Infinity Academies Trust

Ready to learn; Prepared to flourish.

First Aid Policy

IAT-CW-017

This policy is designed to be incorporated into/annexed to
the schools' wider medical conditions policy as required by the
Supporting Pupils in schools with medical conditions statutory guidance IAT-CW-006, IAT-CW-021 Allergen Policy and IAT-CW-029 Asthma Policy

Contents

Document Management Information 2
1.0 Statement of organisation 3
2.0 Legislation and statutory guidance 3
3.0 Roles and responsibilities 3
3.1 Appointed person and first aiders 3
3.2. Infinity Academies Trust (IAT) 4
3.3. The Head teacher 4
3.4. Staff 4
4.0 Maintaining First Aid Competencies 4
4.1 Training 4
5.0 Arrangements for First Aid 5
6.0 First Aid Procedures: 5
6.2 Off-Site procedures 5
7.0 General guidance on First Aid Occurrences 6
7.2 Head injuries 6
7.3 Allergic reaction 6
8.0 Record Keeping 6
9.0 Employees/ staff 6
10.0 RIDDOR 6
11.0 Notifying parents. 7
12.0 Arrangement for Medicine in schools 7
12.1 Administering medicine in school 7
12.2 Asthma 8
12.3 Short term prescriptions 8
12.4 Analgesics (Painkillers) 8
13.0 Record keeping - Medicine 8
14.0 Calling the Emergency services 9
15.0 Head Lice 9
16.0 Chicken pox and other diseases, rashes 9

Document Management Information

Policy Reference	IAT-CW-017
Applicable to:	All stakeholders who visit and or attend any of the Infinity Academies Trust sites
Development and Consultation:	This policy has been produced to provide guidelines for all staff within the Trust, administering First Aid to children, employees or visitors. As an organisation we are committed to ensuring that we ensure that all stakeholders are familiar with the individual school first aid procedures so this document must be read in conjunction with the individual site specific requirements.
Dissemination:	This policy is shared with all employees during their induction and all pupils are made aware of the procedures if they require First Aid whilst at school, it is readily available within the Trust document management store and on individual academy websites
Implementation:	This policy is to be used in accordance with the Health and Safety Regulations.
Training:	Specific training is provided to nominated personnel and training schedules are produced to support these requirements.
Review Frequency:	To be reviewed annually or in line with any statutory or legislative changes.
Policy Author:	Gavin Booth
Executive Policy Owner:	Michelle Dales
Approval by:	Trustees
Approval Date:	October 2026
Next Review Due:	October 2027

Revision History

Document Version	Description of Revision	Date
1.0	Reviewed and created a Trust policy, individual academy/school policies have been created to support this policy	18-01-2021
1.1	Reviewed and no changes made to the policy	07-02-2022
2.0	Reviewed and changes made in relation to Allergens and AII's	03-03-2023
2.1	Reviewed to include changes to staff accident reporting procedures	16-06-2023
2.2	Updated to reflect Accidents being reported on MIS system	11-01-2024
2.3	Updated to reflect department changes and accident reporting	01-10-2026

1.0 Statement of organisation

The Trust's arrangements for carrying out the policy include nine key principles.

- Places a duty on the Trustees to approve, implement and review the policy.
- Place individual duties on all employees.
- To report, record and where appropriate investigate all accidents.
- Records all occasions when First Aid is administered to employees, pupils and visitors.
- Provide equipment and materials to carry out first aid treatment.
- Make arrangements to provide training to employees, maintain a record of that training and review annually.
- Establish a procedure for managing accidents in school which require First Aid treatment.
- Provide information to employees on the arrangements for First Aid.
- Undertake a risk assessment of the first aid requirements of the school

2.0 Legislation and statutory guidance

This policy is based on the Statutory Framework for the Early Years Foundation Stage, advice from the Department for Education on first aid in schools and health and safety 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 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- 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
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records

3.0 Roles and responsibilities

3.1 Appointed person and first aiders

The Appointed Person is responsible for:

- Taking charge when someone is injured or becomes ill
- Summoning assistance where necessary
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident
- Keeping their contact details up to date

- Ensuring their knowledge and qualification is up to date

There are other staff who are trained and qualified in First Aid and Paediatric First Aid, they 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.

The First Aid trained list is displayed prominently around the school.

3.2. Infinity Academies Trust (IAT)

IAT has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the Operations Director and operational matters and day-to-day tasks to the Headteacher and staff members.

3.3. The Head teacher

The head teacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the Operations Director who will report to the HSE when necessary

3.4. Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Informing the head teacher of any specific health conditions or first aid needs

4.0 Maintaining First Aid Competencies

First aid competencies have a 3-year expiry, and requalification's shall be highlighted and managed by the Appointed Person. Training will be provided by providers who teach in line with current guidelines published by the Resuscitation Council (UK).

4.1 Training

- All school staff can undertake first aid training if they would like to.
- All first aiders must have completed a training course and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until.
- Staff are encouraged to renew their first aid training when it is no longer valid.
- At all times, at least 3 staff members will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

5.0 Arrangements for First Aid

Materials, equipment and facilities guidance:

- Each site will provide materials, equipment and facilities as set out in DfE 'Guidance on First Aid for schools'.
- Each site will have an Appointed Person who will regularly check that materials and equipment are available and to order new items when supplies are running low.
- The position of First Aid Boxes will differ depending on the site and this information can be found on the individual school websites.

Any major accident must be reported to the Headteacher and Operations Department, in case of his/her absence these should also be reported to the school office and Trust Office. If an ambulance is called the Headteacher must be notified immediately.

6.0 First Aid Procedures:

6.1 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 will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the Appointed Person, will contact parents immediately
- An appointed person will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury and parents have been advised to seek immediate medical assistance via A&E/GP based on their injury. A record of treatment will be maintained and shall be used in conjunction with the incident reporting and investigation procedures as a means of accident prevention. In addition, good records of initial treatment may be valuable if further medical attention is required, or if legal action is considered by those involved in an incident

6.2 Off-Site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit and emergency asthma kit
- Information about the specific medical needs of pupils
- Risk assessment completed by Trip Leader which determines the specific first aid needs and level of first aid staff required on a case by case basis.
- There will always be at least one trained first aider with a current paediatric first aid certificate as required by the statutory framework for EYFS
- There will always be a minimum of one first aider on school trips and visits in EYFS, KS1 and KS2

7.0 General guidance on First Aid Occurrences

7.1 Cuts

The nearest adult deals with small cuts. All open cuts should be covered after they have been treated with a cleansing wipe.

Any adult can treat severe cuts, however a fully trained first-aider must attend the patient to give advice. Minor cuts should be recorded in the accident file. Severe cuts should be recorded in the accident file and parents informed by phone call. A major incident form needs to be filled out by the person dealing with the injury and given to the parents. Major injuries need to be reported to the appointed person and Director of Operations.

ANYONE TREATING AN OPEN CUT SHOULD USE SUITABLE GLOVES.

7.2 Head injuries

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an Ice pack. The adults in the child's classroom should keep a close eye on the child. All bumped head accidents should be recorded in the accident file and a copy sent home with the child; a text message will also be sent to parents.

Parents should be called if the child has a serious cut on the head, a large bump (egg) or there are obvious signs of concussion. Children who have a concussion after a head injury will need to be taken to hospital.

7.3 Allergic reaction

Staff will be trained in recognising the signs of serious allergic reactions and in the administration of adrenaline auto-injectors (AAI's) if the school is notified by a parent/carer that their child has allergies. In case of a less serious allergic reaction a first aider should examine the child and follow care plan instructions. Please also see the section on 'Arrangements for Medicine at school' and IAT-CW-021 Allergen Policy.

8.0 Record Keeping

First Aid and Medicine files – the contents of these files are collected at the end of the academic year by the appointed person and kept together for a period of 3 years as required by law. The school follows the HSE guidance on reportable accidents/ incidents for children and visitors.

9.0 Employees/ staff

The school has a responsibility to provide first aid to all staff. In case of an accident/incident staff should seek First Aid from any of the qualified First Aiders. All First Aid treatment to staff should be recorded on an accident form, reported to the appointed person and an Incident Form logged onto Every. In the case of an accident/incident resulting in the individual being taken to hospital, where they receive treatment and are absent from work for 3 days or more, the appointed person and the Operations Department must be notified. The Operations Department will review the accident/ incident and will decide if it needs to be reported to the HSE.

10.0 RIDDOR

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

The Operations Department will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences 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)
- 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
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital for a significant injury

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

11.0 Notifying parents.

Log the details using the Accident form and share a copy of the form with the incident and treatment provided to the parents.

12.0 Arrangement for Medicine in schools

Please also read the Supporting pupils with medical conditions policy – IAT-CW-006

12.1 Administering medicine in school

At the beginning of each academic year, any medical conditions are shared with staff and a list of these children and their conditions is displayed in the school office and staff room.

Children with Medical conditions must have a care plan, signed by parents/ carers. These need to be checked and reviewed regularly. Medications kept in the school for children with medical needs are either stored in the staff room fridge or a locked cabinet/safe in the school office.

Each child's medication must be in a clearly labelled container with their care plan. For children with specific medical needs, training from designated professionals is undertaken and a health care plan is put in place in consultation with other professionals and parents/carers. A copy of the health care plan is displayed in the staff room.

All medicines in school are administered following the agreement of a care plan.

12.2 Asthma

Children with Asthma do not require a care plan. In order for children's Asthma pumps to be kept in school Asthma forms must be filled out. It is the parents/carers responsibility to provide the school with up-to date Asthma Pumps for their children. Adults in the classroom are to check the expiry date on the pumps regularly (at the end of each half-term) and inform parents should the pumps expire or run out. Asthma pumps should clearly be labelled with the child's name. Asthma sufferers should not share inhalers.

Only blue (reliever) Asthma Pumps should be kept in schools.

Please read IAT-CW-029 Asthma Policy for further details.

12.3 Short term prescriptions

Parent(s) should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school hours wherever possible. Most antibiotic medication will not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after school (provided this is possible) and at bedtime.

It should normally only be necessary to give antibiotics in the school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Parent(s) must complete the Consent Form and confirm that the pupil is not known to be allergic to the antibiotic. The antibiotic should be brought into the school in the morning and taken home again after school each day by the parent. Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent(s).

All antibiotics must be clearly labelled with the pupil's name, the name of the medication, the dose and the date of dispensing. In the school the antibiotics should be stored in a secure cupboard or where necessary in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator – if so, this will be stated on the label.

Some antibiotics must be taken at a specific time in relation to food. Again this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent.

The appropriate records must be made. If the pupil does not receive a dose, for whatever reason, the parent must be informed that day.

12.4 Analgesics (Painkillers)

For pupils who regularly need analgesia (e.g. for migraine). The school does not keep stock supplies of analgesics e.g. paracetamol (in soluble form) for administration to any pupil. Parents may come into school to administer analgesics but the school will not be in a position to administer to any pupil under any circumstances.

13.0 Record keeping - Medicine

Staff should record any instances when medicine is administered. This includes if children use their asthma pumps. The records need to include, date and time of medicine administered, its name and the dose given, signed by the person responsible for administering the medicine. Older children may take their own medicine under the supervision of an adult; this needs to

be recorded and the adult still needs to sign the record sheet. If a child refuses to take a medicine, staff should not force them to do so. Instead should note this in the records and inform parents/carers or follow agreed procedures or the Care Plan. A standardised form is avaible to Academies.

14.0 Calling the Emergency services

In case of a major accident, it is the decision of a trained first aider if the emergency services are to be called. Staff are expected to support and assist.

The Headteacher or school office should be informed if such a decision has been made even if the accident happened on a school trip or on a school journey.

If the casualty is a child, their parents/guardians should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are available from the school office.

15.0 Head Lice

Staff do not touch children and examine them for head lice. If we suspect a child or children have head lice, we will have to inform parents/carers. *A* standard text message is sent to all parent/carers to make them aware.

16.0 Chicken pox and other diseases, rashes

If a child is suspected of having chicken pox, measles etc; we will look at the child's arms or legs. Chest and back will only be looked at if we are further concerned. We should call a First Aider and two adults should be present. The child should always be asked if it was OK to look.

For the inspection of other rashes the same procedure should be followed. If we suspect the rash to be contagious (such as scabies, impetigo, conjunctivitis, etc.) we need to inform parents and request that children are treated before returned to school. In most cases once treatment has begun it is safe for children to return to school. If more than one child is suspected to have the same disease/rash in one class a letter should be sent home to all parents in that class, to inform them to allow them to spot problems early and began treatment early, thus avoid the further spread of disease/rash. It is the Headteacher's duty to consider if there is an outbreak of infectious disease and in consultation with the Operations Director whether there is a need to report it to the local HPU (Health Protection Unit).