EMAT
EASTERN MULTI-ACADEMY TRUST

Group Policy Document

First Aid and Medical Needs Policy

Summary

This policy document is about First Aid arrangements and Medical related treatment and records at all Eastern Multi-Academy Trust settings.

Appendices 1 and 2 are to be adopted by EMAT Academies as their local arrangements and set out the details of how first aid is managed within the individual setting and list first aid staff and training for all.

If you are unsure about the validity of the content of this policy please refer to the Policy Owner.

Please Note: This policy is applicable to All Employees / Teachers / Support Staff / Volunteers including Trustees and Governors within the Group.

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Policy holder	**Trust Operations Manager & CFO**
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01	Policy due for renewal February 2023, reviewed and updated Dec 2022, to meet current requirements and include medical conditions and administration of medicine.	ELT, Principals /Operations Managers. Audit Committee	December 2022
02	Updated aims to focus on first aid/medical needs rather than H&S. Strengthened some phrasing throughout (should>must). Addition of Smartlog as the recording method for first aid, accidents, administration of medication and IHPs. Signpost links added to Appendix templates should Smartlog not be available. Additional detail added to section 8 related to EYFS first aid training.	ELT, Audit Committee	December 2025

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1. Aims

The aims of our first aid policy are to:

- To ensure first aid provision meets the needs of all pupils, staff, and visitors.
- To ensure pupils with medical needs are supported so that they can access and enjoy the same opportunities as other pupils.
- To provide clear procedures for dealing with medical emergencies.
- Provide a framework for responding to an incident and recording and reporting the outcomes
- To promote safe and effective management of medicines in school.
- To ensure staff are trained and competent in their roles relating to first aid and medical support.

2. Legislation and guidance

For EMAT Academies with Early Years Foundation Stage provision:

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:

For EMAT Academies without Early Years Foundation Stage provision:

This policy is based on advice from the Department for Education on first aid in schools and health and safety in schools, and 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
- 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 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 trust's funding agreement and articles of association.

3. Roles and responsibilities

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

Section 3.1 below sets out the expectations of appointed persons and first aiders as set out in the 1981 first aid regulations and the DfE guidance listed in section 2.

Appendix 2 lists all of the appointed first aiders at the school they work in.

3.1 Appointed person(s) and first aiders

The appointed person(s) 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

First aiders are trained and qualified to carry out the role (see section 8) 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
- 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 on Smartlog
- Keeping their contact details up to date

Each EMAT Academy's appointed person(s) and/or first aiders are listed in appendix 2. Their names will also be displayed prominently around the academy site.

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 Principal and staff members of each academy.

3.3 The Principal

The Principal is responsible for local implementation of the 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; 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

- Reporting specified incidents to the HSE when necessary (see section 7)
- Liaising with healthcare professionals regarding the training required for staff.
- Ensuring that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions
- Identifying staff who need to be aware of a child's medical condition.
- Overall responsibility for developing and implementing Individual Healthcare Plans (IHPs).

3.4 School staff

All school staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders and/or appointed person(s) in school are
- Completing accident reports for all incidents they attend to where a first aider/appointed person is not called
- Knowing what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Informing the Principal or their manager of any specific health conditions or first aid needs

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 first aider or other relevant member of staff will contact parents immediately and the Academy Principal informed.
- The first aider/relevant member of staff will complete an accident report form on Smartlog on the same day or as soon as is reasonably practical after an incident resulting in an injury
- If, for whatever reason, Smartlog is not available for recording the accident or incident, a template report form should be used instead (appendix 3) and the data transferred to Smartlog as soon as possible after.
- For Academies with Early Years Foundation Stage provision, there will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times.

4.2 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 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

The above list is based on the HSE's recommendation for a minimum travelling first aid kit – however this can be adapted to reflect the academy's first aid needs assessment and arrangements.

- Information about the specific medical needs of pupils
- Parents' contact details

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 trip leader/EVC/First aider 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 (although whether the parents can collect their child will depend on the location and duration of the trip).

For academies with Early Years Foundation Stage provision, 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 School office procedures

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider within the building, 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.
- If the injured person hasn't provided their consent 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.
- The first aider will complete an accident report form on Smartlog on the same day or as soon as is reasonably practical after an incident resulting in an injury.

5. First aid equipment

The following is based on the HSE's recommendation for a minimum first aid kit.

A typical first aid kit in EMAT academies 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

First aid kits should be stored in the medical room, at reception, in the school hall, in the kitchen and in other high risk areas (science labs, DT classrooms, etc).

Tablets and medication of any description must not be kept as part of the first aid provision.

The location of first aid boxes, rooms and the boxes themselves must be clearly marked by a white cross on a green background.

Defibrillator

- If an AED unit is situated within an academy, all staff members and pupils must be made aware of the AED's location and what to do in an emergency.
- No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.
- The emergency services will always be called where an AED is used or requires using.
- Primary schools only Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

5.1 Hygiene

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff must use disposable gloves when administering first aid, these can be found in every first aid box. Any spillages must be notified to site maintenance who will follow the correct procedure.

Hands must always be washed before and after giving first aid.

Single-use disposable gloves must be worn if treatment involves blood or other body fluids. Any soiled dressings must be put in a yellow clinical waste bag and disposed of in a clinical waste box.

Any body fluids on the floor should have absorbent granules sprinkled on to them, then swept up with the designated dustpan and brush. This must always go in a yellow bag and be disposed of in a clinical waste box.

Exposed cuts or abrasions must always be covered.

In the event of widespread viral/bacterial infections across the Academy the following actions will be taken:

- The Academy will report the situation to parents via the website, newsletters and text messages with guidance regarding avoidance, recognition, treatment and guidance on attendance.
- The guidance materials will also be used to communicate the information to students, as well as displaying posters around the Academy site.

5.2 Hygiene & Medical Room

All academies must have medical accommodation. This is a statutory requirement. Medical rooms should:

- Be suitable for medically examining and treating pupils
- Be suitable for the short-term care of sick and injured pupils
- Have a washing facility
- Be near a toilet
- Cater for pupils with complex needs (if you have such pupils on your roll)

You can use this accommodation for other purposes (aside from teaching), but it must be readily available for the purposes listed above.

The requirement for a medical room is outlined in Regulation 5 of the School Premises (England) Regulations 2012 for maintained schools, and part 5 of the Education (Independent School Standards) Regulations 2014 for academies and independent schools.

On top of the statutory requirements above, your medical accommodation should (where possible) also have a:

- Medical inspection room for medical treatment, therapy, and space for sick or injured pupils who need to rest on a bed
- Sick bay for ill or injured pupils waiting to be picked up. This should be located in an area where staff can keep an eye on pupils
- Store for first aid materials
- Foot-operated refuse container
- Medical/examination couch with waterproof protection
- Telephone or other communication equipment

This guidance comes from the Health and Safety Executive's FAQ on first-aid rooms and a representative from the DfE.

You shouldn't combine hygiene and medical rooms. Hygiene rooms are sanitary facilities, which usually contain a shower, bed, toilet, wash basin and hoist. You shouldn't combine them with other medical accommodation, due to health and safety concerns.

You can have a toilet in your medical accommodation, but you'll need to make sure it's:

- Located in a room next to the accommodation, behind a closed door
- Kept clean
- Make sure you keep any areas for washing and dressing wounds sterile.

This guidance comes from a DfE representative and an adviser from Public Health England

6. Information about Students' Medical Conditions

There is more detailed guidance, along with template documents, to accompany all areas of medical needs and administration of medication on the Health & Safety sharepoint section 3.6.3 Supporting pupils with medical conditions.

6.1 Students with Medical Needs

In April 2014 the DfE published new guidance 'Supporting pupils at school with medical conditions.
That guidance contains both statutory and non-statutory guidance. This section covers both elements. New guidance has been issued because section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions. The term 'medical conditions' is not defined in the Act or the guidance but our interpretation is:

Short Term: affecting children's participation in school activities and for which they are on a course of medication
Long Term: potentially limiting children's access to education requiring extra care and support
(deemed special medical needs). This may include a medical condition under control by use of drugs but with the potential for relapse.

Many students will at some time have a short-term medical condition that may affect their participation in activities. Other students have medical conditions that, if not properly managed, could limit their access to education. These medical conditions include diabetes, asthma, epilepsy and anaphylaxis (extreme allergic reaction). Such students are regarded as having medical needs and will be more at risk than their classmates. In a few cases, individual health care plans may be needed.

With particularly serious medical conditions, each case must be treated individually, in relation to the illness and its requirements, to the parents' possible wish for confidentiality and to the child's knowledge of their own condition.

It is the responsibility of the parents to inform the Academy about their child's medical conditions and requirements.

Information from parents may be received by the Academy in a number of ways, such as via the admission form, via letters from parents, via conversations subsequently recorded in writing with the teachers or via the annual data check. There is a model letter inviting parents to contribute to IHP development for their child (appendix 9)
This information should be passed immediately to the administration team to add to the student's record and individual health care plans drawn up if required.

The Designated Safeguarding Lead must be informed if a pupil becomes pregnant.

The academy will always aim to:

- have a good understanding of how medical conditions impact on a child's ability to learn
- increase the child's confidence
- promote self-care
- maintain an up to date register of pupils with medical conditions

6.2 When the academy is notified that a pupil has a medical condition:

A meeting will be held with parents and other relevant professionals to establish the level of need and to support the completion, where required, of an Individual Healthcare Plan (IHP). This may be reviewed in conjunction with the Educational Health Care Plan (EHCP) if applicable. Other appropriate paperwork will be completed: risk assessments, administration of medication arrangements and the purchasing of any resources which may be required.
IHPs will be developed with child's best interests in mind and in partnership with parents, pupils, and healthcare professionals. IHPs will ensure that the academy assesses and manages risks to the child's education, health and social well-being as well as minimising disruption.

IHPs will be reviewed at least annually or earlier if evidence is presented that the child's needs have

changed.

The following Information will be recorded on IHPs:

- the medical condition, its triggers, signs, symptoms and treatments.
- the pupil's resulting needs, including: medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors.
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this must be clearly stated with appropriate arrangements for monitoring.
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable.
- who in the academy needs to be aware of the child's condition and the support required.
- arrangements for written permission from parents and the Headteacher / Principal for medication to be administered by a member of staff, or self-administered by the pupil during academy hours.
- separate arrangements or procedures required for academy trips or other academy activities outside of the normal academy timetable that will ensure the child can participate, eg risk assessments.
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency including whom to contact, and contingency arrangements.
- IHPs must be easily accessible to those who need to refer to them, but confidentiality is preserved.

Appendix 4 includes a model process for developing IHPs

Appendix 5 includes a template IHP to be completed if Smartlog is not available or not used for recording IHPs.

6.3 Managing Medicines on Academy Premises

- Medicines must only be administered at the academy when it would be detrimental to a child's health or attendance not to do so.
- The dosage and administration of medicines are checked and signed by a member of staff (a record of medicine administered will be held in the academy office.)
- Medicines will only be administered when the Parental agreement for setting to administer medicine (appendix 6) has been completed and signed by parents/carers.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside academy hours.
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- The circumstances in which the academy will administer non-prescription medicines will be set out in an IHP.
- A child under 16 must never be given medicine containing aspirin unless prescribed by a doctor.
- Medication, eg for pain relief, must never be administered without first checking maximum dosages and when the previous dose was taken. Parents must be informed.
- The academy will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but may be made available inside an insulin pen or a pump, rather than in its original container.
- All medicines must be stored safely in a locked cabinet. Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens must be always readily available to children and not locked away. This is particularly important to consider when off academy premises e.g. on academy trips.
- Records must be kept of all medicines administered to children. This must be completed on Smartlog wherever possible. Appendix 7 includes a template record of medicine administered to an individual child and Appendix 8 includes a template record of medicine administered to all children should Smartlog not be available for any reason. Paper records should be transferred to Smartlog as soon as possible, and disposed of securely afterwards, to comply with GDPR.
- Controlled drugs will be managed in accordance with national guidance.
- It is appropriate for non-prescription (over the counter medicines) to be administered by a member of staff in the nursery or school or self-administered by the pupil/student (for secondary) during school hours,

following written permission by the parents. Staff will only administer one dose of non-prescription medication during the school day while the child is on school premises. If the pupil continues to be in pain or discomfort, then the parent must be informed and taken home.

7. Record-keeping and reporting

7.1 First aid and accident records

- An accident form will be completed on Smartlog by the first aider/relevant member of staff on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible must be supplied when reporting an accident.
- Records held on Smartlog 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 as per EMAT data retention policy.
- Should Smartlog not be available for any reason, Appendix 3 includes a template accident report form and data should be transferred to Smartlog as soon as possible after, and paper records disposed of in line with GDPR.

7.2 Reporting to the HSE

The Operations Manager or Principal will record on Smartlog details 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 or Principal will then report to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

The Central Trust must also be informed of any reportable occurrences or serious incidents.

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 Operations Manager or Principal will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident. This should be completed in co-ordination with the Trust People Team.
- 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); and/or
- 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

7.3 Notifying parents

Nominated Academy staff 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 practicable. This can be completed automatically via Smartlog, where appropriate, or in person/over the telephone. Parents will also be informed if emergency services are called. Records of these conversations should be kept with the accident report on Smartlog.

8. Training

All 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 (see appendix 2). These records should also be held on Smartlog so that automatic reminders of renewal are sent to staff members.

All first aiders must have the appropriate qualification depending on the assessment of the Academy's needs:

- First Aid at Work (FAW) – full 3 day course
- Paediatric First aid – 2 day course to meet the requirements of the EYFS framework
- Emergency First aid work (EFAW) – 1 day course

Training is usually valid for three years after which a refresher course is required. FAW refresher is two days. If any qualification lapses it must be taken again in full. These qualifications must be delivered by reputable providers.

Other training is available if required for specific circumstances eg diabetes, epilepsy, epipens and general administration of medication, along with specific training for staff supporting pupils with complex or long-term medical conditions

Staff who administer first aid according to their training and in the course of their employment are covered by employer liability insurance.

Automated External Defibrillators (AEDs) are more likely to be used very infrequently in a school environment and potentially more on adults than pupils. The AEDs do not need specific training. Anyone using them must follow the instructions carefully. Not all Academies have defibrillators and local procedures will make clear if they do.

For Academies with Early Years Foundation Stage provision:

In accordance with the Statutory Framework for the Early Years Foundation Stage (EYFS, 2024), all academies providing EYFS provision must comply with the following legal requirements:

- At least one person holding a current full Paediatric First Aid (PFA) certificate must be on the premises at all times when children are present.
- A PFA-trained member of staff must accompany all outings, including short local walks or visits.

- PFA training must meet the EYFS criteria, be a minimum of 12 hours in duration, and include practical, face-to-face assessment.
- Certificates must be Ofqual-regulated or otherwise EYFS-compliant, and renewed every three years.

EMAT has determined that each Academy will have at least one trained Mental health first aider to support staff and students. The name of the MHFA trained staff should be included on the list of first aiders published.

9. Monitoring arrangements

This policy will be reviewed every 3 years.

The local first aid provision – appendix 1 - completed for each academy will be reviewed by their Academy Committee at least annually.

10. Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Safeguarding policy
- Children with health needs who cannot attend school
- Care & education of pregnant students
- Data protection and retention policies

11. Further information

Detailed procedural information, guidance and templates to support this policy can be found of the Health & Safety manual sharepoint under 3.6 site management.

Appendix 1: template for local first aid procedures

These procedures for First Aid and Medical treatment at [Insert name] form part of the Eastern Multi-Academy Trust First Aid and Medical Policy
(LOCALISE AS APPROPRIATE)

1. **First Aid Procedure**

1.1 This procedure forms part of, and should be read in conjunction with, the First Aid Policy. It is designed to confirm how the Trust will address the responsibilities regarding the administration of first aid to staff, pupils and visitors.

1.2 All organisations, including educational establishments, should ensure their procedures and arrangements reflect an assessment of the need. The procedures should cover first aid personnel, equipment and practices and be designed in accord with the legal standards and good practice.

1.3 The First Aid Coordinator in conjunction with the Principal is responsible for determining the actual provision required at their respective establishments, with the appropriate manager responsible where additional needs relevant to their specific operation exist.

1.4 The Trust has determined that each Academy will have at least one trained Mental Health First Aider to support students. The name of the Mental Health First Aider will be added to the list of first aiders.

2. **Assessment of Need**

2.1 The First Aid Coordinator in conjunction with the Principal has undertaken an assessment of the first aid need to determine a provision which is suitable and sufficient in line with the Policy.

2.2 Following the assessment, it has been determined that the Academy needs a minimum of X full first aid qualified staff and additionally a number of appointed persons.

2.3 Departmental managers should determine any additional personnel, equipment and facilities required using the same approach, for example, specific first aid provision must form part of the arrangements for offsite work and educational visits.

3. **First Aid Provision**

3.1 The First Aid Co-ordinator is INSERT NAME and is located INSERT LOCATION / ROOM. A First Aid treatment room (Room XX) is sited INSERT LOCATION and is available for persons who require such a facility.

4. **First Aid Rooms**

4.1 The site has a room available for first aid, which will;

- be adequately stocked with first aid equipment
- be accessible to stretchers
- be clearly sign-posted
- be provided with a couch, a desk, a chair and any necessary additional equipment
- a telephone
- have washable surfaces and adequate heating, ventilation and lighting
- be kept clean, tidy, accessible and available for use at all times when staff and students are on site
- be positioned as near as possible to the point of access for transport to hospital
- display a notice in the room advising of the names, locations, and, if appropriate telephone extensions of first aiders and how to contact them

The designated person must check all first aid equipment is in date and stocks replenished regularly.

4.2 The first aid room will be provided with or have ready access to the following;

- a sink with hot and cold running water
- toilet facilities
- drinking water and disposable cups
- soap and paper towels
- foot operated refuse containers lined with disposable yellow clinical waste bags, or a container suitable for the safe disposal of clinical waste

- blankets.

5. **Equipment**

5.1 Suitable and sufficient equipment will be provided, based on an assessment of the need, the minimum stock of first aid items at each location will be:

- A leaflet giving general guidance on first aid (for example HSE leaflet Basic Advice on First Aid at Work)
- 20 individually wrapped sterile adhesive dressings (assorted sizes) appropriate to the type of work (dressings may be of a detectable type for food handlers)
- Two sterile eye pads
- Four individually wrapped triangular bandages (preferably sterile)
- Six safety pins
- Six medium sized individually wrapped sterile unmedicated wound dressings, approximately 12cm x 18cm
- One pair of disposable gloves

5.2 These additional materials are also available:
- Aprons
- Gloves
- Resuscitate
- Wipes
- Sterile water/saline (where mains water is not available)
- Clinical waste bins/bags
- Bio hazard disposal pack.
- Eye wash stations (where assessed as needed)

5.3 Tablets and medication of any description will not be kept as part of the first aid provision. If medication is needed for pupils it will be kept in a locked cupboard or fridge as appropriate and accessed only by designated staff.

5.4 Current Locations:
- First Aid Room
- Food technology rooms
- Kitchen
- ADD TO THIS LIST

5.5 All first aiders are also issued with a grab bag containing an appropriate selection of first aid equipment. (if this is the case)

5.6 A centralised stock is also available to enable the first aiders to restock the first aid boxes, as and when necessary. The stock will be held by the First Aid Coordinator to whom requests for additional supplies should be made. First Aid trained staff, or another appropriate staff member will check and refill First Aid boxes on a regular basis and must request supplies from the First Aid Coordinator.

5.7 The First Aid Coordinator also holds a grab bag containing an appropriate selection of first aid equipment for use by educational visits leaders.

5.8 The location of the first aid boxes, rooms and the boxes themselves will be clearly marked by a white cross on a green background.

5.9 Managers who identify a need for specific additional equipment should seek approval from the First Aid Coordinator prior to purchase to ensure it is in accord with the standards and appropriate for use at the site.

6, **Travelling first aid kits**

6.1 Where departmental activities necessitate the need for travelling, staff must be provided with first aid equipment. The following items are considered suitable provisions;
- A leaflet giving general guidance on first aid (for example, HSE leaflet Basic Advice on First Aid at Work)
- Six individually wrapped sterile adhesive dressings
- One large sterile unmedicated dressing – approximately 18cm x 18cm
- Two triangular bandages
- Two safety pins
- Individually wrapped moist cleansing wipes
- One pair of disposable gloves

6.2 A properly stocked first aid kit will always be carried in the mini buses.

6.3 First Aid supplies will be provided for staff in charge of trips and visits by the First Aid Co-ordinator, who needs to be advised in advance of the trip.

6.4 **The trip leader must ensure that the medical notes for all children together with any required medication is taken on the trip**

7. **Defibrillator** - delete if you have no access

7.1 The academy has acquired / has access to an automated external defibrillator (AED). It is located INSERT LOCATION

7.2 No specific training is needed to use a defibrillator – the instructions are clear and must be followed carefully.

8. **Illness and Minor Injury**

8.1 Parents become responsible for their child if the pupil is unwell or injured. In order to contact parents quickly, it is essential that changes of address or phone number are passed to the [Insert Job Title] as soon as these are known.

8.2 Any member of staff who becomes aware that a student is injured, or needs immediate treatment, must send the student to Reception who will alert First Aid for assessment and care. If the injury is serious and the student cannot walk, the teacher must contact either First Aid on INSERT NUMBER or the First Aid Co-ordinator on INSERT NUMBER for assistance. In the First Aid Co-ordinator's absence, another First Aider will be responsible for calls to INSERT NUMBER. Reception staff may contact other available First Aiders. A First Aid rota is in operation from 7:30 a.m. to 5:50 p.m. (The First Aid Rota is published in the Academy central administration office).

8.3 All injuries will be attended to in the First Aid treatment room. If necessary, having first informed a member of the Senior Management/Leadership Team, the First Aiders will arrange for the parents to take the student home or to hospital. No-one else should send an ill student home.

8.4 If parental consent is given, Paracetamol will only be issued between 12:00 and 3:00pm to avoid interfering with any other medication the student may have taken earlier in the day. Parents will be advised we have given medication.

9. **Emergency and Serious Injury**

9.1 Normally only the First Aiders will have the responsibility to call an ambulance after being called to an accident or illness, however, a member of the senior leadership team or any member of staff attending a serious injury may call an ambulance if required. The First Aid Co-ordinator or a member of the administrative or pastoral team will contact the parents to tell them of their child's injury and whereabouts so that the parents can go to the hospital. The hospital staff will decide whether to treat the child before the parents arrive.

9.2 In the case of a very serious accident or injury, the Emergency Policy's procedures will be carried out. The Trust must also be informed in these circumstances.

10 **Head Injuries**

10.1 Accidents involving a pupil's head can be problematic because the injury may not be evident and the effects only become noticeable after a period of time.

10.2 If the injury is minor, all head injuries must be monitored closely and a head injury form must be completed and given to parents. Serious head injuries must always be referred for hospital treatment (please follow the section for Emergency Arrangements).

10.3 A telephone call to the parent to advise of all head injuries must be made, so parents are informed and can make a decision whether to collect their child to monitor themselves at home, rather than remain at school for monitoring.

11. **Record keeping**

11.1 The First Aiders, or another appropriate staff member will log all First Aid administered on Smartlog. For accidents/injuries, the First Aider or other appropriate person, must also make a connected accident report on Smartlog. Smartlog is a cloudbased system and may be accessed by any member of staff at any time of day or night.

11.2 Any serious injuries such as broken limbs, dislocations and lacerations by contaminated material, must be reported to INSERT NAME. Any such injuries must be reported on a RIDDOR form by INSERT NAME and will be followed by an in-depth Health and Safety investigative report.

12. **Reporting an Accident**

12.1 Any first aid treatment given on the Academy's premises or as part of a school related activity must be reported to and recorded on Smartlog.

12.2 First Aid treatment given by first aiders must be recorded in line with the Policy on Smartlog.

12.3 Any accident occurring on the Academy premises or as part of a school related activity must be reported by the member of staff attending the accident on Smartlog.

13 **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)**

13.1 Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), some accidents must be reported to the HSE. Please refer to the Trust First Aid and Medical Needs Policy for more detail.

13.2 RIDDOR reports must be carried out by the [Insert Job Title] Operations Manager is responsible for reporting serious accidents to the Trust's governing body. Accidents are discussed at Academy Council meetings. The Trust Operations Manager or Chief Finance Officer must be made aware of any RIDDOR reportable accidents as soon as possible.

13.3 The First Aid Co-ordinator will provide the Principal with an analysis of the term's incidents to see if there are any problem areas as part of the AC Health & Safety Report.

14. **Information about Students' Medical Conditions**

14.1 It is the responsibility of the parents to inform the Academy about their child's medical conditions. Each year, during the first half of the Autumn term, all parents will be issued with a Data Check Sheet showing what information is currently held on the database. They will be asked to check this, update it and return it to the Academy.

14.2 Information from parents may be received by the Academy in a number of ways, such as via the admission form, via letters from parents, via conversations subsequently recorded in writing. This information should be passed immediately to the [Insert Job Title] to add to the database. A medical register will be produced at the start of every term by the [Insert Job Title] in the form of a completed medical data sheet for each student (it is the responsibility of parents to ensure that the [Insert Job Title] has a completed sheet for their child).

14.3 The DSL must be informed if a pupil becomes pregnant. Individual teachers will then be told in confidence.

14.4 The [Insert Job Title] will issue detailed information on medical conditions and emergency contacts to leaders of residential visits. Parents will be required to complete a declaration agreeing to emergency treatment and confirming that information held by the Academy is up to date. Leaders can obtain copies of the declarations from the [Insert Job Title].

15. **Students with Medical Needs**

15.1 Many students will at some time have a short-term medical condition that may affect their participation in activities. Other students have medical conditions that, if not properly managed, could limit their access to education. These medical conditions include diabetes, asthma, epilepsy and anaphylaxis (extreme allergic reaction). Such students are regarded as having medical needs and will be more at risk than their classmates. In a few cases, individual health care plans may be needed.

15.2 It is the parents' responsibility to inform the Academy about the child's medical condition and requirements. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith. The [Insert Job Title] must alert the First Aid Co-ordinator when a student is discovered to have medical needs. The First Aid Co-ordinator will liaise specifically with the parent to obtain as much information as possible and ensure the [Insert Job Title] has the information for the MIS database or Smartlog.

15.3 With particularly serious medical conditions, each case must be treated individually, in relation to the illness and its requirements, to the parents' possible wish for confidentiality and to the child's knowledge of their own condition. The [Insert Job Title] will talk in confidence to each of the child's regular teachers at the start of each

academic year about serious medical conditions and requirements, alerting them to the child's knowledge of their own condition.

15.4 When the student goes out of the Academy, for example on work experience, the placement must be informed.

15.5 Information on students' medical conditions must be made available to first aiders in the event of an incident and to emergency medical practitioners if called.

15.6 Records will be kept on file of student medical needs, parental permissions, individual health care plans and medication given as required.

16. **Emergency Procedure for Major Incidents**

16.1 In the event of an emergency, or if an at risk student/person falls ill, then the member of staff at the incident must;

- Call 999.
- Summon a First Aider.
- Emergency treatment should be delivered.

16.2 If 999 is called the following information must be given;

- The Academy's telephone number INSERT.
- The Academy's address; INSERT ADDRESS.
- Give your name.
- Name of casualty and symptoms/any known medical condition.
- Inform ambulance control of the best entrance e.g. main reception entrance.
- If an ambulance is called to the main reception, INSERT NAME should be informed and a member of staff should go to the entrance to give directions to the ambulance crew.
- If the emergency services are called the parent of the casualty will be telephoned by Pastoral Support or a member of INSERT NAME as soon as is practicable.

17. **Hygiene**

17.1 All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff must use disposable gloves (non latex) when administering first aid, these can be found in every first aid box. Any spillages must be notified to a site maintenance assistant who will follow the correct procedure.

17.2 Hands must always be washed before and after giving first aid.

17.3 Single-use disposable gloves must be worn if treatment involves blood or other body fluids. Any soiled dressings must be put in a yellow clinical waste bag and disposed of in a clinical waste box.

17.4 Any body fluids on the floor must have absorbent granules sprinkled on to them, then swept up with the designated dustpan and brush (in medical room). This must also go in a yellow bag and be disposed of in a clinical waste box. If possible, areas should be cleaned up with absorbent powder specifically for body fluids.

17.5 Body fluid spillages on hard surfaces should be cleaned up with absorbent powder specifically for body fluids.

17.6 Exposed cuts or abrasions must always be covered.

17.7 In the event of wide spread viral/bacterial infections across the Academy the following actions will be taken:

- The Academy will report the situation to parents via the website, newsletters and text messages with guidance regarding avoidance, recognition, treatment and guidance on attendance.
- The guidance materials will also be used to communicate the information to students, as well as displaying posters around the Academy site.

Appendix 2 - list of appointed person(s) for first aid and/or trained first aiders

Name	Location	Expiry Date

Mental Health First Aider (specify for pupils or adults)

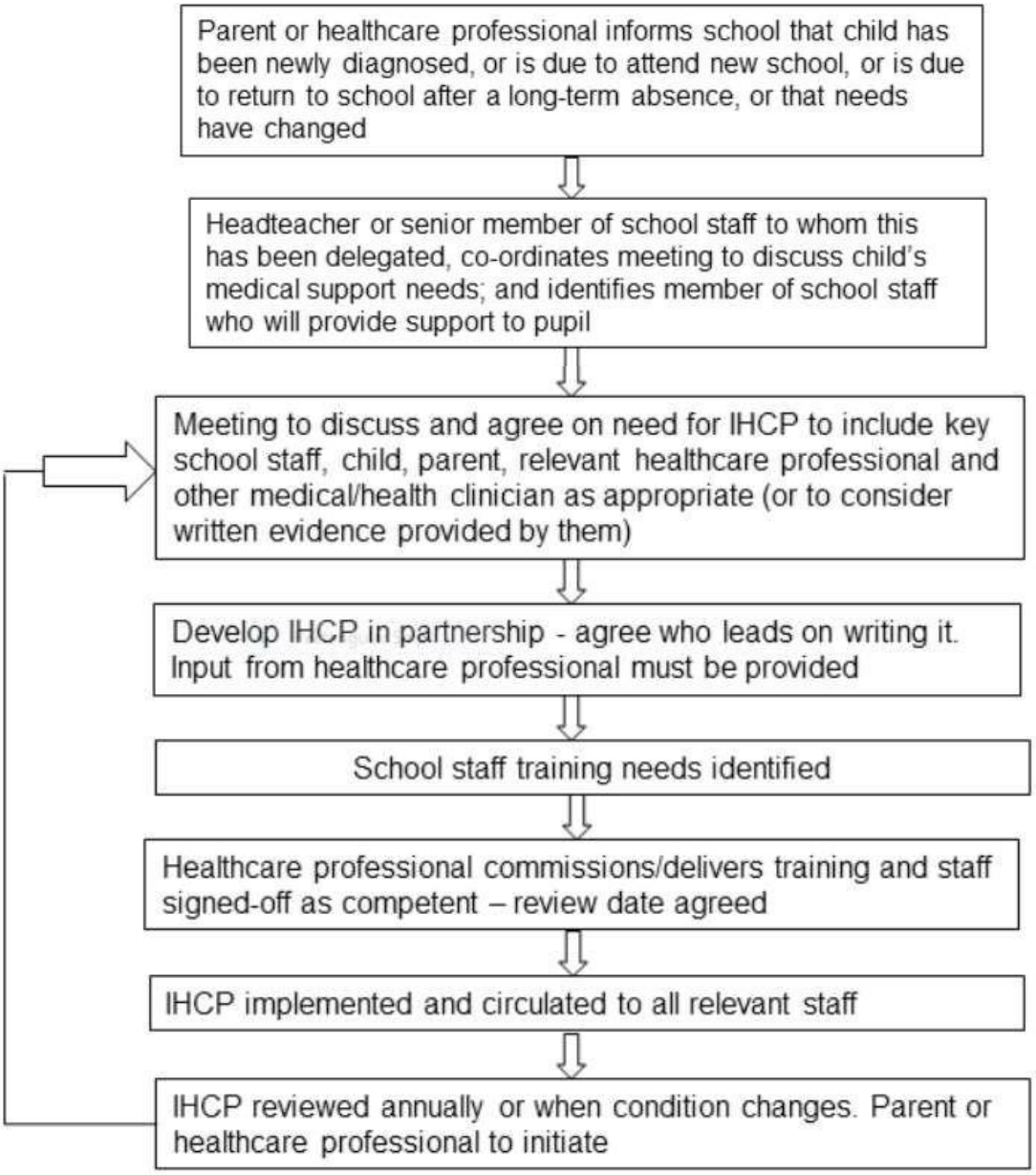
1. *Training for First Aiders/Appointed persons must be provided by a HSE accredited provider.*
2. *A register of First Aiders/Appointed persons and their training history should be maintained on Smartlog and refresher training should be offered before certification expires.*
3. *Training for Paediatric First Aid is not approved by the HSE but may be included if first aid assessment identifies this and/or this meets OFSTED requirements.*
4. *Mental Health First Aiders should be appropriately trained and certificated and attend refreshers as necessary. Records of certificates should also be maintained at the academy.*

Appendix 3: accident report form template (to be used if Smartlog is not available)

NAME OF INJURED PERSON		ROLE/CLASS	
DATE AND TIME OF INCIDENT		LOCATION OF INCIDENT	
INCIDENT DETAILS			
Describe in detail what happened, how it happened and what injuries the person incurred			
ACTION TAKEN			
Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.			
FOLLOW-UP ACTION REQUIRED			
Outline what steps the school/central office will take to check on the injured person, and what it will do to reduce the risk of the incident happening again.			
NAME OF PERSON ATTENDING THE INCIDENT			
SIGNATURE		DATE	

Appendix 4: Model process for developing individual healthcare plans

Annex A: Model process for developing individual healthcare plans



Source:
Supporting Pupils at School with Medical Conditions
Statutory Guidance April 2014

Appendix 5: Individual Healthcare Plan template (to be used if Smartlog not available)

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 6: Parental Agreement for Setting to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

(Parent/Carer/Guardian/Person with parental responsibility)

Appendix 7: Record of Medicine Administered to an Individual Child (to be used if Smartlog not available)

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Appendix 8: Record of Medicine Administered to All Children (to be used if Smartlog not available)

Name of school/setting

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Appendix 9: Model Letter Inviting Parents to Contribute to Individual Healthcare Plan Development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the academy's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the academy, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Upwell Academy

Local Annex to First Aid and Medical Policy

September 2026

Local Annex owner	Academy Committee
Author	Chris Harris, Principal

Approved by

Consultation Group	Senior Leadership Team
Approval Committee	Academy Committee
Implementation Date	September 2026
Review Date	September 2027

Version Control

Version	Summary of Changes	Consultation Group	Effective Date
1.0	New Local Annex - no changes	Senior Leadership Team	September 2025
1.1	Updating the name of a person to the role. (Sec 13)	Academy Committee	November 2025
1.2	Appointed first aiders	Academy Committee	September 2026

These procedures for First Aid and Medical treatment at Upwell Academy form part of the Eastern Multi-Academy Trust First Aid and Medical Policy

1. First Aid Procedure

This procedure forms part of, and should be read in conjunction with, the First Aid and Medical treatment Policy. It is designed to confirm how the Trust will address the responsibilities regarding the administration of first aid to staff, pupils and visitors.

All organisations, including educational establishments, should ensure their procedures and arrangements reflect an assessment of the need. The procedures should cover first aid personnel, equipment and practices and be designed in accord with the legal standards and good practice.

The First Aid Coordinator in conjunction with the principal is responsible for determining the actual provision required at their respective establishments, with the appropriate manager responsible where additional needs relevant to their specific operation exist.

The Trust has determined that each Academy will have at least one trained Mental Health First Aider to support students. The name of the Mental Health First Aider will be added to the list of first aiders.

2. Assessment of Need

The First Aid Coordinator in conjunction with the principal has undertaken an assessment of the first aid need to determine a provision which is suitable and sufficient in line with the Policy.

Following the assessment, it has been determined that the Academy needs a minimum of 3 full first aid qualified staff and additionally a number of appointed persons.

Departmental managers should determine any additional personnel, equipment and facilities required using the same approach, for example, specific first aid provision should form part of the arrangements for offsite work and educational visits.

3. First Aid Provision

The First Aid Co-ordinator is Loretta Headley and is located in the Academy Office. A First Aid treatment station is sited adjacent to the principal's office and is available for persons who require such a facility.

4. First Aid Rooms

The site has a treatment station available for first aid, which will;

- be adequately stocked with first aid equipment • be accessible to stretchers
- be clearly sign-posted
- be provided with a desk, a chair and any necessary additional equipment, a telephone

- have washable surfaces and adequate heating, ventilation and lighting
- be kept clean, tidy, accessible and available for use at all times when staff and students are on site
- be positioned as near as possible to the point of access for transport to hospital
- display a notice in the room advising of the names, locations of first aiders and how to contact them

The designated person must check all first aid equipment is in date and stocks replenished.

The first aid room will be provided with or have ready access to the following:

- a sink with hot and cold running water
- toilet facilities
- drinking water and disposable cups
- soap and paper towels
- foot operated refuse containers lined with disposable yellow clinical waste bags, or a container suitable for the
- safe disposal of clinical waste
- blankets.

5. Equipment

Suitable and sufficient equipment will be provided, based on an assessment of the need, the minimum stock of first aid items at each location will be:

- A leaflet giving general guidance on first aid (for example HSE leaflet Basic Advice on First Aid at Work)
- 20 individually wrapped sterile adhesive dressings (assorted sizes) appropriate to the type of work (dressings may be of a detectable type for food handlers)
- Two sterile eye pads
- Four individually wrapped triangular bandages (preferably sterile)
- Six safety pins
- Six medium sized individually wrapped sterile unmedicated wound dressings, approximately 12cm x 18cm
- One pair of disposable gloves

These additional materials are also available:

- Aprons
- Gloves
- Wipes
- Sterile water/saline (where mains water is not available)
- Clinical waste bins/bags

- Bio-hazard disposal pack.
- Eye wash stations (where assessed as needed)

Tablets and medication of any description will not be kept as part of the first aid provision. If medication is needed for pupils, it will be kept in a locked cupboard or fridge as appropriate and accessed only by designated staff.

Current Locations:

- First Aid Station
- Academy Office
- All classrooms
- Kitchen

A centralised stock is also available to enable the first aiders to restock the first aid boxes, as and when necessary. The stock will be held by the First Aid Coordinator to whom requests for additional supplies should be made.

The First Aid Coordinator also holds a grab bag containing an appropriate selection of first aid equipment for use by educational visits leaders.

The location of the first aid boxes, rooms and the boxes themselves will be clearly marked by a white cross on a green background.

Managers who identify a need for specific additional equipment should seek approval from the First Aid Coordinator prior to purchase to ensure it is in accord with the standards and appropriate for use at the site.

6. Travelling first aid kits

Where activities necessitate the need for travelling, staff should be provided with first aid equipment. The following items are considered suitable provisions:

- A leaflet giving general guidance on first aid (for example, HSE leaflet Basic Advice on First Aid at Work)
- Six individually wrapped sterile adhesive dressings
- One large sterile unmedicated dressing – approximately 18cm x 18cm
- Two triangular bandages
- Two safety pins
- Individually wrapped moist cleansing wipes
- One pair of disposable gloves

A properly stocked first aid kit will always be carried in the minibuses.

First Aid supplies will be provided for staff in charge of trips and visits by the First Aid Co-ordinator, who needs to be advised in advance of the trip.

The trip leader must ensure that the medical notes for all children together with any required medication is taken on the trip

7. Defibrillator

The academy has acquired / has access to an automated external defibrillator (AED). It is in the academy office.

No specific training is needed to use a defibrillator – the instructions are clear and must be followed carefully.

8. Illness and Minor Injury

Parents become responsible for their child if the pupil is unwell or injured. In order to contact parents quickly, it is essential that changes of address or phone number are passed to the academy office as soon as these are known.

Students must not leave lessons or their class for first aid treatment other than in cases of an emergency or accompanied by a First Aider.

Any member of staff who becomes aware that a student is injured, or needs immediate treatment, must send for a First Aider who will make an assessment and begin care.

All injuries will be attended to in the First Aid treatment station. If necessary, having first informed the principal or deputy principal, the First Aider will arrange for the parents to take the student home or to hospital. No-one else should send an ill student home.

If parental consent is given, Paracetamol will only be issued between 12:00 and 3:00pm to avoid interfering with any other medication the student may have taken earlier in the day. Parents will be advised we have given medication.

9. Emergency and Serious Injury

Normally only the First Aiders will have the responsibility to call an ambulance after being called to an accident or illness, however, a member of the senior leadership team or any member of staff attending a serious injury may call an ambulance if required.

The school office will contact the parents to tell them of their child's injury and whereabouts so that the parents can go to the hospital. The hospital staff will decide whether to treat the child before the parents arrive.

In the case of a very serious accident or injury, the Emergency Policy’s procedures will be carried out. The Trust must also be informed in these circumstances.

10. Head Injuries

Accidents involving a pupil's head can be problematic because the injury may not be evident and the effects only become noticeable after a period of time.

If the injury is minor, all head injuries should be monitored closely and parents informed via SmartLog when the First Aid is recorded.

Serious head injuries should always be referred for hospital treatment (please follow the section for 9. Emergency and Serious Injury).

A telephone call to the parent to advise of all head injuries should be made, so parents are informed and can make a decision whether to collect their child to monitor themselves at home, rather than remain at school for monitoring.

11. Record keeping

The First Aiders will log all First Aid on Smart Log.

The First Aiders will log all accidents/injuries on Smart Log.

Records from previous years' files will be filed appropriately.

Staff must use SmartLog to make an official record of any injury, minor or major. Any serious injuries such as broken limbs, dislocations and lacerations by contaminated material, must be reported to the principal. Any such injuries must be reported on a RIDDOR form by Loretta Headley and will be followed by an in-depth Health and Safety investigative report.

SmartLog is used to record Individual Health Care Plans and the administration of medication.

12. Reporting an Accident

Any first aid treatment given on the Academy's premises or as part of a school related activity should be logged on SmartLog.

First Aid treatment given by first aiders should be recorded in line with the Policy.

Any accident occurring on the academy premises or as part of a school related activity must be reported by the member of staff attending the accident and logged on SmartLog

13. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), some accidents must be reported to the HSE. Please refer to the Accidents and Incident Reporting Policy for more detail.

RIDDOR reports must be carried out by the Operations Manager with the member of staff concerned. The Operations Manager is responsible for reporting serious accidents to the Trust's governing body. Accidents are discussed at Health and Safety Committee and Academy Committee meetings.

The First Aid Co-ordinator will provide the principal with an analysis of the term's incidents to see if there are any problem areas. This information will also be given to senior leaders.

Any report under RIDDOR must be communicated to the Trust as a matter of urgency.

14. Information about Students' Medical Conditions

It is the responsibility of the parents to inform the Academy about their child's medical conditions. Each year, during parent's evening in the Autumn term, all parents will be issued with a Data Check Sheet showing what information is currently held on the database. They will be asked to check this, update it and return it to the Academy.

Information from parents may be received by the Academy in a number of ways, such as via the admission form, via letters from parents, via conversations subsequently recorded in writing. This information should be passed immediately to the academy office to add to the database. A medical register will be produced at the start of every term by the Operations Manager] in the form of a completed medical data sheet for each student (it is the responsibility of parents to ensure that the academy office has a completed sheet for their child).

The DSL must be informed if a pupil becomes pregnant. Individual teachers will then be told in confidence.

The academy office will issue detailed information on medical conditions and emergency contacts to leaders of residential visits. Parents will be required to complete a declaration agreeing to emergency treatment and confirming that information held by the academy is up to date. Leaders can obtain copies of the declarations from the academy office.

15. Students with Medical Needs

Many students will at some time have a short-term medical condition that may affect their participation in activities. Other students have medical conditions that, if not properly managed, could limit their access to education. These medical conditions include diabetes, asthma, epilepsy and anaphylaxis (extreme allergic reaction). Such students are regarded as having medical needs and will be more at risk than their classmates. In a few cases, individual health care plans may be needed.

It is the parents' responsibility to inform the academy about the child's medical condition and requirements. If information is withheld from staff, they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Staff must alert the First Aid Co-ordinator when a student is discovered to have medical needs. The First Aid Co-ordinator will liaise specifically with the parent to obtain as much information as possible and ensure the academy has the information for the MIS database.

With particularly serious medical conditions, each case must be treated individually, in relation to the illness and its requirements, to the parents' possible wish for confidentiality and to the child's knowledge of their own condition. The school office will talk in confidence to each of the child's regular teachers at the start of each academic year about serious medical conditions and requirements, alerting them to the child's knowledge of their own condition.

When the student goes out of the academy, for example on work experience, the placement must be informed.

Information on students' medical conditions must be made available to first aiders in the event of an incident and to emergency medical practitioners if called.

Records will be kept on SmartLog of student medical needs, parental permissions, individual health care plans and medication given as required.

16. Emergency Procedure for Major Incidents

In the event of an emergency or if an at-risk student/person falls ill then member of staff at the incident must:

- Call 999.
- Summon a First Aider/Pastoral Support.
- Emergency treatment should be delivered.

If 999 is called the following information must be given:

- The Academy's telephone number: 01945 773220.
- The Academy's address: Upwell Academy, School Road, Upwell, Norfolk PE14 9EW.
- Give your name.
- Name of casualty and symptoms/any known medical condition.
- Inform ambulance control of the best entrance e.g. Academy Office.
- If an ambulance is called to the academy office, the office staff should be informed, and a member of staff should go to the entrance to give directions to the ambulance crew.
- If the emergency services are called, then the parent of the casualty will be telephoned by a member of the academy office as soon as is practicable.

17. Hygiene

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should use disposable gloves (non-latex) when administering first aid, these can be found in every first aid box. Any spillages must be notified to the school office who will follow the correct procedure.

Hands must always be washed before and after giving first aid.

Single-use disposable gloves must be worn if treatment involves blood or other body fluids. Any soiled dressings must be double bagged when disposed of.

Any body fluids on the floor should have absorbent granules sprinkled on to them, then swept up with the designated dustpan and brush. This should then be double bagged ready for disposal. If possible, areas should be cleaned up with absorbent powder specifically for body fluids.

Body fluid spillages on hard surfaces should be cleaned up with absorbent powder specifically for body fluids.

Exposed cuts or abrasions should always be covered.

In the event of wide -spread viral/bacterial infections across the academy the following actions will be taken:

- The academy will report the situation to parents via the website, newsletters and text messages with guidance regarding avoidance, recognition, treatment and guidance on attendance.
- The guidance materials will also be used to communicate the information to students, as well as displaying posters around the academy site.

Appendix 2 - list of appointed person(s) for first aid and/or trained first aiders

Name	Location	Type
Chris Harris	Principal's Office	First Aid at Work (3 day)
Carla Payne	Reception	Paediatric First Aider
Jo Sharman	Reception	Paediatric First Aider
Emma Linehan	Hive	Paediatric First Aider
Ronnie Clarke	Hive	Paediatric First Aider

In addition 10 TAs are one-day trained in April 2026.

All EYFS and KS1 staff have been Paediatric First Aid trained in October 2026.

Mental Health First Aider (specify for pupils or adults):

Name	Location	Type
Sarah Cullen	SENDCo Office	For students
Sarah Cullen	SENDCo Office	For Staff

1. Training for First Aiders/Appointed persons should be provided by a HSE accredited provider.

2. A register of First Aiders/Appointed persons and their training history should be maintained by the Operations Manager and refresher training should be offered before certification expires.

3. Training for Paediatric First Aid is not approved by the HSE but may be included if first aid assessment identifies this and/or this meets OFSTED requirements.

4. Mental Health First Aiders should be appropriately trained and certificated and attend refreshers as necessary. Records of certificates should also be maintained at the academy.