Signhills Academy

First Aid Policy

Approved by:	Trust Board	**Dated:**	13.11.25
Last reviewed on:	November 2025		
Next review due by:	November 2026		

This policy is intended to enhance teaching, learning, personal development and well-being. All staff and other adults working with pupils in school have a responsibility to implement this policy with regard to the Health & Safety, Safeguarding and Equality Policies.

Context

First Aid can save lives and prevent minor injuries becoming major ones. Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school (including off-site activities). In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Aims

- To provide effective First Aid support for all pupils, staff and visitors.
- To ensure that all pupils, staff and visitors are aware of their roles and responsibilities in relation to First Aid and the First Aid systems in place.
- To support awareness of Health & Safety issues within school and on off-site activities, in order to reduce the risk of illness or injury.

The Governing Body will:

Ensure adequate First Aid provision as outlined in the Health & Safety [First Aid] Regulations 1981, having regard to 'Guidance on First Aid for Schools (DfEE)

Monitor and respond to all matters relating to the health and safety of all persons on school premises.

Ensure all new staff are made aware of First Aid procedures in school.

Review this policy and any associated risk assessments and practices annually.

The Headteacher will:

Ensure that a First Aid provision assessment is conducted prior to review of this policy or following significant change.

Ensure that parents are aware of the schools' First Aid Policy.

Implement suitable induction procedures to ensure that all new staff are made aware of First Aid procedures in school.

All school staff will:

Familiarise themselves with the first aid procedures by viewing this policy and ensure that they know who the current First Aiders are.

Be aware of specific medical details of individual students as displayed on the board in the medical room. Ensure that the children in their care have an awareness of the procedures in operation as appropriate to their age and development.

Undertake relevant training as directed by the Headteacher.

In the event of a minor injury:

Staff in possession of a valid Emergency Aid in Schools Certificate or higher may treat minor injuries eg grazed knees, bruised shin. This must be recorded in the accident book (adults) and on the First Aid slips (children).

A Nominated Person and Nominated First Aider MUST be called for:

- Any **potentially serious** head or facial injury.
- Any deep cut, or one which continues bleeding for more than a few seconds
- Any **potentially serious** joint injury eg ankle, elbow etc. Any potential break
- Any injury caused by the deliberate actions of another pupil
- Any vomiting or possible poisoning
- Severe breathing difficulties
- Any accident which may warrant the involvement of the emergency services or one which the first aider is not confident to manage.

In the event of a suspected heart attack get AED/ Ambulance.

IN THE EVENT OF AN EMERGENCY

If you believe an ambulance is required, dial (9)999 from the nearest telephone

Inform the school office as soon as possible, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained.

Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.

Roles and Responsibilities

Nominated Persons will:

- Take charge when someone is injured or becomes ill.
- Support the First Aiders in calling for an ambulance or contacting relatives as appropriate.
- Direct the emergency services and manage the area surrounding the incident.
- Liaise with the Senior Leadership Team with regard to pupils who are not feeling well.
- Ensure that they always obtain the history relating to a child not feeling well, particularly in the case of headaches, to ensure that no injury has caused the pupil to feel unwell. In the event that an injury has caused a problem, the child must be referred to a First Aider for examination.
- Monitor the implementation of the First Aid Policy.

Office Staff will:

- Hold up to date medical consent forms for every child in each year and ensure that these are readily available for staff responsible for school trips/outings.
- Hold up to date emergency contact details for all staff, pupils, and students on placement and regular visitors.
- Support the Nominated First Aider in the completion of the relevant paperwork.

- Update the board in the Medical Room to show pupils who are known to be asthmatic, anaphylactic, diabetic, and epileptic or have any other serious illness.
- Update for new starters as appropriate throughout the year.
- Distribute short-term care plans for children attending school with injuries / illnesses.

Nominated First Aiders will:

- Ensure that their first aid qualification is always up to date.
- Work flexibly as part of the First Aid team to ensure that first aid cover is available throughout the working hours of the school week and at all other times when First Aid provision is required.
- Always attend a casualty when requested to do so, having regard for other children in their care.
- Treat the casualty to the best of their ability, having regard for their own and others safety. This includes wearing gloves where any loss of blood or body fluid is evident and seeking help from other First Aiders or Emergency Services as necessary.
- Ensure that parents/guardians are made aware of all head injuries promptly.
- Through a nominated person insist that any casualty who has sustained a significant head injury is seen by professionals at hospital, either by sending them directly to hospital or by asking parents to pick up a child to take them to hospital.
- Where possible, ensure that a child who is sent to hospital by ambulance is accompanied by an adult relative. If this is not possible due to time restraints or a difficulty in contacting relatives, ensure that the child is accompanied in the ambulance at the request of paramedics or followed to a hospital by a member of staff to act in loco-parentis if a relative cannot be contacted. (The First Aider need not be the member of staff to accompany the casualty to hospital, however, an appropriate person should be sent.) Arrangements should be made for the child to be met at hospital by a relative.
- Keep a record of each pupil attended to, the nature of the injury and any treatment given, on the slips provided. In the case of an accident/injury involving an adult, the Accident Book must be completed by the appropriate person.
- Ensure that the parent copy of the First Aid slip is given to the child (or placed in their book bag for younger children) to take home.
- Liaise with a nominated person immediately to ensure that parents are informed in the appropriate way, dependent on the severity or nature of the illness/injury.
- Using gloves ensure that everything is cleared away and that all dressings etc. are put in a yellow bag for contaminated/used items and sealed tightly before disposing of the bag in a bin. Any bloodstains on the ground must be washed away thoroughly. No contaminated or used items should be left lying around.
- Support the work of the Senior Leadership Team / Governing Body in reviewing policy, risk assessments and practice in response to changing circumstances and guidance.

Location of First Aid Kits	Location of Additional Materials & Off- site Kits
Medical Room School Kitchen Staffroom Swimming Pool New Hall Ocean Room	Medical Room AED located in the medical room Catastrophic bleed kit located in the medical room

Where a First Aider uses consumables from a sealed first aid kit, it is their responsibility to replenish the used items and ask the office to reseal the kit.

Miss Woodliff will maintain stock levels of first aid equipment and consumables and check the dates in sealed kits at least annually. Please report any damage, loss or low stock to them.

Respiratory Infections

Clean your hands thoroughly with soap and water or hand sanitiser after close contact with others and after touching any surfaces in the area you are working in.

Where it is not possible to limit close contact and you are required to deliver hands on care, the following PPE is recommended:

Disposable gloves and a disposable plastic apron A

fluid resistant surgical face mask (FRSM)

If a risk assessment indicates the likelihood of contamination by splashes, droplets of blood or body fluids, use disposable eye protection (such as a face visor or goggles).

Clean your hands thoroughly with soap and water or sanitiser before putting on and after taking off PPE.

Cardiopulmonary resuscitation

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a dynamic risk assessment to assess appropriate infection control precautions.

CPR on adults

If you have been trained in CPR, including rescue breaths, and feel confident using your skills, you should give chest compressions with rescue breaths.

If you're not completely confident, attempt hands-only CPR instead.

Hands-only CPR

To carry out a chest compression:

1. Kneel next to the person and place the heel of your hand on the breastbone at the centre of their chest. Place the palm of your other hand on top of the hand that's on their chest and interlock your fingers.
2. Position yourself so your shoulders are directly above your hands.
3. Using your body weight (not just your arms), press straight down by 5 to 6cm (2 to 2.5 inches) on their chest.
4. Keeping your hands on their chest, release the compression and allow their chest to return to its original position.
5. Repeat these compressions at a rate of 100 to 120 times a minute until an ambulance arrives or for as long as you can.

CPR with rescue breaths

1. Place the heel of your hand on the centre of the person's chest, then place the palm of your other hand on top and press down by 5 to 6cm (2 to 2.5 inches) at a steady rate of 100 to 120 compressions a minute.
2. After every 30 chest compressions, give 2 rescue breaths.
3. Tilt the person's head gently and lift the chin up with 2 fingers. Pinch the person's nose. Seal your mouth over their mouth and blow steadily and firmly into their mouth for about 1 second. Check that their chest rises. Give 2 rescue breaths.
4. Continue with cycles of 30 chest compressions and 2 rescue breaths until they begin to recover or emergency help arrives.

CPR on children

You should carry out CPR with rescue breaths on a child. It's more likely children will have a problem with their airways and breathing than a problem with their heart.

Children over 1 year

1. Open the child's airway by placing 1 hand on their forehead and gently tilting their head back and lifting the chin. Remove any visible obstructions from their mouth and nose.
2. Pinch the child's nose. Seal your mouth over their mouth, and blow steadily and firmly into their mouth, checking that their chest rises. Give 5 initial rescue breaths.
3. Place the heel of 1 hand on the centre of the child's chest and push down by 5cm (about 2 inches), which is approximately one-third of the chest diameter. The quality (depth) of chest compressions is very important. Use 2 hands if you can't achieve a depth of 5cm using 1 hand.

4. After every 30 chest compressions at a rate of 100 to 120 a minute, give 2 breaths.
5. Continue with cycles of 30 chest compressions and 2 rescue breaths until the child begins to recover or emergency help arrives.

Infants under 1 year

1. Open the infant's airway by placing 1 hand on their forehead and gently tilting the head back and lifting their chin. Remove any visible obstructions from their mouth and nose.
2. Place your mouth over the infant's mouth and nose and blow steadily and firmly into their mouth, checking that their chest rises. Give 5 initial rescue breaths.
3. Place 2 fingers in the middle of the infant's chest and push down by 4cm (about 1.5 inches), which is approximately one-third of the chest diameter. The quality (depth) of chest compressions is very important. Use the heel of 1 hand if you can't achieve a depth of 4cm using the tips of 2 fingers.
4. After 30 chest compressions at a rate of 100 to 120 a minute, give 2 rescue breaths.
5. Continue with cycles of 30 chest compressions and 2 rescue breaths until the infant begins to recover or emergency help arrives.

Cleaning

The cleaning schedule will depend on where assistance was provided. Follow the advice for cleaning in non-healthcare settings.

If there has been a blood or body-fluid spill

Keep people away from the area. Use a spill-kit if available, using the PPE in the kit or PPE provided by and following the instructions provided with the spill-kit. If no spill-kit is available, place paper towels or roll onto the spill, and if you are not part of the emergency services, seek advice from them when they arrive.