Work course; additional training will reflect the assessment and pupil needs. Certificates must remain current, with requalification before expiry. Annual refresher training is strongly recommended by HSE. An appointed person who coordinates arrangements does not replace a trained first aider where the assessment requires one.

5 Equipment and facilities

First aid kits are provided at Reception, KS3, the staff room, Food Studies and Science, and on school minibuses. The defibrillator is in the school office. The operational register in Appendix 1 must be checked against the current site arrangements and kept up to date.

Kits must be clearly marked, accessible, suitable for the assessed risks and separate from medicines. The Site Manager will check them monthly and after use, replacing missing, damaged or expired items. Portable kits will accompany visits and offsite activities. Disposable gloves and suitable protective equipment will be available.

A suitable area will be available for treatment and short-term supervised care of unwell pupils, with appropriate washing facilities and access to a toilet. The Headteacher will confirm that the premises meet the requirements applicable to the academy. Pupils must not be left unattended where their condition requires supervision.

The defibrillator lead will record checks of readiness, battery and pad expiry, accessibility and manufacturer maintenance requirements. Staff will know its location. In a suspected cardiac arrest, call 999, start CPR in accordance with training and dispatcher instructions, and send another person for the defibrillator. Follow its prompts; training is helpful but absence of training must not prevent use.

6 Responding to injury or illness

- Make the area safe, call a first aider and stay with the casualty. Do not move them unnecessarily where a serious injury is suspected.

- Call 999 immediately for a life-threatening emergency, severe breathing difficulty, suspected anaphylaxis, collapse, uncontrolled bleeding or other serious concern. Anyone may call; managerial approval is not needed.
- Give the dispatcher the school address, exact location, access instructions and symptoms. Arrange for someone to meet the ambulance and maintain supervision of other pupils.
- Provide assistance within competence, follow the individual emergency plan and emergency service instructions, and monitor the casualty until handover.

Parents or carers will be contacted promptly, without delaying emergency treatment. If a pupil goes to hospital, a suitable staff member will accompany them where necessary and practicable and remain until a safe handover is arranged. Relevant healthcare information, medication details and treatment records will be shared with clinicians. Serious cases require ambulance transport; staff should not substitute their own car for emergency care.

Where an injury is not an emergency but medical assessment is advised, contact parents to arrange collection and explain the advice. Keep the pupil supervised. If parents cannot be reached, seek NHS 111 or emergency service advice according to the clinical urgency. Record unsuccessful contact attempts and action taken.

7 Head injuries

A first aider will assess every reported head injury and monitor the pupil. Call 999 for serious symptoms such as loss of consciousness, a seizure, marked confusion or suspected serious injury. Seek appropriate medical advice for persistent symptoms or uncertainty. Follow current training and clinical advice; a pupil who appears well initially may deteriorate.

Notify parents promptly of any head injury, explain the circumstances and provide written advice about symptoms requiring urgent help. Record the assessment, observations, advice and handover. Suspected concussion requires medical advice before return to contact sport or activities that risk another head injury.

8 Records and reporting

Record every first aid attendance, accident and relevant near miss, including minor injuries, in the school's approved record. Record date, time, location, person affected, what happened, injury or symptoms, assessment, treatment, medicines, staff involved, witnesses and parent contact. Records must be factual, dated and attributable.

Parents will be informed of pupil accidents and first aid treatment on the same day; telephone them promptly for head injuries, significant illness or injury, emergency medication or hospital referral. Report serious incidents immediately to the Headteacher and School Business Manager. Leaders will review causes and corrective action.

A hospital visit does not automatically make an incident reportable under RIDDOR. For pupils and visitors, an injury generally qualifies when it arises out of or in connection with work and the person is taken directly from the accident scene to hospital for treatment; diagnostic tests alone do not count. Deaths, specified worker injuries, over-seven-day worker incapacity, certain diseases and dangerous occurrences have separate rules. The School Business Manager will refer potential cases to the Trust's responsible person and competent adviser, who will ensure reporting within the relevant deadline. Ordinary illness alone is not an accident report.

First aid and medical records are confidential. Restrict access, store them securely and retain them under the Trust retention schedule. RIDDOR records must be kept for at least three years; other records may require longer retention. Share relevant information when necessary for care, safety or safeguarding.

9 Medical needs and healthcare plans

The Inclusion Manager will identify pupils needing medical support through admission information, family updates and liaison with relevant clinicians. Individual healthcare plans will be developed where required, with the pupil, parents and health professionals, and reviewed at least annually or sooner after changes or incidents.

Plans will specify symptoms, triggers, treatment instructions, emergency action, medicines and storage, responsible staff, required training, contact details and arrangements for visits. Relevant staff will receive a confidential briefing before supporting the pupil. Diagnosis and treatment instructions must come from healthcare professionals, not staff assumptions.

Staff asked to undertake medical support must be trained and competent. Teachers are not generally required to administer medicines, but the school remains responsible for arranging support and suitable cover. A first aid certificate alone does not establish competence for a specialist medical procedure. Pupils will be supported to manage their own treatment where agreed and safe; this will be recorded in the plan.

10 Medicines and consent

Routine administration to pupils under 16 requires written parental consent, subject to the exceptions in statutory guidance. Obtain the pupil's agreement where appropriate. Medicines will only be administered by authorised staff following clear instructions; staff must not change a prescribed dose. Never give aspirin to a pupil under 16 unless prescribed.

Medicines should arrive in original pharmacy-labelled packaging, with the pupil's name, dose, expiry and instructions. Insulin may be supplied in the appropriate pen or pump. The Inclusion Manager or Senior Admin lead receives medicines and records receipt. Clarify discrepancies before routine administration, and record each dose, time and staff signature, together with refusals, omissions or errors and follow-up.

Routine medicines are secured in the reception medication cabinet, or in suitable temperature-controlled storage where required. Controlled drugs require secure storage and an accurate stock record. Emergency medicines, including inhalers and adrenaline devices, must remain immediately accessible and must not be locked away. Store safely in accordance with manufacturer instructions. Return unused or expired medicines to parents for safe disposal.

If a pupil refuses medicine, do not force administration; follow the healthcare plan, notify parents and seek advice if needed. For a medication error or suspected adverse reaction, assess urgently, obtain clinical advice or call 999, inform parents and senior leaders, and record the incident.

11 Allergies and anaphylaxis

The school will maintain and publish a dedicated Allergy Safety Policy and keep it under review. This section provides the first aid response and does not replace that policy. The Headteacher will identify a senior allergy lead and arrange annual staff awareness training, induction briefings and practical emergency response training.

Pupils needing allergy support will have an individual healthcare plan and action plan. The allergy lead will check the school's arrangements for prescribed devices and paired spare adrenaline auto-injectors, their dose, expiry, accessibility and replacement. Spare devices support emergency treatment and do not replace pupils' prescribed medicines. Current 2026 guidance allows life-saving emergency use without prior consent; treatment must not be delayed to check consent. Emergency salbutamol has different consent rules, set out below.

Suspected anaphylaxis requires immediate adrenaline using the appropriate device and instructions, followed by a 999-call stating “anaphylaxis”. Bring medication to the casualty. Lay them flat with legs raised; if breathing is difficult, allow a supported position with shoulders raised. Do not let them stand or walk. If symptoms have not improved after five minutes, use a second auto-injector. Follow dispatcher advice and start CPR if necessary. Hospital assessment is required even if symptoms improve. Record device, dose, time and response and give used devices safely to clinicians.

Catering and activity staff must receive the information needed to avoid known allergens and cross-contact. Check ingredients when products or recipes change, including food used in lessons, rewards and trips. PPDS food must display the food name and full ingredients, with any regulated allergens emphasised. Non-prepacked food also requires appropriate allergen information. The 14 categories are cereals containing gluten, crustaceans, eggs, fish, peanuts, soybeans, milk, nuts, celery, mustard, sesame, sulphur dioxide and sulphites above the legal threshold, lupin and Molluscs. These categories do not cover every possible allergy. Detailed controls belong in the Allergy Safety Policy.

12 Asthma

Pupils’ reliever inhalers and spacers must be accessible and clearly identified, with self-carry arrangements agreed individually. Check that spare school salbutamol inhalers are present, usable and in date. An emergency school inhaler is only for an eligible pupil with prescribed reliever treatment and written consent, in line with DHSC guidance; it is not a general treatment for unexplained breathlessness.

During an attack, keep the pupil sitting upright, reassure them and help them follow their asthma action plan. For a blue reliever, NHS advice is one puff every 30 to 60 seconds, up to ten puffs, using a spacer where available. AIR or MART inhalers use different instructions; follow the pupil’s plan. Call 999 if symptoms worsen at any time, there is no improvement after the maximum reliever dose, or no inhaler is available. Severe breathing difficulty, inability to speak or reduced consciousness requires immediate emergency help. Do not wait five to ten minutes before calling in a severe attack. Follow dispatcher advice and inform parents.

13 Epilepsy and seizures

Follow the pupil’s seizure plan. Time the seizure, remove nearby hazards, cushion the head and loosen tight clothing around the neck. Do not restrain the pupil, move them unless they are in danger or place anything in their mouth. Once convulsions stop, check breathing and place them in the recovery position if breathing normally. Stay with them and monitor recovery; do not give food or drink until fully recovered.
Call 999 for a first seizure, a seizure lasting longer than usual or more than five minutes where the usual duration is unknown, repeated seizures without recovery, serious injury or breathing difficulty afterwards. The individual plan may require earlier action. Rescue medicine must only be given by staff trained and authorised for that pupil’s treatment. Record the duration, observations, treatment and recovery and notify parents.

14 Hygiene and infection control

Staff will use hand hygiene and suitable disposable protective equipment when dealing with blood, vomit or other body fluids. Secure the affected area and ask the Site Manager or cleaning team to arrange safe cleaning using appropriate products and disposal procedures. Needlestick or blood exposure incidents require immediate first aid, urgent clinical advice and reporting.
For suspected infectious vomiting or diarrhoea, arrange safe collection and exclude until at least 48 hours after the last episode, following current UKHSA advice. Known non-infectious causes require individual assessment and clinical advice rather than an automatic exclusion. Seek health protection advice where required, particularly for linked cases or outbreaks.

15 Visits and school transport

The visit leader will check first aid cover, relevant healthcare plans, portable supplies, communication, emergency contacts and access to medicines before departure. Brief staff and providers on agreed responsibilities. Check minibus first aid kits before use. Prescribed emergency medicines must accompany the pupil and remain accessible; taking spare school devices offsite must not leave inadequate onsite provision.

Risk assessment will support safe inclusion in visits and activities. Do not routinely require parents to attend as a condition of participation because a pupil has medical needs. Agree contingency arrangements where staffing, equipment or medication is unavailable and escalate to the Headteacher before the activity proceeds.

16 Safeguarding and dignity

Provide care sensitively, explain what is happening and respect privacy. Use a second adult where appropriate to the care required and safeguarding arrangements, without delaying urgent treatment. Report unexplained injuries, concerning patterns, neglect of medical needs or disclosures to the DSL or deputy promptly and record them under the safeguarding procedure.
Concerns or allegations about an adult must follow the school's staff allegation and low-level concern procedures. Refer allegations meeting the harm threshold to the Headteacher; concerns about the Headteacher go to the chair or appropriate Trust case manager under the safeguarding policy. Do not investigate a disclosure yourself or promise confidentiality.

17 Monitoring and review

The Headteacher will review this policy annually and sooner after serious incidents, near misses, new clinical advice, changes to provision or new law and guidance. Leaders will check cover, training, kit readiness, record quality and healthcare plan reviews, and report significant concerns through Trust governance. Complaints about medical support follow the school complaints procedure.

Appendix 1 Operational arrangements register

The Headteacher must complete and verify this register before approval, and ensure that current information is available to staff. Equipment locations below are retained from the existing policy and require a site check.

Trained first aiders	Allison Mockridge Expires 04.12.28- Ext 205, Gillian Hickford expires 04.12.28- Radio communication, Jade Howard expires 04.12.28- Radio/ Ext 203 Ewan Martin Expires Aug 2027 Ext 218.
First aid kit locations	Reception; KS3; staff room; Food Studies; Science; school minibuses.
Defibrillator	School office
Emergency medicines	Reception: spare adrenaline devices, salbutamol and spacers
Allergy safety lead	Senior leader name and contact: Colette Heavey
Kit and medicine checks	Site Team
Emergency access	Main Gates, Arbour Academy, 640 Eccles New Road, Salford, M5 5AG.