



**INSPIRES MAT
FIRST AID POLICY
Templars Academy**

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Contents

1. Aims	2
2. Legislation and guidance	2
3. Roles and responsibilities	3
4. First aid procedures	4
5. First aid equipment	6
6. Record-keeping and reporting	6
7. Training	8
8. Monitoring arrangements.....	8
9. Links with other policies.....	8
Appendix 1: List of first aid trained staff.....	10
Appendix 2: accident report form	11
Appendix 3: first aid training log	12
Defibrillator Risk Assessment	13

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 (DfE) on [first aid in schools](#) and [health and safety in schools](#), guidance from the Health and Safety Executive (HSE) on [incident reporting in schools](#), and the following legislation:

- [The Health and Safety \(First-Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [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

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

Beyond this, in all settings – and dependent upon an assessment of first aid needs – employers must usually have a sufficient number of suitably trained first aiders to care for employees in case they are injured at work. However, the minimum legal requirement is to have an 'appointed person' to take charge of first aid arrangements, provided your assessment of need has taken into account the nature of employees' work, the number of staff, and the layout and location of the school. The appointed person does not need to be a trained first aider.

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.

3.1 Appointed person(s) and first aiders

The school's appointed first aiders are;

Sally Metcalf	Emergency First Aid at Work
Sharon Taylor	Emergency First Aid at Work
Elise Smith	Emergency First Aid at Work
Katie Shambrook	Paediatric First Aid
Caroline Pringle	Paediatric First Aid
Kerri Brown	Paediatric First Aid
Megan Lill	Paediatric First Aid
Nicola Mann	Paediatric First Aid
Kirsty Pinder	Paediatric First Aid
Hannah Pegram	Paediatric First Aid
Tracy Smith	Paediatric First Aid
Saffron Weston	Paediatric First Aid
Chloe Wilkerson	Paediatric First Aid
Katy Harden	Emergency First Aid at Work
Karen Hazell	Emergency First Aid at Work
Lottie Castle	Emergency First Aid at Work
Grace Welsher	Emergency First Aid at Work

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 as, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- Keeping their contact details up to date

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

3.2 The governing board/board of trustees

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

3.3 The headteacher

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

- Ensuring that an appropriate number of 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
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

3.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are.
- Completing accident reports (see appendix 2) for all incidents they attend to where a first aider is not called
- Informing the headteacher 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.
- 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/carers will be contacted and asked to collect their child. On their arrival, the first aider will recommend next steps to the parents/carers
- If emergency services are called, the senior admin will contact parents/carers immediately
- The first aider or relevant staff member will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

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
- Information about the specific medical needs of pupils
- Parents/carers' 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 relevant staff member prior to any educational visit that necessitates taking pupils off school premises. Using the Evolve platform.

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 (EYFS).

There will always be at least 1 first aider on school trips and visits.

4.3 Central office procedures

A member of the Business Centre staff will contact Templars office for First Aid support. They will remain with the casualty until First Aid help arrives. The First Aider will decide if the emergency services need to be called. The First Aider will complete an accident report form.

5. First aid equipment

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

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room
- The school kitchens

Automated external defibrillators (AEDs)

The HSE states:

Where an employer has identified through their needs assessment that they wish to provide an automated external defibrillator (AED) in the workplace, then the Provision and Use of Workplace Equipment Regulations (PUWER) apply. For the purpose of complying with PUWER in these situations, the employer should provide information and written instructions, for example from the manufacturer of the AED, on how to use it. Fuller training, however, is likely to make the user more confident and is now an integral part of the syllabus for FAW and EFAW courses.

6. Record-keeping and reporting

6.1 First aid and accident record book

- An accident form will be completed by the first aider or 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 should be supplied when reporting an accident, including all of the information included in the accident form at appendix 2
- For accidents involving pupils, a copy of the accident report form will also be added to the pupil's educational record by relevant member of staff.

- 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.

➤ 6.2 Reporting to the HSE

The lead site manager will keep a record of any accident that results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The lead site manager will report these 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.

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 lead site manager or relevant member of staff will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - Carpal tunnel syndrome
 - Severe cramp of the hand or forearm
 - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
 - Hand-arm vibration syndrome
 - Occupational asthma, e.g. from wood dust
 - Tendonitis or tenosynovitis of the hand or forearm
 - Any occupational cancer
 - Any disease attributed to an occupational exposure to a biological agent
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:

- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

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

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and where 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)
<http://www.hse.gov.uk/riddor/report.htm>

6.3 Notifying parents/carers (early years only)

The relevant member of staff will inform parents/carers 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. Parents/carers will also be informed if emergency services are called.

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 (see appendix 3).

The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate that meets the requirements set out in the Early Years Foundation Stage statutory framework. The PFA certificate will be renewed every 3 years.

8. Monitoring arrangements

This policy will be reviewed by the Trust annually and issued to schools for personalisation

At every review, the policy will be approved by the CEO.

9. Links with other policies

This first aid policy is linked to the:

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

Appendix 1: list of first aiders

Sally Metcalf	Emergency First Aid at Work
Sharon Taylor	Emergency First Aid at Work
Elise Smith	Emergency First Aid at Work
Katie Shambrook	Paediatric First Aid
Kerri Brown	Paediatric First Aid
Megan Lill	Paediatric First Aid
Nicola Mann	Paediatric First Aid
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Katy Harden	Emergency First Aid at Work
Karen Hazell	Emergency First Aid at Work
Lottie Castle	Emergency First Aid at Work
Grace Welsher	Emergency First Aid at Work

Appendix 2: accident report form

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 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 3: first aid training log

NAME/TYPE OF TRAINING	STAFF WHO ATTENDED (INDIVIDUAL STAFF MEMBERS OR GROUPS)	DATE ATTENDED	DATE FOR TRAINING TO BE RENEWED (WHERE APPLICABLE)
E.g. first aid			
E.g. paediatric first aid			
E.g. anaphylaxis			

Defibrillator Risk Assessment

Adopted – April 25

Review Date – April 25

Introduction

Templars Academy is committed to supporting the local community and working to keep our community safe. A defibrillator is a device that gives a high energy electric shock to the heart of someone who is in cardiac arrest. This high energy shock is called defibrillation, and it is an essential part in trying to save the life of someone who is in cardiac arrest. A defibrillator may also be referred to as a defib, an AED (Automated External Defibrillator) or a PAD (Public Access Defibrillator).

No medical knowledge or training is required to use our AED as once the call is placed to the ambulance service to obtain the access code the operator will guide the user through the correct process and the device offers electronic guidance.

For maintenance, including replacement pads post use the Mediana HeartOn A15 guide can be found here

<https://medianadefib.co.uk/product/mediana-a15-hearton-aed/>

Details to complete the Risk Assessment

STEP 1: Rate hazard - assign a letter from A to C to denote the SEVERITY of harm or consequence of the hazard.

A death major injury major damage or major loss to property/equipment/corporate reputation	B serious over-3-day injury damage to property/equipment	C minor injury minor damage to property/equipment
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STEP 2: Rate risk/Likelihood - assign a number from 1 to 3 to denote the LIKELIHOOD of the event causing the risk to be realised.

1 extremely likely to occur	2 frequent/often/likely to occur	3 slight chance of occurring
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STEP 3: Use the combination in the risk rating chart to link to the action criteria.

Likelihood		Severity	
Major = A		Serious = B	Slight = C
Extremely likely to occur = 1	A1	B1	C1
Likely to occur = 2	A2	B2	C2
Unlikely to occur = 3	A3	B3	C3

Action criteria:

Please note that the tables below may cause issues should you use a screen reader. They highlight the risk matrix used and can be made available in a different format if required.

VERY HIGH	Very high priority – Unacceptable risk: must receive attention - stop work activity or remove/reduce risk immediately
HIGH PRIORITY	High priority - Urgent: must receive attention as soon as possible to remove/reduce hazard or risk
MEDIUM / HIGH	Medium/high priority: Must receive attention to remove/reduce hazard or risk
MEDIUM	Medium priority: Should receive attention to remove/reduce hazard or risk
LOW	Low priority - remove/reduce hazard or risk after other priorities

VERY LOW

Very low priority - remove/reduce hazard or risk after other priorities

Hazard/Risk	Who could be harmed? Impact of Risk	Rate Hazard	Rate Risk/Likelihood	Action Criteria	Assessment	Conclusion/Mitigating actions/Actions by
Installation	No risk. Defibrillator is portable. No installation required (pads are already connected)					
Permissions not obtained	Financial and reputational risk to Templars Academy Defibrillator would be taken out of service.	A	3		Permissions sought from IMAT	Obtained Registered on The Circuit
Equipment Vandalised/Stolen	Patient could die if equipment faulty.	A	3		Weekly checks by Site manager, reported to Snr Administrator Theft cover with insurance policy. Risk is low as the unit is kept within the school building	Snr Administrator to ensure stocks are replenished when needed Ambulance service/The Circuit to be notified if unit is taken out of action. Site manager to report
Access Code unknown	No risk-there is no access code as it is kept within the school building					

Location unknown	Patient could die if residents/local businesses are unaware of defibrillator's existence	A	2		Awareness programme-registered on The Circuit, publicised in the school newsletter and on the Reception Appropriate signage to be sourced so location can be seen from outside the school and inside the school All staff to be informed and a simple guide uploaded to MyConcern for staff to sign off	Snr Administrator to notify ambulance service of code and location. Communications team to update Social Media Snr Administrator to arrange demonstration Snr Administrator to source signage and permissions. Snr Administrator has hand delivered a letter to all shopkeepers and local businesses advising them of the location/procedure
Equipment runs out of batteries	Patient could die if defibrillator was out of service.	A	3		Weekly visual checks by Site manager (battery power), reported to Snr Administrator Order new batteries when under ½ power Office staff member to check expiry dates at the same time as weekly checks	Snr Administrator to ensure stocks are replenished when needed (expiry/after use) Batteries requires LiMnO2 Battery 15V 4200mAh (non replaceable) Site manager to report. Ambulance/The Circuit service to be notified if unit is taken out of action.
Equipment not serviced	Patient could die if defibrillator was out of service.	A	3		Weekly checks by Site manager, reported to Snr Administrator. Only service required is after use	Snr Administrator to ensure stocks are replenished when needed and that a replacement supply is sourced as soon as required. Ambulance service/The Circuit to be notified if unit is taken out of action.

Pads not available	Defibrillator would be taken out of service. Patient could die	A	3		Weekly checks by Site manager, reported to Snr Administrator.	Snr Administrator to ensure stocks are replenished when needed Ambulance service/The Circuit to be notified if unit is taken out of action. Existing pads are Mediana Automated external debrillator pads AO649-1 Adult and child suitable
Use by experienced user	Patient Reputational risk to School	A	3		The design of the device is such that it can be used by totally untrained persons, as it issues instructions itself as to its use, monitors the condition of the patient's heart and decides whether or not to 'shock' the patient. To obtain access the user would have to register a call with emergency services 999 who will be able to offer instruction.	Built into First aid training To be used as per ambulance or machine instructions only.
Public Liability Claims	School	C	3		Public liability cover in place, however as the ambulance service would direct any user there is no perceived risk to School	
Funds unavailable to update/maintain	School/Patient	A	3		Efficient budgeting and earmarked reserves for maintenance and consumables required.	Snr Administrator to note when budget setting Suggest replacement in ten years (2033)
Defibrillator used and taken away by ambulance	School/Patient	A	3		Site manager visual checks would identify this.	Site manager to report

service						
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Conclusion As the defibrillator is fully automatic, offering self-initiated guidance to the operator, and access is available ONLY under the Ambulance Services' direct control, there is little or no operational risk to the School or Trust.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1133119/Automated_external_defibrillators_guidance_January_2023.pdf



Plan of Use

What	Who
All staff to be made aware of the Defibrillator in school	Headteacher
Instructions sent out and uploaded to MyConcern	Headteacher/DSL
Folder with instructions kept by the side of the unit	Snr Administrator
Site manager to check weekly and report back to the Officer Manager -battery check -location check -Expiry date of pads checked	Site manager
If likely to be needed, phone ambulance services	Person using the machine
Follow their instructions only with the user guide open by the side	Person using the machine
Keep medical room out of use	Office Team
If the machine needs to be moved, take it to the location and follow the same instructions	Person using the machine
After the event, take the recording, as advised by the ambulance services	Site Manager and Headteacher
Order new pads and resources	Snr Administrator
Clean the portable device, as per the instructions	Site Manager