



First Aid Policy

Date: September 2025

Review date: September 2026

Policy Changes

Date	Actions
July 2021	New policy
July 2022	Review – No changes
July 2023	Updated training
July 2024	Updated training
July 2025	Updated training

Health and Safety Leader

Date	Leader
July 2021 - current	Andy Done

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Mission Statement

At Masefield we believe that all our children can achieve, becoming successful future citizens that contribute positively to a society in which all members are equally valued.

High aspirations, high motivation and high outcomes for all, ensure that achievement gaps wherever they exist are narrowed in order to improve pupils' life choices and future prospects.

We strive for all of our children to be safe, feel valued, develop resilience and continually learn within our nurturing and supportive community.

At Masefield, our children BELIEVE, ACHIEVE and SUCCEED!

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 the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#), [health and safety in schools](#) and [actions for schools during the coronavirus outbreak](#), 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 funding agreement and articles of association.

3. Roles and responsibilities

3.1 Appointed person(s) and first aiders

The school's appointed persons are Andy Done & Vicky Evans-Jones. They 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 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
- 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 (see appendix)
- Keeping their contact details up to date

Our school's first aiders are listed in appendix 1. Their names will also be displayed prominently around the school.

3.2 The Trust Board

The Academy Trust Board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Head of School and staff members.

3.4 The Head of School

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

- Ensuring that an appropriate number of trained first aiders are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- 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)

3.5 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 or are witness too
- Informing the Head of School 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 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 school office will contact parents immediately
- The first aider, first responder and any witnesses will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

All staff within the EYFS hold a paediatric first aid qualification. In addition to this there are at least 2 staff members within each unit across school with paediatric first aid as well as a number of staff who work across the school.

The safe disposal of clinical waste is the responsibility of the first aider. Any waste will be disposed of in an approved 'yellow bag' and within designated clinical waste bins. Disposal will be in accordance with HSE guidance – Cleaning up bodily waste <https://www.hse.gov.uk/pubns/guidance/oce23.pdf>

During coronavirus: first aiders will follow Health and Safety Executive (HSE) guidance for [first aid during coronavirus](#). They will try to assist at a safe distance from the casualty as much as possible and minimise the time they share a breathing zone. Treating any casualty properly will be the first concern. Where it is necessary for first aid provision to be administered in close proximity, those administering it will pay particular attention to sanitation measures immediately afterwards including washing their hands.

4.2 Risk assessment

Risk assessments are in place across the school for all aspects and activities related to Health and Safety as per:

- [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

4.3 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
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the member of staff leading the trip prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least 1 first aider with a current paediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage. This is replicated in all year groups as part of best practice.

5. First aid equipment

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
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

First aid kits are stored in:

- Staff rooms
- School kitchen
- Site manager office
- Each classroom will also hold a basic first aid kit
- Grab bags for the playground

The school has a defibrillator. This is located in the staffroom. The battery is checked weekly and a poster located next to the station indicates the expiration of pads and batteries. The checks are carried out and recorded by the school office.

6. Record-keeping and reporting

6.1 First aid and accident forms

- An accident form will be completed by the first aider and any relevant responders or witnesses on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form
- Records held in the first aid and accident book 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
- Analysis of all incidents is carried out at least half termly in order to identify trends and any possible courses of action
- For any individuals, where additional support is required, a Pupil based risk assessment will be carried out, together with a Health Care Plan and PEEP where deemed necessary.

6.2 Reporting to the HSE

The school will seek advice from [AW Safety Management Ltd / IRM Safety Ltd](#), the school's named advisor for Health and Safety and 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).

[AW Safety Management Ltd / IRM Safety Ltd](#) will report these on behalf of and support the school with submission and any subsequent investigation from 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)
 - Any scalding 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 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

Information on how to make a RIDDOR report is available here: <http://www.hse.gov.uk/riddor/report.htm>

6.3 Notifying parents

The first aider will inform parents of any significant accident or injury or head injury sustained by a pupil, and any first aid treatment given at the time of the incident. Where an injury is minor such as a scrape, graze, minor bump, parents will be informed at the end of the day by the staff in class.

6.4 Reporting to Ofsted and child protection agencies

The Head of School 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 Head of School will also notify Bolton's Safeguarding Children Board 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.

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.

All staff within the EYFS hold a pediatric first aid qualification. In addition to this there are at least 2 staff members within each unit across school with pediatric first aid as well as a number of staff who work across the school.

8. Monitoring arrangements

Analysis of all incidents is carried out at least half termly in order to identify trends and any possible courses of action. The school also commissions an annual Health and Safety review from [AW Safety](#) the school's named advisor for Health and Safety

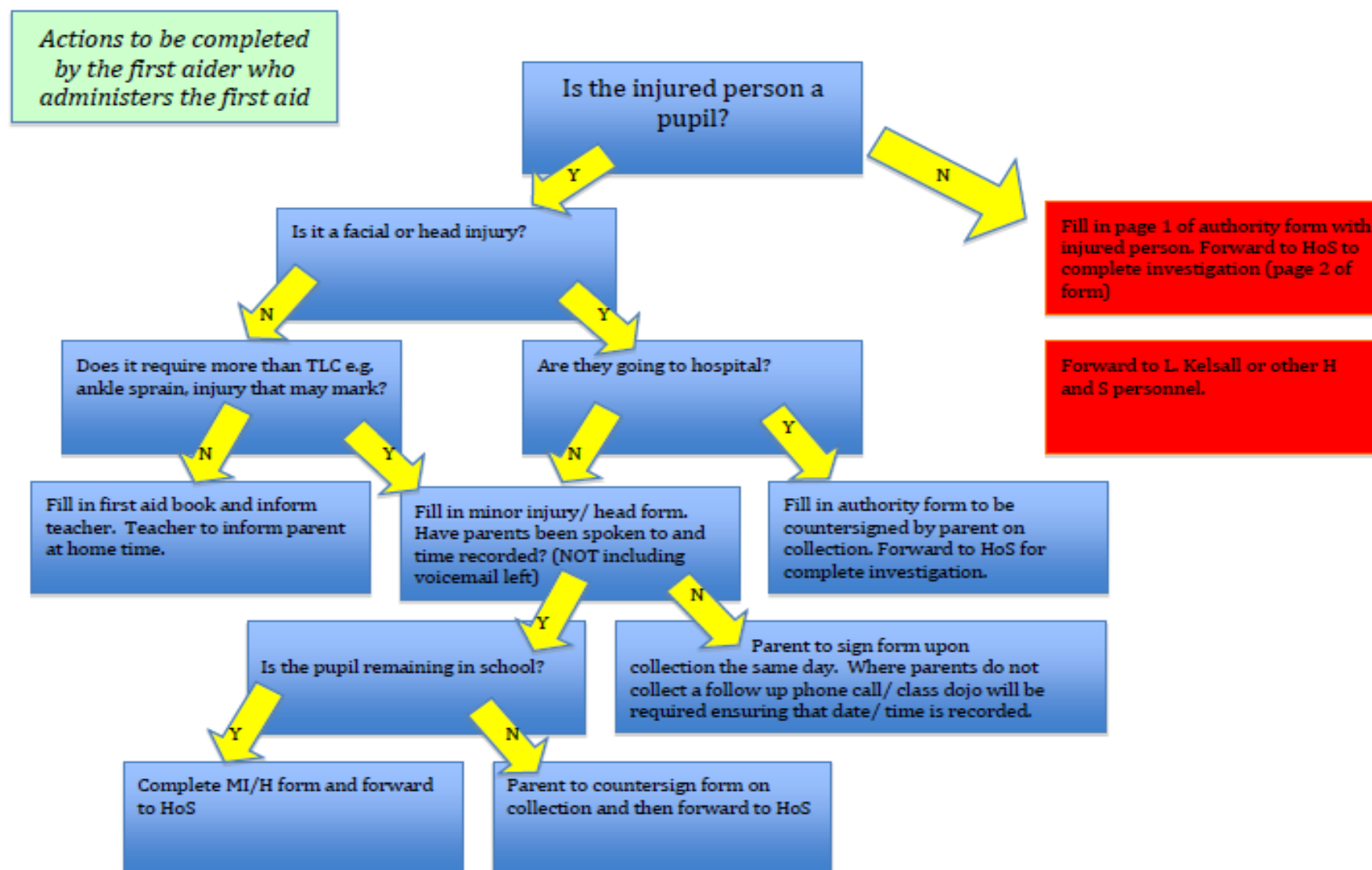
This policy will be reviewed by the Head of School annually. At every review, the policy will be approved by the local governing board.

9. Links with other policies

This first aid policy is linked to the

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

APPENDIX 1 - Actions



First Aid at Work

<u>Name</u>	Date of Cert.	Renewal Date	Course Booked
Victoria Evans-Jones	05/03/25	05/03/2028	

Paediatric First Aid Training

<u>Name</u>	Date of Cert.	Renewal Date	Course Booked
Sophie Bonney	27/01/2025	03/02/2028	
Clara Clarke	27/01/2025	03/02/2028	
Deborah Cooper	27/01/2025	03/02/2028	
Deborah Graham	27/01/2025	03/02/2028	
Emma Greenhalgh	27/01/2025	03/02/2028	
Natalie Greenhalgh	27/01/2025	03/02/2028	
Lynn Harris	27/01/2025	03/02/2028	
Amy Holt	27/01/2025	03/02/2028	
Molly Illingworth	27/01/2025	03/02/2028	
Lucy Jolly	27/01/2025	03/02/2028	
Anthony Klimiuk	27/01/2025	03/02/2028	
Sarah Lawton	27/01/2025	03/02/2028	
Suzanne Lowe	27/01/2025	03/02/2028	
Emily McClarence	27/01/2025	03/02/2028	
Angela Murphy	27/01/2025	03/02/2028	
Donna Rigby	27/01/2025	03/02/2028	
Megan Ritchie	27/01/2025	03/02/2028	
Dee Sech	27/01/2025	03/02/2028	
Suzanne Thirlwall	27/01/2025	03/02/2028	
Gemma Walton	27/01/2025	03/02/2028	
Heather Whittle	27/01/2025	03/02/2028	
Karen Willett	27/01/2025	03/02/2028	
Claire Wood	27/01/2025	03/02/2028	
Enkelejda Zhidro	27/01/2025	03/02/2028	
Beth Jones (PE)	27/01/2025	03/02/2028	



Defibrillator checklist

Every year, ambulance services respond to about 60,000 cases of suspected cardiac arrests in the UK. Defibrillation within 3 – 5 min of collapse can produce survival rates as high as 50-70%. Every minute that defibrillation is delayed, a casualty's chances of survival falls by about 10%.*

We've put together a checklist to help you ensure your defibrillator is always ready for use.

Defibrillators self-test on a daily, weekly or monthly basis – so your device will signal, typically with a flashing light or audible alert, if there is a problem, for example, pads not correctly connected, or low battery.

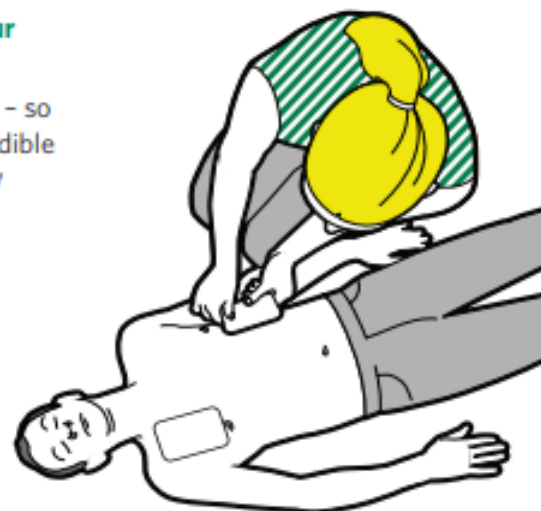
1 Set up a regular inspection procedure for your defibrillator

2 Record your inspections below

3 Record the expiration date of pads and batteries

4 Reorder batteries and pads before they expire

5 Follow the guidance in your product manual when cleaning your defibrillator



Pads expiration date

Batteries expiration date

Defibrillator ready to use?

Date

Initial

Need new pads or batteries? Order now at sja.org.uk/shop or call 0344 770 4808†

* 2015 Resuscitation Council Guidelines, Resuscitation Council UK

† We're available Monday-Friday 8.30am to 5.30pm.

OCE23

**Offshore
COSHH
essentials**



Cleaning up body fluids

Control approach 1

General ventilation

This information will help offshore dutyholders (owners, operators and contractors) to comply with the Control of Substances Hazardous to Health Regulations 2002 (COSHH), as amended, to protect workers' health.

This guidance consolidates good control practice and reinforces existing knowledge with additional information.

It will help you carry out COSHH assessments, review existing assessments, deliver training and in supervising activities involving substances hazardous to health.

It is aimed at staff whose responsibilities include the management of substances hazardous to health on offshore installations (eg occupational health specialists, COSHH assessors, supervisors etc). It is also useful for trade union and employee safety representatives.

Following this guidance is not compulsory and you are free to take other action. But if you do follow this guidance, you will normally be doing enough to comply with the law. Health and safety inspectors seek to secure compliance with the law and may refer to this guidance as illustrating good practice.

Also see essential information on the back of the sheet.

What this sheet covers

This sheet describes good practice for clearing up body fluids – vomit, faeces, blood etc. It covers the key points you need to follow to help reduce exposure to an acceptable level, as part of your COSHH assessment.

Hazards

- ✓ Body fluids are a source of infectious micro-organisms (bacteria, viruses and fungi).
- ✓ The main risk is infection following hand to mouth/nose/eye contact.
- ✓ There is also a risk of infection via broken skin (cuts or scratches).
- ✓ Cleaning products may contain hazardous substances such as biocides and surfactants.
- ✓ Health effects from cleaning products include irritation, dermatitis and breathing problems.

Access

- ✓ Erect barriers and notices.

Storage

- ✓ Store cleaning products and materials in a designated area.

Equipment and procedures

Control equipment

- ✓ Provide dedicated cleaning equipment.
- ✓ Chlorine-releasing disinfectant is suitable, eg hypochlorite solution.
- ✓ Provide closeable containers and bags, labelled 'Clinical waste'.
- ✓ Provide buckets with disinfectant and long-handled brushes for personal decontamination at the exit point.

Control procedures

- ✓ Ensure a good standard of general ventilation.
- ✓ Scrape up residues into the closeable container, for safe disposal.
- ✓ Bag up contaminated material that needs laundry or disposal, eg bedding, clothing.
- ✓ Wash surfaces clean with detergent before disinfecting.
- ✓ Heavily fouled soft furnishings may need bagging for disposal as clinical waste.

First aid

- ✓ Provide sterile wipes and clean water to cleanse wounds.
- ✓ Keep a supply of sterile adhesive waterproof dressings nearby.

Personal protective equipment (PPE) – see OCM3

- ✓ Respiratory protective equipment (RPE) is not needed.

Other protective equipment

- ✓ Provide eye protection – a full-face visor.
- ✓ Provide disposable coveralls with a hood.
- ✓ Provide a disposable plastic apron.
- ✓ Provide wellingtons or waterproof disposable overshoes.
- ✓ Provide waterproof, abrasion-resistant gloves, eg nitrile.
- ✓ Ensure that all cuts and abrasions are covered with a waterproof dressing before work begins.

Cleaning and housekeeping

Decontamination

- ✓ Assume that everything that might be contacted by body fluids is contaminated.
- ✓ Clean and disinfect the area after the task.
- ✓ Use the 'buddy' system to decontaminate PPE and work clothing – minimise the spread of contamination.
- ✓ Change out of work clothing before exiting the area.
- ✓ Provide bags labeled 'Clinical waste – Biohazard' for all contaminated PPE.
- ✓ Disinfect or sterilise reusable work equipment.
- ✓ Ensure that waste from the cleaning of body fluids is disposed of safely according to local rules and regulations.

Caution: If soiled, bag up work clothes for laundry as a separate load.

Personal decontamination and skin care

- ✓ Wash before eating or drinking, and after touching any surface or object that might be contaminated.
- ✓ Provide warm water, mild skin cleansers, nailbrushes, and soft paper, fabric towels or hot air for drying. Avoid abrasive cleansers.
- ✓ Instruct workers in how to clean their skin effectively.
- ✓ Provide pre-work skin creams, which will make it easier to wash dirt from the skin, and after-work creams to replace skin oils.

Caution: 'Barrier creams' or 'liquid gloves' do not provide a full barrier.

Health surveillance

- ✓ Conduct skin checks for dermatitis.
- ✓ Keep good records of gastric upsets – monitor that personal hygiene is adequate.
- ✓ Where appropriate, make available effective vaccines for those workers at risk of repeated exposure to body fluids.

Training and supervision

- ✓ Provide supervision – ensure that safe work procedures are followed.
- ✓ Tell workers, including maintenance workers, what the hazards and risks are.
- ✓ Explain the early signs of dermatitis.
- ✓ Training includes toolbox talks on:
 - how to use the right safe working procedures;
 - checking for damage;
 - personal hygiene;
 - how to decontaminate effectively; and
 - what to do if something goes wrong.
- ✓ Involve managers and supervisors in health and safety training.

Essential information

OCE0 *Advice for managers*

OCM3 *Personal protective equipment (PPE)*

OCE22 *Cleaning accommodation and facilities*

Employee checklist

- ☐ Are you clear about the procedures for doing the job?
- ☐ Clean up leaks and spills immediately.
- ☐ Look for signs of wear and damage to equipment.
- ☐ If you find any problem, get it fixed. Don't just carry on working.
- ☐ Report all illnesses to your supervisor.
- ☐ Use, look after and store your PPE in accordance with instructions.
- ☐ Wash hands before eating, drinking or using the lavatory.

Further information

Working with sewage: The health hazards – A guide for employees Pocket card
INDG197 HSE Books 1995
www.hse.gov.uk/pubns/indg197.pdf

You can find the full Offshore COSHH essentials series at
www.hse.gov.uk/coshh/index.htm

This guidance was developed by representatives from the UK offshore oil and gas industry and trade unions, with HSE.

APPENDIX 4 – MINOR HEAD INJURY FORM

Pupil Minor **HEAD INJURY** form

ALL PARTS TO BE COMPLETED

Injured person	Class
Accident date	time
Accident location (class/upper yard/hall etc)	Footwear
If outdoor – weather conditions	
Description of accident	
Details of injury:	
Details of First aid treatment:	
Witness	Name of first aider
Time parent/guardian was contacted by phone:	
Or Parents signature upon collection or if taking early:	
If collected early, signature from parent/carer to confirm OK to return next day:	
Has the accident been investigated?	YES / NO
Any behavioural issues?	YES / NO
Does Risk Assessment require reviewing?	YES / NO
Details reviewed (office use):	

Accident/Incident Form

(including occurrences of violence or aggression)

Department _____

Section/School/Establishment: _____

1. Injured Person
☐ **Employee** ☐ Public ☐ Agency ☐ Contractor ☐ Volunteer ☐ Service User ☐ Pupil

Forename: _____

Surname: _____

Address: _____

Age: _____

Contact No: _____

Postcode: _____

Occupation: _____

2. Accident/Incident Details☐ Accident☐ Incident (e.g. Violence &☐ Near Miss☐ Cyber Abuse

Date: _____

Time: _____

Location (inc. address & postcode): _____

Description of accident/incident (please continue on separate sheet if needed): _____

Was the employee engaged in work at the time of the accident/incident? ☐ Yes ☐ NoHas the injured person been off or unable to do their normal work for more than 7 days, including weekends, as a result of the accident/incident? ☐ Yes ☐ NoDates of absence: from: _____ to: _____ or still absent? ☐ Yes ☐ No**3. Injury Details**

Nature of the injury (e.g. fracture, sprain, cut etc...): _____

Part of the body (Indicate L or R where necessary): _____

First aid given by (inc post): _____

First aid treatment given (i.e. compress, plaster): _____

Was the injured person taken to hospital from the scene? ☐ Yes ☐ NoWere they detained: ☐ Yes ☐ No

If yes, how long for, in days? _____

4. Witnesses (if needed, ask witness(es) to complete a Witness Statement Form)

Name: _____

Name: _____

Address: _____

Address: _____

Contact No: _____

Contact No: _____

5. Report DetailsAccident reported to (i.e. Manager, supervisor, 1st Aider (inc name)): _____

Contact details of person reported to (dept & tel no): _____

Accident reported by <i>(if different from section 1, inc post)</i> :	
Reported on <i>(date)</i> :	Time:
Signed by injured person:	
For social care only CQC informed:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Name of Trade Union Safety Representative informed and date: -	
6. Signature of Manager/Supervisor/Responsible Person	
Signed: _____	Print: _____
Date: _____	_____

This page is CONFIDENTIAL to Comply at Work

7. Accident Investigation (to be completed by manager/supervisor/responsible person)	
Carried out by:	
Position/occupation:	
Contact No:	
How did the accident/incident happen, and what has been done to prevent reoccurrence?	
Does the risk assessment require updating? Do you need to provide additional information instruction or training to the member of staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, what additional control measures are needed / recommended?	
In cases of violence/aggression/threats or cyber abuse, has action been taken to support the individual / prevent a reoccurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, detail what action has been taken:	
Signed: _____	Date: _____

Please forward this form and any attachments to Comply at Work

8. For Internal HSWT use only	
Accident Code: Department	Division Sub dept Category
Reported to the HSE: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , report reference no:
Reported by: Officer	Date: Date.
Comments:	
Signed by HSWP:	Date: Date.