



# MILLBAY ACADEMY FIRST AID POLICY

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### Appendix 1a: List of first aiders

1b: Duty First Aider Roster - (STOP FOLDER 8a)

## 1. Aims

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The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils, and visitors.
- Ensure that staff and students are aware of their responsibilities with regards to Health and Safety
- Provide a framework for responding to an incident and recording and reporting outcomes.

## 2. Legislation and guidance

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This policy is based on 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 risk 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.
- [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**

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#### **3.1 Appointed person(s) and first aiders**

They are responsible for:

- Being the responsible adult when someone is injured or becomes ill
- Ensuring there is adequate supply of medical materials in first aid kits, and replenishing the contents of these kits (Pastoral Lead)
- Ensuring that an ambulance or other professional medical help is summoned when appropriate First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:
- Acting as first aid responders to any incidents; they will assess the situation where there is an injured or ill person and provide immediate and appropriate treatment.
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as reasonably practicable, after an incident

#### **3.2 The Headteacher**

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

- Ensuring that an appropriate number of first aiders are present in the school at all times.
- Ensuring 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.
- Ensuring that adequate space is available for catering to the medical needs of pupils.

- Reporting specified incidents to the HSE when necessary

### 3.3 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures.
- Ensuring they know who the first aiders in school are.
- Completing accident reports for all Incidents they attend
- Informing the Headteacher or their manager of any specific health conditions of first aid needs

## 4 First aid procedures

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### 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 the duty first aider or 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.
- 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 first aider will contact parents immediately.
- **The first aider will complete the accident report form on the same day or as soon as is reasonably practicable after an incident resulting in an injury.**

Type of Accident	Example	Action	When
Minor	<ul style="list-style-type: none"> <li>• Grazes</li> <li>• Minor bumps to the head</li> </ul>	<ul style="list-style-type: none"> <li>• Details logged in Arbor</li> <li>• Treated in reception</li> </ul>	The same day
Possibly requiring medical / dental treatment	<ul style="list-style-type: none"> <li>• Severe cuts / lacerations</li> <li>• Impact Injury (bang or blow) to the head</li> </ul>	<ul style="list-style-type: none"> <li>• Details logged by the first aider in Arbor</li> <li>• Call parents to inform them that pupil has had a blow to the head and send home first aid report.</li> <li>• Recommend parents take pupil to Doctors / Hospital for a head assessment.</li> </ul>	The same day
Severe	<ul style="list-style-type: none"> <li>• Major injuries e.g. Broken bones (not fingers)</li> <li>• Loss of limbs</li> <li>• Accident resulting in over 7 days injury.</li> <li>• Where injured party leaves site in an ambulance (not reportable if taken to hospital as a precaution but the examination shows no injury)</li> <li>• Death</li> </ul>	<ul style="list-style-type: none"> <li>• Details logged.</li> <li>• Headteacher to complete report</li> <li>• Reported to H&amp;S executive under Riddor</li> </ul>	24 hrs

**There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits.**

## 5. First aid equipment

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A typical first aid kit in our school will include the following:

- Regular and large bandages
  - Eye pad bandages
  - Triangular bandages
  - Adhesive tape
  - Safety pins
  - Disposable gloves
  - Antiseptic wipes
  - Plasters of assorted sizes
  - Scissors
  - Cold compresses
  - Burns dressings.
- No medication is kept in first aid kits.

## 6. Record Keeping and reporting

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### 6.1 First aid and accident reporting

- **An accident form will be completed (Medical Tracker) by the first aider on the same day or as soon as possible after an Incident** resulting in an injury.
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the Arbor accident form.
- A copy of the accident report form will also be added to the pupil's educational record by the first aider.
- Records held in the first aid and accident log will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) regulations 1979.

### 6.2 Reporting to the HSE

The operations manager 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 manager will report these to the Trust as soon as is reasonably practical 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
  - 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 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
- Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but 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 overload causing a fire or explosion.

Information on how to make RIDDOR report is available here:

[How to make a RIDDOR report. HSE](https://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>

### **6.3 Notifying parents**

The first aider or class teacher will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practical.



## 6.4 Reporting to Ofsted and child protection agencies

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

## 7. Training

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All school staff are able to 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. (Appendix 1)

Staff are encouraged to renew their first aid training when it is no longer valid.

At all times, at least 1 staff member 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.**

### **Responding to the symptoms of an allergic reaction.**

AAIs are intended for use in emergency situations when an allergic individual is having a reaction consistent with anaphylaxis, as a measure that is taken until an ambulance arrives. Therefore, unless directed otherwise by a healthcare professional, the spare AAI should only

be used on pupils known to be at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

This information should be recorded in a pupil's individual healthcare plan which should be signed by a healthcare professional and kept in the school's allergy register.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

It is recommended the school allergy policy includes general information on how to recognise and respond to an allergic reaction, and what to do in emergency situations. Some schools will already have this information in an allergy policy or medical conditions policy. Staff should be aware of the difficulties younger children may have in explaining how they feel. Further information and film clips showing adrenaline being administered can be found at: <http://www.sparepensinschools.uk>

## The signs of an allergic reaction are:

### Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

### ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



## Watch for signs of **ANAPHYLAXIS** (life-threatening allergic reaction):

### **AIRWAY:**

Persistent cough  
Hoarse voice  
Difficulty swallowing, swollen tongue

### **BREATHING:**

Difficult or noisy breathing  
Wheeze or persistent cough

### **CONSCIOUSNESS:**

Persistent dizziness  
Becoming pale or floppy  
Suddenly sleepy, collapse, unconscious

### **IF ANY ONE (or more) of these signs are present:**

1. Lie child flat with legs raised:  
(if breathing is difficult, allow child to sit)
2. **Use Adrenaline autoinjector\* without delay**
3. **Dial 999** to request ambulance and say **ANAPHYLAXIS**



**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

### **After giving Adrenaline:**

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Mild-moderate symptoms are usually responsive to an antihistamine. The pupil does not normally need to be sent home from school or require urgent medical attention. However, mild reactions can develop into anaphylaxis: children having a mild-moderate (non-anaphylactic) reaction should therefore be monitored for any progression in symptoms.

### **What to do if any symptoms of anaphylaxis are present**

Anaphylaxis commonly occurs together with mild symptoms or signs of allergy, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own without any mild-moderate signs. In the presence of any of the severe symptoms listed in the red box on page 1, it is vital that an adrenaline auto-injector is administered without delay, regardless of what other symptoms or signs may be present.

Always give an adrenaline auto-injector if there are ANY signs of anaphylaxis present. You should administer the pupil's own AAI if available, if not use the spare AAI. The AAI can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector.

### **IF IN DOUBT, GIVE ADRENALINE**

After giving adrenaline do NOT move the pupil. Standing someone up with anaphylaxis can trigger cardiac arrest. Provide reassurance. The pupil should lie down with their legs raised. If breathing is difficult, allow the pupil to sit. If someone appears to be having a severe allergic reaction, it is vital to call the emergency services without delay – even if they have already self-administered their own adrenaline injection and this has made them better. A person receiving an adrenaline injection should always be taken to hospital for monitoring afterwards.

ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED.

### **Practical points:**

- Try to ensure that a person suffering an allergic reaction remains as still as possible and does not get up or rush around. Bring the AAI to the pupil, not the other way round.
- When dialling 999, say that the person is suffering from anaphylaxis (“ANA-FIL-AX-IS”).
- Give clear and precise directions to the emergency operator, including the postcode of your location.
- If the pupil's condition does not improve 5 to 10 minutes after the initial injection you services to confirm that an ambulance has been dispatched.
- should administer a second dose. If this is done, make a second call to the emergency

- Send someone outside to direct the ambulance paramedics when they arrive.
- Arrange to phone parents/carers
- Inform the paramedics:
  - if the child is known to have an allergy.
  - what might have caused this reaction e.g. recent food.
  - the time the AAI was given.

## Recording use of the AAI and informing parents/carers

In line with Supporting Pupils, use of any AAI device should be recorded. This should include:

- Where and when the REACTION took place (e.g. PE lesson, playground, classroom).
- How much medication was given, and by whom.
- Any person who has been given an AAI must be transferred to hospital for further monitoring. The pupil's parents should be contacted at the earliest opportunity. The hospital discharge documentation will be sent to the pupil's GP informing them of the reaction.

## Appendix 1a: List of [appointed person(s) for first aid and/or trained first aiders]

# MILLBAY ACADEMY FIRST AIDERS

## ALL CERTIFICATION VALID FOR 3 YEARS

First Aid Qualified				
First Aider		Qualification	Date of Expiry	Teaching Staff / Support Staff
Stacey Tonkin		L3 First Aid	09/07/2027	Teaching Staff
Shaun Moore		E. F. A. W	01/11/2025	Teaching Staff
Ralda Chivers		L2 Paediatric	05/09/2026	Support Staff
Natasha Thompson		Level 2 Paediatric	11/07/2025	Support Staff
Natalie Sim		Level 3 First Aid	09/07/2027	Support Staff
Melissa Allen		L2 Paediatric	05/09/2026	Support Staff
Joanna Starr		L2 Paediatric	11/07/2025	Support Staff
Eleanor Day		L3 First Aid	04/04/2028	Support Staff
Cassandra Wells		L2 Paediatric	06/07/2025	Support Staff
Natasha Thompson		L2 Paediatric		
Brandon		L3 First Aid	09/07/2027	Teaching Staff
Aiden		L 3 First Aid	09/07/2027	Teaching Staff
Russ Martin		L3 First Aid	09/07/2027	Teaching Staff

Malcolm Meader		Emergency Response (Defib Trained)	N/A	Support Staff
Antony Worth		L3 First Aid	28/04/2028	Support Staff
Martin Rogers		L3 First Aid	28/04/2028	Support Staff
Aaron Fuller		L3 First Aid	28/04/2028	Support Staff
Lisa Drew		L3 First Aid	28/04/2028	Support Staff

**Appendix 1b: [Duty First Aider Roster.]**

Monday	Tuesday	Wednesday	Thursday	Friday	Emergency Response
Ralda Chivers	Natalie Sim	Leah Keiley	Joanna Starr	Antony Worth	Malcolm Meader
<b>NATASHA THOMPSON - CASSANDRA WELLS</b> <b>( Duty First Aiders while on Site)</b>					
(SB) Natalie Sim	(SB) Leah Keiley	(SB) Joanna Starr	(SB) Ralda Chivers	(SB) Malcolm Meader	Antony Worth

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