

FIRST AID POLICY AND PROCEDURE

Approving Body	Trust
Date of Last Review	January 2026
Statutory (Y/N)	Y
Responsible Officer	BMAT CEO for and on behalf of the Trust

I. INTRODUCTION – PURPOSE AND SCOPE.

1. This policy supplements the 'Health and Safety Policy', which is available on the BMAT website, and the additional guidance documents referred to therein.
2. This policy is guided by and in accordance with:
 - a. [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
 - b. [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
 - c. [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Officer (HSO), and set out the timeframe for this and how long records of such accidents must be kept
 - d. [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records.
 - e. [Supporting Pupils at School with Medical Conditions \(2014\)](#). DfE Statutory guidance under [section 100 of the Children and Families Act 2014](#). DfE First Aid in Schools, Early Years and Further Education (2022).
3. The fundamental aim of this policy is to ensure that, where required, individuals receive immediate and appropriate first-aid attention. This policy also aims to ensure that:
 - a. Adequate and appropriate first aid equipment, facilities, and trained employees are available on BMAT premises.
 - b. All BMAT employees are cognisant of this policy, the 'Health and Safety Policy' and the relevant procedures contained therein.
 - c. Designated employees are adequately trained; and that training is reviewed in accordance with legal requirements.
 - d. The content and implementation of this policy is reviewed every three years.
 - e. Records are kept of first aid training and practice.
4. This policy is reviewed formally every three years, but the register of first aiders is reviewed at least annually, when new first-aiders are trained and when current first-aiders have moved location or leave their employment.

II. FIRST AID PERSONNEL AND TRAINING

5. [BMAT School Principals and the nursery manager in the case of Busy Beacons Nursery](#) have overall responsibility for the implementation of this policy, including:
 - a. Ensuring that an appropriate number of first aid personnel are present in the school at all times;
 - b. Ensuring all employees are aware of first aid procedures;
 - c. Ensuring all parents are aware of first aid arrangements.

- d. Ensuring appropriate risk assessments are completed and appropriate measures are put in place;
 - e. Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place;
 - f. Ensuring that adequate space is available for catering to the medical needs of pupils;
 - g. Reporting specified incidents to the HSO when necessary.
6. The HSO has day to day responsibility for the oversight and implementation of this policy.
7. A record of First Aid Personnel is stored securely by the HSO and made available to staff in a secure location. It is updated regularly by the HSO, at least annually, and:
- a. Lists the BMAT employees who are trained in first aid, and to what level;
 - b. All first aiders have completed the appropriate training course in line with the HSE guidance and hold a valid certificate of competence (Emergency First Aid at Work; First Aid at Work or Paediatric First Aid for those staff working in Busy Beacons Nursery).
 - c. The source, start date and expiry date of training;
 - d. Whether an employee is a qualified first-aider (someone holding a current first aid at work certificate from a course approved by the HSE) or an appointed person (someone with basic first aid training and who can take charge when someone is injured or falls ill, including calling for an ambulance if necessary; and can look after the first aid equipment and restock the first aid boxes).
8. Busy Beacons nursery is committed to ensuring the safety and wellbeing of all children, staff and visitors. In line with the Early Years Foundation Stage (EYFS) statutory framework, we maintain appropriate first aid provision at all times, including the presence of at least one qualified Paediatric First Aider (PFA) on site and during educational visits.
9. In accordance with the EYFS Statutory Framework:
- a. At least one person with a current full Paediatric First Aid (PFA) certificate (minimum 12 hours) must be on the premises and available at all times when children are present
 - b. A PFA-qualified person must accompany children on all outings
 - c. All staff with Level 2 or Level 3 qualifications obtained since 30 June 2016 must hold a PFA or Emergency PFA certificate within three months of starting work to be included in staff: child ratios
 - d. PFA certificates must be renewed every three years
 - e. PFA certificates must be displayed or made available to parents on request
10. All BMAT employees **must** be informed of the first aid arrangements, including the location of equipment, facilities and first-aiders. First aid notices are displayed in prominent locations in each building. All employees are responsible for:
- a. Ensuring they follow first-aid procedures; and

- b. Completing accident reports when needed. The relevant form may be found in Evolve Accident Book at reception. The HSO is available to provide additional guidance on how to complete it.
- 11. First aid information is included during induction training.
- 12. **Mental Health First Aid:** The Trust is committed to maintaining a workplace environment that support mental health and wellbeing.
 - a. Designated staff (first aiders/DSL/DDSLs) would be the first responder in the event of a mental health first aid emergency.
 - b. All incidents are recorded and reported according to this policy and safeguarding software My Concern.
 - c. Pupils who require further support would be referred to agencies as required and we follow our Child protection and safeguarding policy.
 - d. The Employee Assistance Programme (EAP) offers a range of support for staff including counselling/occupational health etc. This would be implemented on a case by case basis.

III. MATERIALS, EQUIPMENT AND FACILITIES

- 13. First aid boxes are located throughout BMAT premises and are clearly signposted. Key areas include medical rooms, reception areas and high-risk areas (e.g. physical education and applied science classrooms).
- 14. First-aid boxes are accessible at all times.
- 15. First aid at work does not include administering tablets or medicines to treat illnesses - tablets or medicines must not be kept in first aid boxes. For more information, refer to the '[Supporting Students with Medical Needs](#)' guidance document on the BMAT website.
- 16. The contents of first aid boxes are regularly examined and restocked after. Once items have reached their expiry date, they are disposed of safely. They will contain as a minimum:
 - a. A leaflet giving general advice on first aid, e.g. (HSE basic guide to first aid)
 - b. 20 individually wrapped sterile adhesive dressings in assorted sizes
 - c. 2 large sterile unmedicated dressing
 - d. 2 triangular bandages – individually wrapped and preferably sterile
 - e. 6 safety pins o individually wrapped moist cleansing wipes
 - f. 2 pairs of disposable gloves

Off-site procedures: Employees should refer to the '[Educational Visits Policy and Procedure](#)' on the BMAT website for more information. In brief, employees will ensure that risk assessments are completed prior to any educational visit that necessitates taking children off school/nursery premises; and that they always have the following:

- a. A school mobile phone
- b. A portable first aid kit
- c. Information about the specific medical needs of pupils
- d. 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:

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

17. Automatic External Defibrillators ['AEDs'] are located in:

- a. The First Aid Room of the Beal High School Upper Site,
- b. The First Aid Room of the Beal High School Lower Site
- c. The PE Office of the Beal High School Lower Site
- d. The BCD Reception of the Beal High School Upper Site
- e. At the Main Site Entrance of the Forest Academy.
- f. Guidelines are situated with the AEDs.
- g. Training on the use of AEDs is covered in the first aid training courses provided to elected members of BMAT employees. In addition, a guidance document on the use of AEDs is available from the HSE.
- h. However, AEDs are designed to be used by lay-members of the public and are often located in public spaces; they include simple instructions and automatically analyse the victim's cardiac rhythm to determine whether an electronic shock needs to be delivered. If an AED is required, but an AED-trained employee is not available, then employees should follow the simple, clearly visible instructions on the AED.
- i. An AED should be applied to any casualty who is unconscious and not breathing or non-responsive when shaken (the AED will only administer a shock if necessary). If an AED is not immediately available, deliver CPR.
- j. 999 must be called simultaneously.

- k. Following the incident, a designated employee will conduct an incident debriefing and complete an Accident and Incident Report in Evolve Accident Book on reception.
- l. Maintenance of AEDs is conducted monthly and after every use, by designated personnel.

III. ACTION IN THE EVENT OF AN INJURY

- 18. For serious accidents to children or staff, the main consideration is to avoid delay in securing treatment. If the case is sufficiently serious to warrant hospital treatment (e.g. cases of suspected fracture) an ambulance should be called immediately.
- 19. If possible, arrangements should be made for an employee to accompany an injured child in the ambulance. Parents should be informed as soon as possible.
- 20. Employees working outside normal establishment hours (e.g. caretakers, cleaning staff) must have access to a telephone.

IV. ANAPHYLAXIC PROTOCOL

- 21. The school will recognise and respond quickly and appropriately in an emergency.
- 22. Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline.
- 23. Anaphylaxis can be accompanied by shock (known as anaphylactic shock): this is the most extreme form of an allergic reaction.
- 24. Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most people with anaphylaxis would not necessarily experience all of these:
 - a. Generalised flushing of the skin anywhere on the body
 - b. Nettle rash (hives) anywhere on the body
 - c. Difficulty in swallowing or speaking
 - d. Swelling of tongue/throat and mouth
 - e. Alterations in heart rate
 - f. Severe asthma symptoms
 - g. Abdominal pain, nausea and vomiting
 - h. Sense of impending doom
 - i. Sudden feeling of weakness (due to a drop in blood pressure)
 - j. Collapse and unconsciousness
- 25. When symptoms are those of anaphylactic shock the position of the child is very important because anaphylactic shock involves a fall in blood pressure.

- a. If the patient is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should not stand up.
- b. If there are also signs of vomiting, lay them on their side to avoid choking (recovery position).
- c. If they are having difficulty breathing caused by asthma symptoms and/or by swelling of the airways, they are likely to feel more comfortable sitting up. Action to take: (Ask other staff to assist, particularly with making phone calls, one person must take charge and ensure that the following is undertaken)
- d. Ring (9) 999 immediately to get the ambulance on the way.
- e. Ring Reception for Medical Assistance – state what has happened so that they can assess the situation and bring medication to the location. Please note that medical staff may not be able to attend immediately, and there should be no delay in using the person’s medication. Locate the nearest first aider to come and assist.
- f. Use the person’s adrenaline device*, or the one located in the nearest medical room.
- g. Ensure that reception staff are aware that an ambulance is coming onto site.
- h. Stay in the immediate area to assist reception/first aid staff and/or direct the Emergency Services
- i. Ensure that accident forms are filled out if applicable.

**Staff should update their training to use the adrenaline device every year as a minimum under the guidance of the school medical administrator. This will be delivered as part of first aid training, and by staff attending training delivered by the School Nurse.*

V. RECORDING AND REPORTING INCIDENTS/ACCIDENTS

26. Each school/Nursery provision keeps a record of all incidents involving staff, pupils and visitors, which require first aid staff to be in attendance. This is recorded in the Evolve Accident book. These records will be used to help identify trends in accidents/incidents and areas for improvement as well as when to review first aid needs assessments.

The following minimum information will be recorded:

- Date, time and place of incident
- Name of injured or ill person
- Details of the injury or illness
- Details of what first aid was given

- What happened immediately after the incident (for example, went home, went back to class, went to hospital)

- Name and signature of first aider or person dealing with the incident

Incidents where external medical assistance is required, whether on site or off site, should be recorded in the Evolve Accident book.

27. For detailed guidance on how to conduct a risk assessment or accident/incident investigation, see [‘Risk Assessment Policy’](#) and [‘Accident and Incident Investigation Guidance’](#) on the BMAT website, or contact the HSO at HSO@beaconacademytrust.co.uk

28. First aid personnel should record the date, time and location of any incident; the name and job/form of the injured person; details of the injury and any treatment given; and details of what happened following treatment (e.g. went home, went to hospital, returned to work). Information should be entered as an Accident and Incident Report in Evolve Accident Book at reception.

29. All accidents other than minor accidents (e.g. bumps, bruises, scrapes) to students; and all incidents and near misses **must** be reported as promptly as possible by submitting an Accident and Incident Report in Evolve Accident Book at reception

30.

- a. Under RIDDOR 2013, certain incidents must be reported to the Health and Safety Executive (HSE). The HSO is responsible for submitting RIDDOR reports via the HSE online portal at <https://www.hse.gov.uk/riddor/report.htm>. Reportable incidents include: Fatal accidents
- b. Specified injuries to workers (including fractures, amputations, loss of sight, and injuries requiring hospital admission for more than 24 hours)
- c. Over-7-day incapacitation injuries
- d. Non-fatal injuries to non-workers requiring hospital treatment
- e. Certain work-related diseases
- f. Dangerous occurrences

31. All accidents, however small, should be investigated and the findings recorded by the HSO. The time allocated to each investigation will depend on the seriousness of the accident. During or on completion of an investigation, a risk assessment should be carried out to avoid reoccurrence.

VI. MANAGING RISKS TO FIRST-AID PERSONNEL

32. [‘Appendix A – First-Aid Risk Assessment Form’](#) contains a checklist for assessing the risk(s) posed to first-aiders. The assessment is signed, dated and reviewed on a regular basis, or as a minimum on an annual basis.

33. The maintenance of good hygiene standards is important. The risk from infection from bodily fluids etc. will be adequately controlled providing the hygiene procedures outlined below are followed:

- a. Disposable gloves - Vinyl disposable gloves (polythene disposable gloves with seams are unsuitable.
- b. Resuscitate aids (for use in mouth-to-mouth resuscitation)
- c. Disposable aprons.
- d. Assume body fluids (blood, vomit, urine etc.) may be infectious and always follow hygiene procedures;
 - a. Always wash hands before and after applying dressings;
 - b. Cuts and abrasions on exposed skin of the first aider should be covered with a waterproof plaster before treating the casualty;
 - c. Disposable gloves must be worn if contact with body fluids likely;
 - d. Resuscitate aids must be used for mouth-to-mouth resuscitation;
 - e. The type of mouthpiece known as a “rigid airway” must only be used by First Aiders specifically trained in its use;
 - f. Skin that has been in contact with another person's blood, vomit etc. should be washed with soap as soon as possible;
 - g. Splashes into eyes or mouth should be rinsed freely with clean cold water;
 - h. Puncture wounds should be encouraged to bleed freely. They should be washed with soap (not around eyes) and water and covered with a sterile dressing;
 - i. Blood and other body fluid spillages should be cleaned using whatever absorbent materials are available e.g. toilet paper, paper towels
 - j. Disposable gloves and aprons should be worn when cleaning such spills
 - k. Disinfect spillage area with bleach or other chlorine-releasing compound.
 - l. Disposable gloves and aprons, together with contaminated absorbent material and dressings, should be disposed of in sealed yellow plastic bags marked clinical waste bio-hazard and disposed of as clinical waste.

FIRST AID POLICY**APPENDIX A – FIRST-AID RISK ASSESSMENT FORM.****Beacon Academy Trust**

A COMPELLING VISION FOR SUCCESS

Assessors name:	Date of Assessment:	Activity/Task: Risks to first aiders
Directorate:	Service: Group:	Head Teacher:

Hazards	Who may be harmed & How	Existing Controls	Risk Rating	Further Controls	Residual Risk	Actions by whom & when	Implemented Y/N
Body fluids	First-aiders. Contact with body fluids (blood, vomit, urine etc.) and the potential risk from HIV,	Assume all body fluids are infectious and follow strict hygiene procedures: <ul style="list-style-type: none">Wash hands thoroughly before and after administering first aid and use disposable gloves.	Likelihood: Consequence: Risk Level:		Likelihood: Consequence: Risk Level:		

	<p>Hepatitis, and other infectious diseases.</p> <ul style="list-style-type: none"> • Skin that has been in contact with body fluids of another person must be thoroughly washed with soap and warm/hot water as soon as possible. • Splashes into eyes or mouth should be rinsed freely with cold water. • Encourage puncture wounds to bleed freely before thorough rinsing, drying and covering with a sterile dressing. • Body fluid spillages cleaned using available absorbent materials, e.g. toilet paper, paper s cat litter or other absorbent granules. <p>Disposable gloves and apron worn when cleaning spillages.</p> <p>Area cleaned with bleach or</p>					
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	Contamination from disposable gloves, aprons etc. contaminated with body fluids	<p>other chlorine-releasing compound.</p> <p>Mouth to mouth resuscitation:</p> <ul style="list-style-type: none"> • Mouthpiece used for mouth to mouth resuscitation, • A rigid airway only to be used by first-aiders trained in its use. <p>All used disposable gloves, aprons etc. are disposed of in yellow, clinical waste bags marked “Clinical Waste – Bio-hazard”. Full bags sealed and disposed of as clinical waste.</p>					
Hazardous substances	First Aider	Ascertain what hazardous substance was involved and	<p>Likelihood:</p> <p>Consequence:</p>		<p>Likelihood:</p> <p>Consequence:</p>		

	Exposure to hazardous substances	consult the COSHH assessment for first aid information.	Risk Level:		Risk Level:		
Review date:		Date communicated to staff:					
Is a safe system of work required		Yes / No					
If a new activity/equipment/any changes have been identified then Risk Assessment must be reviewed otherwise it should be reviewed annually.							