FIRST AID POLICY

KING EDWARD VI
ASTON SCHOOL

Educational excellence for our City

Policy Officer	**Martina Voisey**
Date Adopted	**September 2026**
Last Reviewed	**June 2026**
Reviewed by	**Martina Voisey**
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Contents

1 Statement of intent

1.1 King Edward Academy Trust ("the Trust") has overall responsibility for the provision of first aid to the headteacher, teachers, non-teaching staff, pupils, and visitors (including contractors). The Trust understands that decisions about first aid are of paramount importance and will endeavour to ensure that any first aid incidents are dealt with appropriately and in accordance with this policy.

1.2 Together, we are committed to achieving the following objectives:

1.2.1 To provide an accessible first aid policy.

1.2.2 To ensure all first aid policies and procedures are based on an up-to-date risk assessment.

1.2.3 To ensure all first aid equipment and facilities are suitable for purpose.

2 Responsibilities for health and safety

2.1 Overall and final responsibility for health and safety

The board of trustees, chair of trustees and headteacher carry the key responsibilities for assessing, recording, and implementing the correct first aid procedures. They will do this by:

- Leading by example on all matters relating to first aid.
- Promoting and following this first aid policy.
- Dedicating budget to the academies' first aid provision (including appropriate training.
- Communicating effectively with parents, staff and pupils.
- Monitoring and reviewing first aid procedures and practice.

2.2 Responsibility for ensuring this policy is put into practice

The board of trustees, chair of trustees and headteacher have assigned health and safety responsibilities as follows:

2.2.1 Health and safety director/manager/health and safety representative of the board of trustees

(a) The health and safety representative will report back on first aid issues in health and safety committee meetings which, in turn, report back to the trust board.

(b) They will take the lead in carrying out the required first aid risk assessment and periodic review of the first aid policy. They will seek support and professional advice from external advisers, as necessary.

2.2.2 Senior leadership team and headteachers have the following responsibilities:

- Leading by example.
- Ensuring that all new employees are given the appropriate first aid induction training, relating to both whole-school and any specific provision relating to their role in the school.
- Ensuring that any school activity, either on- or off-site, is risk assessed and consideration has been given to first aid in terms of the wider school policy.
- Keeping up to date with any changes to arrangements surrounding activities and the implications of these on first aid.
- Ensuring that all the relevant checks are done on relevant equipment.
- Ensuring the competency of contractors that come into the school.
- Ensuring that all staff and pupils are aware of their first aid responsibilities, including what to do in case of a fire, emergency, or medical emergency, and that all those taking part in any given activity are given proper training.
- Managing their particular budgets to cover first aid maintenance, checks and provision for activities under their department.

2.2.3 All other members of staff have the following responsibilities:

- Ensuring that they are familiar and up to date with the school's first policy and standard procedures.
- Keeping their managers informed of any developments or changes that may impact on the first aid of those undertaking any activity, or any incidents that have already occurred.
- Ensuring that all the correct provisions are assessed and in place before the start of any activity.
- Making sure that the pupils taking part in the activity are sure of their own first aid responsibilities.
- Cooperating fully with the senior leadership team to enable them to fulfil their legal obligations. Examples of this would be ensuring that items provided for first aid purposes are never abused and that equipment is only used in line with manufacturers' guidance.
- Cooperating in the implementation of the requirements of all relevant legislation, related codes of practice, and safety procedures/instructions.

2.2.4 Pupils

While school staff carry the main responsibility for the first aid provision and the correct implementation of school policy and procedure, it is vital that pupils understand their role and responsibilities when it comes to the whole-school and themselves, in order for staff to be able to carry out their roles effectively. As members of the school community, and allowing for their age and aptitude, pupils are expected to:

- Take personal responsibility for themselves and others.
- Observe all the first aid rules of the school and, in particular, the instructions of staff given in an emergency.
- Use and not wilfully misuse, neglect or interfere with things provided for their first aid.
- Behave sensibly around the school site and when using any equipment.
- Report first aid concerns or incidents to a member of staff immediately.
- Act in line with the school code of conduct/school behaviour policy.

2.2.5 Contractors

All Contractors working on Trust premises or elsewhere on their behalf are required to comply with relevant rules and regulations governing their work activities. Contractors are legally responsible for ensuring their own safety on Trust premises or elsewhere on the Trust's behalf, the safety of their workforce, and for ensuring that their work does not endanger the safety or health of others. Contractors will be required to demonstrate their competence and adequate resources to carry out specific hazardous work, prior to their engagement.

3 Arrangements for health and safety

3.1 Risk assessment

3.1.1 An appropriate and effective risk assessment needs to be undertaken to assess what procedures need to be in place. The Trust will take steps to ensure that a risk assessment is carried out by a competent person or persons, and that the risks are recorded and communicated.

3.1.2 Risk assessments are stored in the Staff SharePoint – key information and will be reviewed:

- At regular intervals.
- After serious accidents, incidents and/or near misses.
- After any significant changes to workplace, working practices or staffing.

- Following any identified trends or accident statistics.

3.1.3 Risk assessments will be based on the size and location of the school, any specific hazards or risks on site, specific needs, and accident statistics.

3.1.4 Specific needs include hazardous substances, dangerous machinery, and staff or pupils with special health needs or disabilities.

3.1.5 Temporary hazards, such as building or maintenance work, should also be considered, and suitable short-term measures put in place.

3.2 First aiders

3.2.1 The risk assessment will determine the minimum number of trained first aiders required and the trustees or headteacher will monitor this to ensure that these standards are being met.

3.2.2 First aiders will be recruited on a voluntary basis. The Trust will seek to advertise the position of first aiders to members of staff.

3.2.3 The Trust will ensure that all voluntary first aiders have undertaken the appropriate training with an organisation approved by the HSE and have the necessary qualifications (i.e. First Aid at Work certificate or PFA). If required, training will also include resuscitation procedures for children. First aiders will also be required to have an understanding of the reporting requirements set out in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and in the guidance for notifiable diseases in the Public Health (Control of Disease) Act 1984 and the Health Protection (Notification) Regulations 2010.

3.2.4 The Trust will monitor the expiration date of each first aider's training and seek to arrange refresher training prior to this date. If this is not possible, the first aider will be able to administer first aid for a reasonable period until the refresher training is complete and a new certificate administered.

3.2.5 All volunteer first aiders must report to the health and safety representative/headteacher with any questions or concerns in relation to their post.

3.2.6 A list of current volunteer first aiders is included in Annex A

3.2.7 This list will be displayed in the main reception of the school and other appropriate areas and updated when necessary.

3.2.8 The roles and responsibilities for first aiders are as follows:

(a) Acting as first responder to incidents that require first aid.

(b) Administering immediate and appropriate treatment.

(c) Contacting the emergency services when the situation requires.

(d) Ensuring that the first aid boxes are adequately supplied.

(e) Ensuring their first aid qualifications are up to date.

(f) Keeping their contact details up to date.

(g) Filing an accident report as soon as possible after the incident.

(h) Reporting the incident to the HSE if required (see paragraph 3.6 below).

(i) Consenting to having their names displayed around the school on the first aid list.

3.3 Mental health, wellbeing and work-related stress

Commented [SM1]: The Trust should be familiar with the HSE Management Standards - What are the Management Standards? - Stress - HSE

3.3.1 The Trust recognises that it has a responsibility to help employees and pupils who may be suffering from mental ill health. The Trust has a mental health at work plan that promotes good mental health, outlines support available and encourages open conversations.

3.3.2 The Trust has determined that it already has first aiders trained in either emergency first aid at work or first aid at work who have the appropriate training and skills to provide support to an employee who is experiencing mental health issues. The Trust recognises that such first aiders are not trained mental health specialists, but they know how to access professional help and can act promptly, safely and effectively until that help is available. The Trust has considered whether any further training is required.

3.3.3 The Trust has appointed mental health trained first aiders who have been trained to recognise warning signs of mental ill health and have the skills and confidence necessary to approach and support someone while keeping themselves safe.

3.3.4 The Trust has implemented an employee support programme.

3.3.5 The Trust will have at least one senior mental health lead. This role will have strategic oversight of the whole school approach, to make the best use of existing resources to help improve the wellbeing and mental health of pupils, students and staff. In doing so, the Trust will follow the guidance provided by the Department for Education to create a positive mental health culture.

Mental health and behaviour in schools - GOV.UK (www.gov.uk)

Promoting and supporting mental health and wellbeing in schools and colleges - GOV.UK

3.3.6 Where pupils experience more serious mental health problems, support will be accessed from children and young people's mental health services, voluntary organisations and local GP practices

Commented [KP2]: For inclusion where your school does not have a separate Mental Health policy.

3.4 Equipment

3.4.1

First aid boxes will be kept at the following locations:

- First Aid Room (Douglas House, ground floor, opposite the Recital Hall)
- Biology Prep Room (Douglas House, second floor, next to D6)
- Chemistry Prep Room (Douglas House extension, first floor, between C1 & C2)
- Design Technology workshop (Douglas House, basement, DT workshop)
- Food Technology kitchen (Douglas House, second floor, D5 opposite the stairs)
- School minibuses (Front passenger seat)
- Main staff room (Modern Languages block, ground floor, next to the lockers)
- Sports Hall (In the staff office)
- Trinity Road (In the First Aid Room & staff office)
- Library Office
- The Colin Parker Building Reception

The location of first aid equipment will be displayed around the school.

3.4.2 The contents of the first aid kit will be checked at regular intervals to ensure it is fully stocked and any expired or damaged supplies are discarded and replaced.

3.4.3 Each first aid container will contain, as a minimum, the following:

(a) Leaflet giving general advice on first aid (see HSE website).

(b) Twenty individually-wrapped sterile adhesive dressings (assorted sizes).

(c) Two sterile eye pads.

(d) Four individually-wrapped triangular bandages (preferably sterile).

(e) Six safety pins.

(f) Six medium-sized (approximately 12 cm x 12 cm) individually-wrapped sterile unmedicated wound dressings.

(g) Two large (approximately 18 cm x 18 cm) sterile individually-wrapped unmedicated wound dressings.

(h) One pair of disposable gloves.

3.4.4 A travel first aid container must be taken on any off-site visits or trips. This includes sporting events, school trips and site visits. A travel first aid container must include the following as a minimum:

(a) Leaflet giving general advice on first aid (see HSE website).

(b) Six individually-wrapped sterile adhesive dressings (assorted sizes).

(c) Two individually-wrapped triangular bandages (preferably sterile).

(d) Two safety pins.

(e) One large (approximately 18 cm x 18 cm) sterile individually-wrapped unmedicated wound dressing.

(f) Individually-wrapped moist cleansing wipes.

(g) One pair of disposable gloves.

3.4.5 All public service vehicles used by schools, e.g., minibuses, must have on board a first aid container with the following items contained:

(a) Ten antiseptic wipes, foil packaged.

(b) One conforming disposable bandage (not less than 7.5 cm wide).

(c) Two triangular bandages.

(d) One packet of two assorted adhesive dressings.

(e) Three large sterile unmedicated ambulance dressings (not less than 15 cm x 20 cm).

(f) Two sterile eye pads with attachments.

(g) Twelve assorted safety pins.

(h) One pair of rustless, blunt-ended scissors.

3.5 Facilities

3.5.1 The School will ensure that there is a suitable room that may be used for medical or dental treatment, when required, and for the care of pupils during school hours. The area must contain a washbasin and be reasonably near

to a WC; it need not be used solely for medical purposes, but it should be appropriate for that purpose and readily available for use when needed.

3.5.2 Infection control and hygiene are of paramount importance, and all staff and pupils will be reminded to follow basic hygiene procedures at all times.

3.5.3 Disposable gloves and handwashing facilities will be made available.

3.6 Supporting pupils with allergies

Refer to The Allergen Safety Policy

3.7 The School Reporting an incident

3.7.1 All student incidents are recorded on Arbor. Staff and visitor accidents are recorded in an accident book kept in the staffroom. These are completed by a first aider or other relevant member of staff without delay after an incident.

3.7.2 Not all incidents or accidents will be reportable, and first aiders will be trained to identify when a statutory (RIDDOR) report is required. In most cases, a statutory report will be made by the health and safety officer or the headteacher

3.7.3 When an incident is reported the following information must be included:

(a) The date.

(b) Method of reporting, e.g. via HSE website for RIDDOR.

(c) Time and place of the event.

(d) Personal details of those involved.

(e) A brief description of the nature of the event or disease and the actions taken (factual account only).

3.7.4 This record can be combined with other accident records.

3.7.5 The records will be kept for a minimum of three years.

3.7.6 Parents/carers will be notified of any accident/injury the same day or as soon as reasonably practical afterwards, along with notification of any first aid treatment given. See Annex D and Annex E

3.8 HSE notification

3.8.1 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) apply to schools. Most incidents that happen in schools or on school trips do not need to be reported. Only in limited circumstances will an incident need notifying to the Health and Safety Executive (HSE) under RIDDOR.

3.8.2 Incidents involving contractors working on school premises are normally reportable by their employers. Contractors could be, e.g., builders, maintenance staff, cleaners or catering staff. If a self-employed contractor is working in school premises and they suffer a specified injury or an over-seven-day injury, the person in control of the premises headteacher will be the responsible person.

3.8.3 The following work-related accidents must be reported to the HSE:

- Accidents which result in death or a specified injury must be reported without delay.
- Accidents which prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident but including weekends and other rest days) must be reported within 15 days of the accident.

3.8.4 Reportable specified injuries include:

- 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:
  - Cover more than 10% of the body.
  - 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 injury resulting from working in an enclosed space, where this leads to hypothermia or a heat-induced illness, requires resuscitation or means the person is admitted to hospital for more than 24 hours.

3.8.5 Some acts of non-consensual physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over seven days are reportable. In the case of an over-seven-day injury, the incapacity must arise from a physical injury, not a psychological reaction to the act of violence. Examples of reportable injuries from violence include an incident where a teacher sustains a specified injury because a pupil,

colleague or member of the public assaults them while on school premises. This is reportable because it arises out of or in connection with work.

3.8.6 Work-related stress and stress-related illnesses (including posttraumatic stress disorder) are not reportable under RIDDOR. To be reportable, an injury must have resulted from an "accident" arising out of or in connection with work. In relation to RIDDOR, an accident is a discrete, identifiable, unintended incident which causes physical injury. Stress-related conditions usually result from a prolonged period of pressure, often from many factors, not just one distinct event.

4 Procedures

4.1 On-site procedures

In the event of an accident or incident the following procedure should be followed:

4.1.1 The closest member of staff will seek the assistance of a qualified first aider.

4.1.2 The first aider will assess the injury and undertake the appropriate first aid treatment.

4.1.3 If appropriate, the first aider will contact the emergency services and remain with the injured person until assistance arrives.

4.1.4 If deemed appropriate, the first aider will contact the injured person's emergency contact or next of kin.

4.1.5 The first aider or relevant member of staff will complete the first aid record and/or accident record book and include the required details.

4.1.6 If it is judged that a pupil is too unwell to remain at school but does not require the assistance of the emergency services, the first aider will contact the pupil's parents or next of kin and recommend next steps to them. Annex D

4.1.7 Concussion Procedure Annex F

4.2 Off-site procedures

4.2.1 When staff take pupils off the school premises, they should ensure they have the following:

(a) A first aid container consistent with paragraph 3.2.

(b) A mobile phone, on which they can contact the school, and the school can contact the staff member.

(c) A list of the specific medical needs of the pupils and any required equipment.

(d) Emergency contact details for the pupils.

See Annex C

Annex A – First aiders

- **Ian Ingles**
- **Julie Palmer**
- **Tina Smith**
- **Kirsty Archer**

Annex B – Automated External defibrillators

If someone is unresponsive and not breathing call 999 immediately and start chest compressions. The is the most important thing to do because their blood already has some oxygen in it and the compressions will keep that blood pumping around their body, taking oxygen to their brain. Chest compressions significantly increase the chance of the person surviving.

Breathing into their mouth or nose tops up the oxygen in their lungs. The combination of continuous cycles of 30 chest compressions followed by two breaths is called CPR (cardiopulmonary resuscitation).

The chance of restarting the heart by chest compressions alone is very small. Usually, a heart needs an electric shock from an automated external defibrillator (AED) to restart.

An AED (automated external defibrillator) is a portable device that automatically diagnoses the life threatening cardiac arrhythmias of ventricular fibrillation (VF) and pulseless ventricular tachycardia and is able to shock the back into normal rhythm.

The school defibrillators (AED)are located in the main reception, in the foyer in Douglas House, the main staffroom and in the Simpson Building at Trinity Road.

Using a Defibrillator

The AED can be used with no training. The machine analyses someone's heart rhythm and then uses visual or voice prompts to guide you through each step.

As soon as you have got an AED, switch it on. It will immediately start to give you a series of visual and verbal prompts informing you of what you need to do. Follow these prompts until the ambulance arrives or someone with more experience than you takes over.

Take the pads out of the sealed pack. Remove or cut through any clothing and wipe away any sweat from the chest.

Remove the backing paper and attach the pads to their chest.

Place the first pad on their upper right side, just below their collarbone as shown on the pad.

Then place the second pad on their left side, just below the armpit. Make sure you position the pad lengthways, with the long side in line with the length of the casualty's body.

Once you have done this, the AED will start checking the heart rhythm. Make sure that no-one is touching the person. Continue to follow the voice and/or visual prompts that the machine gives you until help arrives.

Maintaining a Defibrillator

AED equipment and accessories necessary for support of medical emergency response shall be maintained in a state of readiness. Specific maintenance requirements include:

The Lead first Aider shall be responsible for having regular AED maintenance performed. All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions. Records should be kept.

Following use of AED, all equipment shall be cleaned and/or decontaminated as required. If contamination includes body fluids, the equipment shall be disinfected.

Annual System Assessment:

Once each calendar year, the Health & Safety Officer shall conduct and document a system readiness review. This review shall include review of the following elements:

- Training records.
- Equipment (AED) operation records and maintenance.

Monthly Monitor and System Checks:

There are monthly checks carried out by the Lead First Aider. This check shall include review of the following elements:

- AED battery life
- AED pads life and use by date
- AED operation and status

• Annex C – Educational visits & other off-site activities

- Leaders of educational visits will be required to take a first aid box with them on the activity. Visit leaders must contact a First Aid Officer to inform them of their need for a first aid box, at least 48 hours before the visit takes place. First aid boxes will be signed out and must be returned to the First Aid officer within 24 hours of the return of the visit. It is the responsibility of the visit leader, on returning the first aid box to the first aid officer, to advise if any items have been used.

- On an educational visit the visit organiser or one of the accompanying adults must assume the role of First Aid Officers for the duration of the activity and follow the requirements of this policy especially in instances of injuries and those circumstances where parents must be contacted at the earliest possible opportunity. The person undertaking this role must have received an appropriate level of first aid training given the nature of the activity.

- It is the responsibility of the trip organiser, on the return of the trip, to report to the school's First Aid Officer within 24 hours any incidents during the trip where first aid has been administered.

- During lessons at Trinity Road, at away sports fixtures and other venues away from the main site where students undertake sporting activities the member of staff responsible for the activity will assume the role of First Aid Officer for the duration of the activity and follow the requirements of this policy especially in instances of injuries and circumstances where parents must be contacted at the earliest possible opportunity. Where parents cannot be reached all available contact numbers must be used. All teachers of Games & PE and sports coaches must have received an appropriate level of first aid training.

- Any incidents occurring during a PE or Games lesson or coaching session at Trinity Road or any other venue away from the main school site where the student requires first aid must be reported to the First Aid officers within 24 hours of the incident taking place. It is the responsibility of the member of staff (teacher or coach) in whose session the incident occurred to report the details to a First Aid Officer as well as to the Subject Leader for Games & PE.
- Pupils who have bumped their head will be given an accident report form and a red wristband, which must be worn for the rest of the day.

• Annex D – Communication with parents

The First Aid Officer or member of staff will contact parents in all instances where a student has received

- a blow to the head
- a cut to his head or face
- significant bruising to any part of the body
- a deep cut to any part of the body
- an injury that has resulted in the emergency services being contacted

Parents will also be contacted in instances where a student reports having chest pains.

If a student is not well enough to remain in lessons parents will always be contacted.

In all instance a cautious approach will be adopted. Parents should inform the school if further medical attention was sought and what if any treatment, medical advice, or guidance given

Annex E – Calling the Emergency Services

In most instances it will be the decision & judgement of the First Aid Officers whether to call the emergency services however in certain situations, especially during lessons and matches at Trinity Road, it will be necessary for the member of staff first making contact with the injured student to call the emergency services.

Where another member of staff calls the emergency services a First Aid Officer should be informed as soon as is reasonably possible

The Headmaster or their Deputy must be informed if the emergency services are called.

The emergency services will be called when necessary in the following situations

i. Where the person is struggling to breathe or their breathing is impaired.
ii. Where the person is showing signs of shock or trauma e.g. slurred & incoherent speech, drowsiness etc.
iii. Where the person has been unconscious or becomes unconscious for any length of time.
iv. Where the person is unable to walk or move unaided.
v. Where the person has suffered a significant cut to any part of their body.
vi. Where the person has suffered a cut that will not stop bleeding.
vii. Where the person has inhaled or ingested a harmful substance.
viii. Where to move the person may cause further injury or exacerbate an existing injury.
ix. Where the person has suffered a burn the area of which is larger than a fifty pence piece.
x. When an emergency adrenaline auto-injector (AAI) has been administered.

While the school is mindful that a 999 call should only be made in instances of genuine emergency, a cautious approach will be adopted especially when in the judgement of the First Aid Officer or member of staff the extent of the injury suffered by the student is not obvious and unclear but from which the student could suffer serious consequences.

In all of the above situations, until the arrival of the emergency services, the person will not be left unattended for any length of time.
Parents will always be contacted if the emergency services have been contacted in relation to an incident involving their son.

Annex F – Concussion

Concussion is taken extremely seriously to safeguard the short and long-term health and welfare of students. Our First Aiders & PE staff are trained on how to treat heat injuries including Concussion Management Pathway and the Graduated Return to Play (GRTP) and the UK Concussion guidelines

HEADCASE | Rugby Football Union

UK Concussion Guidelines for Non-Elite (Grassroots) Sport

It is important that sports staff and parents acknowledge any head injuries and subsequent concussions, which occur away from School. This could include (but is not limited to):

- During away schools sports fixtures
- Where students are taking part in sports for clubs external to school
- During activities/incidents away from school (i.e. a fall whilst skiing, a head injury following a fainting episode at home for example)

Following such an incident, the responsible adult (i.e. parent/carer or sports staff) should notify the school.

Under no circumstances, should ICE PACKS be applied to head bumps. It will reduce swelling but it can actually do more harm if there is a hairline fracture this could result in the child needing additional emergency hospital treatment.

Emergency First Aiders should be sought if the child:

• becomes unconscious;

• is vomiting or shows signs of drowsiness;

• has a persistent headache;

• complains of blurred or double vision;

• is bleeding from the nose or ear; and/or

• has pale yellow fluid from the nose or ear.

If any of the above symptoms occurs in a child who has had a bang to the head, urgent medical attention is needed. Parents and the emergency services will be contacted.

After any head injury, even when none of the worrying signs are present, the child's parents or carers will be informed and given written information about how to monitor their child Head Injury Advice Sheet