




The LETTA Trust

First Aid Policy

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Reviewed by:	The TB Resources Committee	Signed:	



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This policy sets out our approach to first aid across The LETTA Trust.

1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils, visitors and contractors across the Trust
- Ensure staff understand their responsibilities in responding to accidents, illness and medical emergencies
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- Provide clear procedures for responding to incidents and administering first aid
- Ensure appropriate arrangements are in place to respond to medical conditions including allergies and anaphylaxis
- Ensure incidents are recorded, monitored and reviewed to improve safety
- Ensure parents are informed appropriately when injuries or medical incidents occur

2. Legislation and 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](#), guidance from the Health and Safety Executive (HSE) on [incident reporting 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
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- [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
- [The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

This policy also takes into account the following guidance:

- DfE guidance on first aid in schools



- DfE guidance on supporting pupils with medical conditions at school
- Department of Health guidance on the use of emergency adrenaline auto-injectors in schools
- DfE allergy guidance for schools
- NHS guidance on anaphylaxis

The Trust also recognises strengthened national expectations relating to allergy safety in schools, including improved staff awareness, emergency preparedness and learning from incidents.

3. Roles and responsibilities

In the Early Years Foundation Stage, at least 1 person who has a current paediatric first aid (PFA) certificate is on the premises at all times.

In addition to this there is at least one suitably trained first aider to care for employees in case they are injured at work. The number of trained first aiders varies according to the size of the school premises and number of employees.

3.1 First aiders

The appointed first aiders at each school are responsible for:

- Taking charge when someone is injured or becomes ill
- 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
- 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
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- Recording incidents on the Trust's Medical Tracker system as soon as reasonably practicable

First aiders will remain with the injured or ill person until they recover or appropriate help arrives.

A list of trained first aiders is displayed in each school and maintained by the school office.

Appointed persons and first aiders in the central team office

For the trust's central office, we have identified the need for a first aider in line with [HSE guidance](#) on first aid at work.



Other than sending pupils home. Their responsibilities for the central team office are the same as those listed above for school-based staff.

3.2 The board of trustees

The board has ultimate responsibility for health and safety matters across the trust, but delegates operational matters and day-to-day tasks to the headteacher and staff members of each school and the appointed first aider at the trust's central office.

3.3 The headteacher

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

- Ensuring that an appropriate number of trained first aiders 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; including but not limited to the location of equipment, facilities and first aid personnel and the procedures for monitoring and reviewing the school's first aid needs
- 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
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- Arrangements are in place for supporting pupils with medical conditions
- Individual Healthcare Plans are implemented where required
- Emergency medication arrangements are in place where appropriate

Incidents are recorded and reviewed using Medical Tracker

3.4 School staff

All school staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
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- Reporting incidents and seeking assistance when required
- Recording incidents on Medical Tracker if they have responded to an incident where a first aider was not present
- Being aware of pupils with significant medical conditions or allergies where relevant

4. First aid procedures



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 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
- If the injured person (or their parents, in the case of pupils) has not provided their consent to the school to receive first aid, the first aider will act in accordance with the alternative arrangements (for example, contacting a medical professional to deliver the treatment)
- 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 office team will contact parents immediately
- The first aider will record the details of the incident on Medical Tracker.

4.2 Off-site procedures

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

- Information about the specific medical needs of pupils
- Parents' contact details
- A mobile phone
- A portable first aid kit including, at minimum:
 - A leaflet giving general advice on first aid
 - 6 individually wrapped sterile adhesive dressings
 - 1 large sterile unmedicated dressing
 - 2 triangular bandages – individually wrapped and preferably sterile
 - 2 safety pins
 - Individually wrapped moist cleansing wipes
 - 2 pairs of disposable gloves

When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15cm × 20 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustproof blunt-ended scissors



Risk assessments will be completed by the class teacher or a senior leader prior to any educational visit that necessitates taking pupils off school premises.

The procedure in 4.1 will be followed as closely as possible for any off-site accidents (though whether the parents can collect their child will depend on the location and duration of the trip).

There will always be at least 1 first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

4.3 Central office procedures (Central offsite office)

The closest member of staff present will assess the seriousness of the injury and decide if the emergency services or non-emergency medical professional need to be contacted. They will remain on scene until help arrives, and complete an accident report form.

5. Allergic Reactions and Anaphylaxis

The Trust recognises that severe allergic reactions (anaphylaxis) are a medical emergency.

Where pupils have known allergies or medical conditions, schools will work with parents and healthcare professionals to ensure appropriate Individual Healthcare Plans are in place.

These plans will outline:

- triggers and symptoms
- medication requirements
- emergency procedures
- staff responsibilities

Emergency response to suspected anaphylaxis

If anaphylaxis is suspected:

- Send for a trained first aider immediately
- Administer the pupil's prescribed adrenaline auto-injector without delay
- Call 999 and state "anaphylaxis"
- Keep the person lying down unless breathing is difficult
- If symptoms do not improve after 5 minutes a second auto-injector may be administered
- Parents will be informed immediately

The individual must always be taken to hospital following an anaphylactic reaction. Schools may hold spare emergency adrenaline auto-injectors in line with national guidance.

6. First aid equipment

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

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)



- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room in schools
- The central office

7. Record-keeping and reporting

7.1 Medical tracker

The Trust uses Medical Tracker as its central system for recording all medical and first aid incidents.

All incidents must be recorded on Medical Tracker as soon as reasonably practicable.

Incidents recorded include:

- pupil injuries
- staff injuries
- visitor injuries
- head injuries
- allergic reactions
- administration of medication
- near misses

Medical Tracker data may be reviewed by school leaders and the Trust to identify trends and improve safety practices.

Notifying Parents

Parents will be notified of incidents involving their child through Medical Tracker.

Medical Tracker will provide a record of the incident and any treatment provided.

Where an injury or incident is significant, staff will also contact parents by telephone. This is



particularly important where:

- a child requires hospital treatment
- a child is taken directly to hospital
- an injury is significant or potentially serious

This ensures that parents receive timely information alongside a personal conversation demonstrating care and concern for the pupil's wellbeing.

.2 Reporting to the HSE (RIDDOR)

Certain incidents must be reported to the Health and Safety Executive in accordance with RIDDOR regulations.

These include:

- deaths
- specified serious injuries
- injuries resulting in absence from work for more than 7 days
- dangerous occurrences

The Trust will ensure these reports are submitted within required timescales.

School staff: reportable injuries, diseases or dangerous occurrences

These 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), which:
 - Covers more than 10% of the whole body's total surface area; or
 - Causes 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 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
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the CFO will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - Carpal tunnel syndrome
 - Severe cramp of the hand or forearm
 - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
 - Hand-arm vibration syndrome
 - Occupational asthma, e.g from wood dust
 - Tendonitis or tenosynovitis of the hand or forearm
 - Any occupational cancer
 - Any disease attributed to an occupational exposure to a biological agent
- 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

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and the person is taken directly from the scene of the accident to hospital for treatment

*An accident “arises out of” or is “connected with a work activity” if it was caused by:



- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc)
- The condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here:

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

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

8. Training

All first aiders must hold a valid first aid qualification.

The Trust will ensure:

- first aiders receive appropriate training
- training is refreshed before certificates expire
- paediatric first aid training is available where required

Staff may also receive training relating to:

- medical conditions
- allergy awareness
- recognising and responding to anaphylaxis
- use of emergency medication

8. Monitoring arrangements

This policy will be reviewed by the CEO annually.

At every review, the policy will be approved by the board of trustees.

The first aid provision will be reviewed by the first aiders at least annually.

9. Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Policy on supporting pupils with medical conditions
- Child protection and safeguarding policy