First Aid Procedure
May 2025

This policy will be reviewed according to The Mercian Trust's Policy Schedule. If there are any changes in legislation or legal requirements, an earlier review will be conducted to ensure compliance and relevance.

List of changes from 2024 policy:

Update to contents page
Amendments to staff first aider list (Appendix 1)
Amendments to staff certification dates (Appendix 2)

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1. Aims

The aims of our First Aid policy are to:

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

2. Legislation and Guidance

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 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;
- The School Premises (England) Regulations 2012, which require that suitable space is provided to cater for the medical and therapy needs of pupils;
- 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 complies with our funding agreement and articles of association.

3. Roles and Responsibilities

3.1 First Aid Administrator and First Aiders

The school's lead first aider / coordinator is named in appendix 1 and is responsible for:

- Overseeing the implementation and management of a first aid rota (Appendix 4), appointing a responsible person in charge when someone is injured or becomes unwell;
- Ensuring there is an adequate and in-date supply of medical materials in first aid kits, and replenishing the contents of these kits;
- Managing the student medications stored on site.

First Aiders are trained and qualified to carry out the role (see section 7) and 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;
- Contacting parents and carers to collect unwell or injured students, where necessary, to rest and recover at home;
- Advising parents and carers to seek medical advice where necessary;
- Completing an accident report on Evolve on the same day, or as soon as is reasonably practicable, after an incident;
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.

Our school's first aiders are listed in appendix 1. Their names are displayed prominently around the school and the first aid rota is accessible to staff in the Staffroom channel on Teams.

For their own protection and the protection of the patient, first aiders should take the following precautions:

- Exposed cuts and abrasions should be covered with a waterproof dressing. Hands should be washed before and after administering first aid or medication;
- Disposable gloves should be worn;
- Disposable plastic gloves must be worn when first aiders are mopping up blood or body fluids;
- Paper towels should be used for mopping up and soiled towels should be disposed of in the clinical waste bins provided;
- Any items that come into contact with bodily fluids such as saliva, blood or vomit (e.g. tissues, vomit bowls, etc) are to be disposed of in the clinical waste bins provided;
- Clothing may be cleaned in a washing machine using the hot cycle;
- Surfaces should be wiped down with a solution of a suitable disinfectant;
- Where a first aider requires support with an incident, they should contact the 'backup first aider' as per the first aid rota;
- The decision of the qualified first aider is final and in any case of doubt they will order an ambulance to be called, whether the patient be a child or an adult.

3.2 The Governing Board

The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.3 The Headteacher

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

- Ensuring that an appropriate number of first aid trained personnel are present in the school at all times;
- Ensuring that first aiders have an appropriate qualification, keep their 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 HSE when necessary (see section 6).

3.4 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 to where first aider is not called;
- Informing the Headteacher, or their line manager, of any specific health conditions or first aid needs.

4. First Aid Procedures

4.1 In-school Procedures

- Staff who become first aiders will be trained and certified to provide first aid cover in all normal expected scenarios at work;
- First aid is to be provided for accidents, emergencies or illnesses which are unexpected, unplanned and not part of a pattern or series. However, and only if they are prepared to do so, first aiders may also become trained in the administration of medicines by a patient's own doctor or parent (see below, Medication). Parents are responsible for the administration of medicines to their children so if no member of staff is prepared to train in the administration of medicines then on behalf of the Governors, the Headteacher will make arrangements whereby parents, family friends, or approved neighbours can come into school on an as-needs basis to administer the medicines or treatment to their child or relative. The school's obligation is to provide facilities for treatment;
- If no employee is contractually able to provide treatment, and if family or friends are not able to visit the school to provide treatment, then either the treatment is not given, or if the child's health is at risk, s/he is sent home, or in extreme circumstances, an ambulance is called;
- Supplies of first aid material will be held at appropriate locations throughout the school. These locations will be determined by the SLT. They will be prominently marked, and all staff will be advised of their position (as per First Aid rota in Appendix 4). These materials will be checked regularly and any deficiencies made good without delay.

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 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 or an appropriate member of staff will contact parents immediately;
- The first aider/relevant member of staff will complete an accident report form (via Evolve) on the same day or as soon as is reasonably practical after an incident resulting in an injury.

4.2 Off-site Procedures

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

- A school mobile phone;
- Information about the specific medical needs of pupils;
- Parent or carer contact details;
- A portable first aid kit including at a minimum:
    - A leaflet giving general advice on first aid
    - Individually wrapped sterile adhesive dressings
    - Regular and large sterile unmedicated bandages / dressings
    - Triangular bandages – individually wrapped and preferably sterile
    - Adhesive tape
    - Safety pins
    - Individually wrapped moist cleansing / antiseptic wipes
    - 2 pairs of disposable gloves
    - Plasters of assorted sizes
    - Burns dressings
    - Cold compress (ice pack)

  Contents should be checked regularly and certainly each time a box is taken out on a trip in order to ensure that there is always an adequate supply of all materials.

Risk assessments will be completed by the trip leader prior to any educational visit that necessitates taking pupils off school premises. Adequate and appropriate first aid provision will form part of the arrangements for all out of school activities and a first aider will be provided if possible.

4.3 Long-Term Medical Needs

It is important for the school to have sufficient information about the medical condition of any pupil with long term medical needs. If a pupil's medical needs are inadequately supported, this can impact on a pupil's academic attainments and/or lead to emotional and behavioural problems. The school therefore needs to know about any medical needs before a child starts at the school, or when a pupil develops a condition. For pupils who attend hospital appointments on a regular basis, special arrangements may also be necessary.

Where circumstances require it, the school will draw up a written health care plan for such pupils, involving the parents, pastoral staff, first aid staff and the relevant health professionals.

This will include:

- Details of a pupil's condition;
- Special requirements (e.g. dietary needs, pre-activity precautions, etc);
- Medication and any side effects;
- What to do, and who to contact in an emergency;
- The role of the school.

Auto-Injector Adrenaline Pens (known as EpiPens)

Children who have a sudden and severe allergic reaction to an external irritant may become ill quite quickly. All staff at QMHS have been trained in the use of adrenaline pens in the case of anaphylactic shock. Whilst waiting for the ambulance, a member of staff may administer the adrenaline pens and therefore

relieve a potentially high-risk medical condition. Adrenaline pens are a risk-free treatment; they are a one-shot injection device which cannot do harm, at worst they have no effect.

If a situation arises where no staff are prepared to administer adrenaline pens, this will be made clear to the parents of the individual pupil(s) concerned.

5. First Aid Equipment and Medication

5.1 Onsite First Aid Boxes

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

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Cold compresses
- Burns dressings

Bandages and dressings are wrapped, sterile and unmedicated.

No medication is kept in first aid kits.

First aid kits are stored in:

- The Medical Room
- The Headteacher's PA's Office
- Reception
- Science Preparation Room
- W01 (Science Classroom)
- Design Technology Office
- The School Kitchens (Sixth Form and Cloisters)
- P.E Department on and off site (BSH and the Pavillion)

5.2 Other Equipment

- Soap and water and disposable drying materials are provided in the medical room for first aid purposes. Where soap and water are not available, individually wrapped alcohol-free moist cleansing wipes may be used;
- The use of antiseptics is not necessary for the first aid treatment of wounds;
- Where mains tap water is not readily available for eye irrigations, sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Each container should hold at least 300ml and should not be reused once the sterile seal is broken. At least 900ml should be provided. Eye baths, eye cups and refillable containers should not be used for eye irrigation;

- Disposable plastic gloves and aprons and other suitable protective equipment should be provided in the medical room and should be properly stored and checked regularly to ensure that they remain in good condition;
- Blunt ended stainless steel scissors (minimum length 12.7 cm) should be kept where there is a possibility that clothing might have to be cut away. These should be kept with items of protective clothing and equipment;
- Disposable plastic bags for soiled or used first aid dressings should be provided in the medical room;
- First aiders should ensure that used dressings etc are safely disposed of in the clinical waste bins provided.

5.3 Medication

Storage and Access

- On behalf of the Governors, the Headteacher accepts responsibility in principle, and where a first aider is willing, for trained first aiders giving or supervising children taking prescribed medication during the school day;
- Under no circumstances may non-prescription medication be brought into school by pupils, nor may any such medication be administered or supervised by any member of staff.
- The school has an administering paracetamol policy. Parents must give prior permission for their child to take paracetamol during the school day. Should a child require Piriton and no prior permission has been given, the school seeks parental consent before administering.
- It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents are encouraged to ask the prescribing doctor or dentist about this;
- Under no circumstances will any medication be administered or supervised by any member of staff without prior written or verbal agreement from parents or carers. Parents are encouraged to provide the school with full information about their child's medical needs. Staff noticing a deterioration in a pupil's health over time should inform the Lead First Aider who should let the parents or carers know.
- Many pupils will need to take medication at school at some time in their school life. Mostly this will be for a short period only; to finish a course of antibiotics or apply a lotion. To allow pupils to do this will minimise the time they need to be off school. Medication should only be brought into school when absolutely essential and pupils should hand all medication to the Lead First Aider for safe storage and carry only an emergency dose of any medication. This is because some medicines may be harmful to anyone for whom they are not prescribed and as the Governors have a duty to ensure that the risks to the health of others are properly controlled it is in the medical room and medical cupboard that storage, administration or supervision of medication will take place. This duty derives from the Control of Substances Hazardous to Health Regulations 2002. Any temporary or short-term medication handed into the Lead First Aider should be accompanied by a Temporary Medication Agreement;
- All student medications will be stored in the Head's PA's Office. Students must have access to their medicine when required but in general, only qualified first aiders who have agreed to administer or supervise medication may provide access to that medication, making sure that medicines are only accessible to those for whom they are prescribed. However, all staff should know how to access the medication in the event of an emergency;

- The school will not undertake to store large volumes of medication. The Headteacher will ask the parent or pupil to bring in the required dose each day, or by negotiation with the Lead First Aider if this is not possible;
- The Lead First Aider is responsible for making sure that medicines are stored safely;
- Some medicines need to be refrigerated. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. The refrigerator is located in the Head's PA's Office therefore access is restricted.
- A few medicines, such as asthma inhalers, auto-injector adrenaline pens, must be readily available to pupils and must not be locked away;
- Where a pupil chooses to carry their own inhaler or EpiPen, they are permitted to do so.

6. Record-keeping and Reporting

6.1 First Aid and Accident Record

- An accident form will be completed on Evolve by the first aider/relevant member of staff on the same day or as soon as possible after an incident;
- As much detail as possible should be supplied when reporting an incident, including all of the information included in the accident form at appendix 2;
- A copy of the accident report will be available on Evolve~~;~~
- Records held on Evolve 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, and then securely disposed of;
- Unless it cannot possibly be avoided, no member of staff should administer first aid or medication without a witness, who should, preferably, be another member of staff. This is to eliminate the possibility of a member of staff being accused of improperly touching a pupil during the administration of first aid or medication. No member of staff or other responsible adult should administer medication unless he or she has received proper training;
- A record will be made of each occasion any member of staff; pupil or other person administers or receives first aid treatment or medication either on school premises or as part of a school-related activity. The information detailed on this record will be used to inform parents of the action which has been taken in school in response to an accident which involved their child. Communication of such information is very important, especially when a head injury is involved;
- No matter how slight, any accident which requires first aid, even if it is only a sticking plaster, should be recorded and the record retained for a minimum of 3 years after completion in case it is required for use in any legal or civil action.

6.2 Medication Record Keeping

Records will be kept of all administration or supervision of medication, to include: -

- The pupil's name
    - appropriately labelled and suitable container
    - written instructions provided by parents or doctor. Parents are responsible for supplying information about medicines that their child needs to take at school, and for letting the school know of any changes to the prescription or the support needed
    - the name of the medication

- prescribed dose – amount, time and frequency of administration
- method of administration
- expiry date
- any other treatment
- any side effects
- separate details, instructions and containers for separate medications
- the record to be signed, timed and dated on each occasion medication is given
- it is good practice to have the dosage and administration witnessed by a second adult.

6.3 Reporting to the HSE

The Lead First Aider 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 Headteacher 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) 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;
- 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 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
- 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

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

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. The Headteacher will also notify Walsall Education Authority of any serious accident or injury to, or the death of, a pupil while in the school's care.

7. Training

All school staff are able to undertake first aid training if they would like to, with some roles having this included in their job description.

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 (see appendix 1).

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

8. Monitoring Arrangements

This policy will be reviewed by the Lead First Aider every 2 years. At every review, the policy will be approved by the Headteacher and full governing board.

9. Links with Other Policies

This First Aid Policy is linked to the:

- Health and safety policy
- Risk assessment policy
- Students with Medical Needs Policy
- Administering paracetamol procedure

Appendix 1: List of First Aiders

Staff name	Role	Certificate expires
Miss M Tomkinson*	Lead First Aider (Head's PA)	**03/12/2027**
Mrs D Connell	Assistant Headteacher and DSL	12/02/2026
Mrs H Lovell*	Subject Leader of MFL	02/07/2026
Mr C Hinks	Teacher of Physics / DofE Lead	23/04/2027
Miss S Jenkins*	Administrator with Cover Supervision	30/04/2027
Miss L Butlin	Teacher of PE	07/05/2027
Dr B Darwood	Teacher of Science	04/07/2027
Miss E Wade-Hughes	Student Support Mentor	22/10/2027
Mr K Hough	Caretaker	07/11/2027
Mrs J Hodson*	Reprographics Assistant	03/12/2027
Miss E Taylor*	Subject Leader of Geography	03/12/2027
Mrs G Jones	Caretaker	25/02/2028
Mrs M Turner	Teacher of PE	08/05/2028

*Candidates successfully completing this course will be entitled to act as a first aider in the workplace. This Emergency First Aid at Work course may be more suitable whereby a needs assessment has identified a low-risk work environment. This course complies with the Health & Safety (First Aid) Regulations 1981 (Appendix 6 Content of an Emergency First Aid at Work (EFAW) Course). The Emergency First Aid at Work course is unit 1 and day 1 of the First Aid at Work 3-day course.

Appendix 2: First Aid Training Log

NAME/TYPE OF TRAINING	STAFF WHO ATTENDED (INDIVIDUAL STAFF MEMBERS OR GROUPS)	DATE(S) ATTENDED	DATE FOR TRAINING TO BE RENEWED (WHERE APPLICABLE)
First Aid (3-day)	Mrs D Connell	08/02/2023 – 10/02/2023	12/02/2026
Emergency First Aid at Work	Mrs H Lovell	03/07/2023	02/07/2026
First Aid (3-day) - requalification	Mr C Hinks	22/04/2024 – 23/04/2024	23/04/2027
Emergency First Aid at Work	Miss S Jenkins	30/04/2024	30/04/2027
First Aid (3-day) - requalification	Miss L Butlin	07/05/2024 - 08/05/2024	08/05/2027
First Aid at Work	Dr B Darwood	03/07/2024 - 04/07/2024	04/07/2027
First Aid (3-day) - hybrid	Miss E Wade-Hughes	21/10/2024 – 22/10/2024	22/10/2027
First Aid (3-day) - requalification	Mr K Hough	06/11/2024 – 07/11/2024	07/11/2027
Emergency First Aid at Work	Miss M Tomkinson	03/12/2024	03/12/2027
Emergency First Aid at Work	Mrs J Hodson	03/12/2024	03/12/2027
Emergency First Aid at Work	Miss E Taylor	03/12/2024	03/12/2027
First Aid (3-day) - hybrid	Mrs G Jones	24/02/2025 – 25/02/2025	25/02/2028
First Aid (3-day)	Mrs M Turner	08/05/2025 - 09/05/2025	08/05/2028
First Aid (3-day) - hybrid	Miss S Bent	20/10/2025 – 21/10/2025	20/10/2028

Appendix 3: Incident Report Sheet

This is logged on Evolve by the first aider involved.
The following information is recorded:

- Name
- Date and time of incident
- Any other persons involved
- Location
- Incident details & severity
- Action taken
- Follow up action required including action taken to avoid reoccurrence
- Name of person attending incident
- Date of recording

Appendix 4 – First Aid Rota 2025-26

First Aid Rota 2025-26

Week 1&2	Monday	Tuesday	Wednesday	Thursday	Friday
Reg	Mrs J Hodson	Miss S Bent	Mr K Hough	Miss S Jenkins	Miss S Bent
P1					
P2					
Break	Miss S Bent	Mrs J Hodson	Miss E Wade	Miss M Tomkinson	Mr K Hough
P3					
P4					
Lunch	Ms G Jones	Miss E Wade	Miss M Tomkinson	Ms G Jones	Miss S Jenkins
P5					
P6					

BACKUP FIRST AIDERS - ONLY TO BE USED IF THE DESIGNATED FIRST AIDER IS ABSENT OR REQUIRES SUPPORT

Week 1&2	Monday	Tuesday	Wednesday	Thursday	Friday
Reg	Miss E Wade	Mr K Hough	Mrs J Hodson	Miss E Wade	Miss S Jenkins
P1					
P2					
Break			Miss S Bent		
P3	Miss M Tomkinson				Ms G Jones
P4		Ms G Jones		Miss M Tomkinson	
Lunch					
P5					
P6					

First Aid Kit Locations (kits do not contain medication)
1. Reception (Main Building)
2. Head's PA Office (Main Building)
3. Medical Room (Main Building)
4. Science Prep Room (next to S01)
5. W01 (Science Classroom)
6. Design Technology Office
7. Sixth Form Café
8. School Kitchen (Cloisters)
9. BSH (on-site PE lessons)
10. Pavillion at QMGS (off-site PE lessons)