ARTS EDUCATIONAL SCHOOLS
First Aid Policy

Document Title	First Aid Policy
Maintained by	SLT/HOF/ DSSF 1st Aid Lead
Owned by	Head of Facilities
Institutional/Directorate Policy	Day School and Sixth Form
Approved by	DSSF Board
Last Reviewed	September 2026
Next Review	September 2027

ARTSED DAY SCHOOL AND SIXTH FORM FIRST AID POLICY

A. STATEMENT OF INTENT

1. This policy is designed to promote the health, safety and welfare of pupils, staff and visitors to this school through the provision of first-aid equipment and trained personnel in accordance with the requirements of the *Health and Safety (First Aid) Regulations 1981* and First aid in schools, early years and further education. It is specific to the Day School and Sixth Form; however, it is created in accordance with the institutional Health and Safety Policy and procedures.

2. The Headteacher takes guidance from the HR Manager and Facilities Manager to ensure that enough Day School and Sixth Form staff are first-aid trained in order to provide effective provision to our pupils.

3. The DSSF First Aid and Designated Allergy Lead is responsible for the following areas within the DSSF:
   - First Aid Lead – leading and coordinating first aid provision within DSSF;
   - Designated Allergy Lead – leading and coordinating allergy management and allergy safety procedures within DSSF;
   - Administration and maintenance of records relating to medical, first aid and allergy matters;
   - Coordination of training of staff within DSSF;
   - Supporting the Institutional Designated Allergy Lead, currently the Head of Facilities and the First Aid and Health and Safety Lead for ArtsEd, in the compliance monitoring relating to first aid and allergy management within DSSF.

B. THE AIMS OF THE POLICY

4. The aim of providing first aid is to save lives and to ensure that minor injuries and illnesses do not escalate into major ones. The aim of this policy is to ensure that:
   - The role of the DSSF First Aid and Designated Allergy Lead is defined;
   - Staff nominated as 'first aiders' receive up-to-date training on courses approved by the Health and Safety Executive (HSE);
   - Suitably stocked and marked first-aid containers are available at all appropriate locations throughout the school;
   - All members of staff are fully informed with regard to the first-aid arrangements;
   - All staff are aware of hygiene and infection control procedures;
   - Records of any accidents, near misses, reportable injuries, diseases or dangerous occurrences are maintained; and
   - First-aid arrangements are regularly reviewed.

5. All allergy related matters are contained within the Allergy Policy.

C. ROLE OF THE DSSF FIRST AID AND DESIGNATED ALLERGY LEAD

6. DSSF First Aid and Designated Allergy Lead will:
   - Work under the leadership of the Head of Facilities in respect of aspects of this the First Aid and Allergy Policies;
   - Lead, coordinate and monitor the DSSF's first aid and allergy management arrangements, ensuring compliance with statutory requirements, DfE guidance, health and safety legislation, safeguarding duties, and school policies;
   - The postholder acts as the DSSF operational lead for first aid and allergy management but does not provide clinical assessment, diagnosis, treatment planning, nursing care or medical advice;

- Responsibilities are limited to those appropriate for a trained first aider within their competence and training.

7. The DSSF First Aid and Designated Allergy Lead will act in accordance with current statutory expectations regarding First Aid management in schools. Responsibilities include:

a. Overview:

- Coordinate the provision of first aid across the School;
- Ensure suitable numbers of trained first aiders are available during the school day, visits, fixtures and school activities.
- Maintain oversight of first aid and emergency equipment – the responsibility to do this lies with Head of Facilities.
- Check the stocking of first aid supplies, accessibility and ensure that they are within expiry dates – the responsibility to do this lies with Head of Facilities.
- Ensure accident, injury and treatment records are accurately maintained.
- Support the Head of Facilities in monitoring accident trends.
- Support the Head of Facilities in ensuring compliance with Health and Safety (First Aid) Regulations and relevant educational guidance.

b. Medical Conditions Administration

This lies with DSSF First Aid and Designated Allergy Lead (DFADAL)

- Coordinate administrative processes relating to pupils with medical conditions.
- Ensure appropriate healthcare documentation is collected and maintained (sample Individual Healthcare Plan - MEDICAL proforma is attached in Appendix).
- Liaise with parents regarding healthcare plans, medication permissions and emergency arrangements.
- Ensure healthcare information is communicated appropriately to relevant staff.
- Maintain records of medication held in school.
- Monitor medication expiry dates and arrangements for replacement medication.

The DSSF First Aid and Designated Allergy Lead is not responsible for making clinical decisions and will seek advice from parents, medical practitioners and emergency services where necessary.

c. Emergency Response

- Respond as a trained first aider to accidents, illness and emergencies.
- Coordinate emergency responses involving pupils with allergies.
- Ensure emergency medication protocols are followed.
- Ensure staff know how to access emergency medication and healthcare plans.
- Support emergency planning for educational visits and off-site activities.
- Ensure incidents requiring emergency services are escalated promptly.

Where anaphylaxis is suspected, the DSSF First Aid and Designated Allergy Lead will ensure emergency procedures are followed, including administration of adrenaline auto-injectors by appropriately trained staff and calling emergency services.

d. Training and Awareness

- Coordinate first aid and allergy awareness training programmes.
- Maintain records of staff training and certification.
- Identify training renewal requirements.
- Deliver basic awareness sessions where competent to do so.
- Ensure staff understand their responsibilities relating to pupils with medical conditions and allergies.
- Support induction arrangements for new staff.

Current DfE allergy guidance expects comprehensive allergy awareness and emergency response training for school staff.

e. Policy, Compliance and Governance

The DSSF First Aid and Designated Allergy Lead will

- Assist the Head of Facilities in review and implementation of:
    - First Aid Policy
    - Supporting pupils with medical conditions
    - Allergy Safety Policy
    - Educational Visits procedures
- Assist the Head of Facilities with compliance monitoring and inspection preparation.
- Assist the Head of Facilities in preparing reports for senior leaders and trustees as required.
- Maintain documentation required for ISI inspections and welfare compliance checks.
- Support risk assessment processes relating to first aid, medical conditions and allergies.

D. PROCEDURE

8. First-aid provision will be available at all times while pupils and staff are on the school premises, in the Polish Centre and on school visits the School will endeavour to have an ArtsEd first-aid trained member of staff at the Polish Centre where possible. Should there be circumstances where this is not possible, staff will call upon the first-aid trained Polish Centre staff for assistance. A first-aid box will always be located in the reception at the Polish Centre and the ArtsEd office.

9. The school's First Aid Policy will be made available for scrutiny by all recognised teacher and staff unions.

E. QUALIFICATIONS AND TRAINING

10. All school first aiders will hold a valid certificate of competence issued by an organisation whose training and qualifications are approved by the HSE and valid for three years.

11. Refresher training and retesting of competence will be arranged at least three months before certificates expire by the HR Department.

12. The school will consider annual refresher training to maintain first aiders' basic skills and keep them up to date with changes.

13. The DFADAL is supported by the DSSF Admin Team, who together have responsibility to:
    i. Look after the first-aid equipment, restocking first-aid containers when required and replacing out-of-date materials;
    ii. Ensure that an ambulance or other professional medical help is summoned when appropriate;
    iii. Ensure that all accidents and injuries are appropriately recorded;
    iv. Ensure that the school office has an accessible store for epi-pens/ inhalers etc for pupils with specific health needs;
    v. Ensure that the School office has a lockable store as necessary for medication;
    vi. Review medication stored in office annually, dispose any out-of-date medicine and request any new medication from parents;
    vii. Communicates all the specific pupil needs and emergency recommendations to the staff (including the canteen) in the first few weeks of term;

viii. Ensure that up-to-date first-aid information is posted around the school by the Facilities Department; and
ix. Report diseases mentioned under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) to the Facilities Manager.

F. THE ROLE OF THE FIRST AIDER

14. The role of the first aider is to:
    i. Complete a training course approved by the HSE;
    ii. Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school;
    iii. Support in member of staff in the completion of an accident/incident log *via BlueLemon* and record what first aid was administered; and
    iv. When necessary, ensure that an ambulance or other professional medical help is requested.

G. FIRST-AID MATERIALS, EQUIPMENT AND FACILITIES

15. First-aid containers will be:
    i. Marked with a white cross on a green background;
    ii. Located in various points in the building, and specifically in the science lab and in the Day School and Sixth Form School Office; and
    iii. Stocked in accordance with HSE recommendations.

16. Portable first-aid containers will be available for all school trips and other activities that take place over 400 metres from school buildings. The HSE has recommended the **minimum** level of stock required for portable first-aid containers, which can be found here.

17. Where it is known that staff or pupils who are to engage in an out-of-school activity have specific health needs or a disability, the teacher organising the trip will endeavour to ensure that the contents of the first-aid container include the resources necessary to meet their specific needs, e.g. a supply of insulin or an EpiPen. This will be in addition to the staff member checking that the pupil is carrying the medication with them. No pupil is allowed on a school trip if they do not have their medication with them.

18. The school medical room is located next to the School Office. Although this room has a dual purpose, the provision of first aid and medical usage will have absolute priority.

19. There are full first aid kits located in the School Administrator's Office, the Learning Development Department, the science laboratory, the art room, canteen, and the front reception. The locations of these kits are signposted and also contains a list of current first aiders.

H. INFORMATION AND NOTICES

20. First-aid notices giving the location of first-aid containers and the names of the members of staff who are certificated first aiders will be prominently displayed in:
    i. Staff rooms; and
    ii. Science Lab.

21. The school will make every effort to ensure that first-aid notices are clear and easily understood by all.

22. Information on the school's first-aid provision will be included in the staff handbook.

I. HYGIENE AND INFECTION CONTROL

23. All staff will:

i. Follow basic hygiene procedures; and
ii. Be made aware as to how to take precautions to avoid infections, e.g. COVID-19, HIV and AIDS.

24. All staff will have access to single-use disposable gloves and hand-washing facilities.

25. Disposable gloves will be worn at all times when dealing with blood or other bodily fluids and when disposing of dressings or other potentially contaminated equipment.

26. Instructions on the disposal of all used dressings and equipment will be included in the first-aid containers. If a staff member is unsure, they should contact the Head of Facilities. A specialist contractor is used to dispose of sealed bags containing contaminated dressings.

J. GUIDANCE ON CALLING AN AMBULANCE

27. The first aider who is assisting the ill person will make the decision as to whether or not they wish to call for an ambulance – this may be informed by any Individual Health Care Plan. They will usually, except in exceptional circumstances, ask a member of staff nearby (or, failing that, a pupil) to go to the School Office and ask for an ambulance to be called. The DSSF Administrator will then phone the emergency services and describe the condition of the child. The reception desk will be informed that an ambulance has been called. The receptionist will liaise with the Facilities Manager as to the most appropriate emergency door that will have to be opened, bearing in mind the location of the sick person. The first aider who has assisted from the beginning of the accident will accompany the pupil in the ambulance.

28. In any circumstances where there is any doubt, an ambulance will be called; this is especially the case if there is any injury to the head. As soon as an ambulance has been called, the DSSF Administrator will ring the parent and inform them about the accident, letting them know which hospital their child is being taken to.

K. RECORDING ACCIDENTS AND INJURIES

29. As of September 2021 all accidents, injuries and near misses will be recorded in on *Blue Lemon* H&S management system. All staff will receive training on how to use and report accidents on Blue Lemon. A copy is also placed in the pupil's personal files.

30. The record of any first-aid treatment given by first aiders and other appointed persons will include:
    i. The date, time and place of the incident;
    ii. The name and class of the injured or ill person;
    iii. Details of the injury or illness and what first aid was given;
    iv. What happened to the pupil or member of staff immediately afterwards (e.g. went home, resumed normal duties, went back to class, or went to hospital); and
    v. The name and signature of the first aider or person dealing with the incident.

31. Serious or significant incidents will be reported directly to parents or carers, including all accidents or injuries to the head, however minor, either by sending a note home with the pupil or via direct contact with the parent or carer.

32. In an emergency involving outside medical professionals or services, the Headteacher or the appointed person will follow the school's established procedures for contacting a parent or carer.

33. The facilities Manager will consider whether a report to RIDDOR needs to be made in all cases where the accident or injury requires the pupil to attend A&E.

L. ARRANGEMENTS FOR PUPILS WITH PARTICULAR MEDICAL CONDITIONS

34. Pupils with particular medical conditions are carefully monitored at the school. At the beginning of the year, parents complete a Confidentiality Form/Medical Declaration Form where they outline any specific medical needs that their child has. These conditions are then transposed to a medical conditions sheet that is emailed to all staff by the Day School Assistant Administrator. This confidential medical information is also stored on iSAMS, but only limited staff have access to this information. This information will be published in limited format to staff to enable them to support pupils as necessary. This will outline the specific problems and what to do in the case of an emergency.

35. Pupils who use EpiPens will carry two pens on them at all times and they will leave one in a designated place in the School Office known to all staff members. Pupils that have to bring in medicine or antibiotics are able to keep them in the fridge in the staff room or in the School Office.

36. Pupils with asthma carry their own inhalers with them, and those with particularly severe conditions leave a spare one in the School Office.

37. Trips that happen during the school day do not need a separate medical consent form, staff will use the medical information on ISAMs and consent to medical treatment given by parents when their child joined the school. The Consent Form to participate in residential school trips and visits also asks parents to declare specific medical conditions so that appropriate arrangements can be made. Staff will ensure that pupils have their appropriate medication before leaving on a school visit

M. PUPILS WHO BECOME ILL DURING THE DAY

38. If a pupil feels sick during the day, they are usually sent by staff to the School Office. The DSSF Administrators will ask them about their symptoms and then call for a first aider if required. In the majority of cases of feeling generally unwell or nauseous, the pupil is asked to sit quietly and see if the condition improves. If, after a period of time, the pupil feels the same or worse, they are offered the possibility of going home. In these cases, the DSSF Administrator will contact a parent and see if they are able to come to school to collect them. If they are, the pupil will be allowed to leave the premises only once the parent arrives. If not, the pupil must stay in school and rest in the medical room or at the back of a classroom. The DSSF School Administrator will check on the pupil regularly and call on one of the first aiders if they feel there is any deterioration in the pupil's condition and contact parents again.

39. The school medical room will be located in the all-access toilet. The room has a washbasin and toilet, and allows for a sick individual to be looked after appropriately as it is close to the school office. The room is always readily available to be used for the purposes of a medical room.

N. MEDICATION IN SCHOOL

40. **Prescribed:** If a parent wishes for prescribed medication e.g. antibiotics to be administered during the school day, clear written instructions must be provided, and the medicine must be kept in a properly labelled container. The pupil should bring the medication to the school office. The label must be clear and free from alterations or defacement and must show:
    i. The name of the medication;
    ii. The name of the pupil;
    iii. The dosage;
    iv. Specific directions for the medication (not simply "as directed" or "as required");
    v. Precautions relating to the medication (eg "caution, may cause drowsiness" or "store in a refrigerator"); and
    vi. The expiry date and the date of issue

41. **Non-prescribed :** Paracetamol is the only non-prescribed pain-relieving medication which may be administered by the School Administrators and only if consent was obtained on the Confidential School Record Form.
    i. A record of when and why a pupil requires paracetamol is kept by the school office to monitor any patterns in the administering of paracetamol.
    ii. Pupils need to sign a form declaring that they understand that they cannot take paracetamol for another four hours and this is placed into their planners.
    iii. All pupils must take the paracetamol in front of the member of staff issuing the medication.

42. Pupils in the Day School will not normally be allowed to self-medicate; on rare occasions this might be permitted with prior agreement between the parent and school. If the parent of a Sixth Form student wishes for their child to self-medicate without school involvement, parents must:
    i. email confirmation to the DSSF admin team requesting permission for their child to bring medication onsite and self medicate;
    ii. advise the school of the identity, dosage and when they are able to take the next dose

.

The School will advise parents to discuss the importance of not sharing any medication with other pupils with their child.

O. REPORTING ACCIDENTS TO THE HSE

43. The Head of Facilities will identify any incidents that are reportable under the RIDDO Regulations and make the report on Form 2508 and return it to Frank Daniel (HoF) who will send it to the RIDDOR Centre. The following types of accidents will be reported to the HSE as required under the RIDDOR:
    i. Accidents resulting in death or major injury (including those that result from physical violence);
    ii. Accidents that prevent the injured person from doing their normal work for more than seven days; and
    iii. Occupational diseases listed at http://www.hse.gov.uk/riddor/what-must-i-report.htm (such cases must be reported by the Form Tutor to the Headteacher, who will contact the Facilities Department so they can report to the HSE.)

P. TERMLY FIRST AID REVIEW

44. The Deputy Headteacher will conduct a termly first aid review and feed this back to the DSSF Subcommittee and the Health and Safety Subcommittee.

FIRST AID/MEDICATION	Y	N	N/A	COMMENTS/ACTIONS NEEDED
First-aid boxes in appropriate places and maintained, no unapproved content (medicines, etc.)?				
Documented system for administration (written permission from parents and dosage sheets for any medicine administered) and secure storage of medication?				
Have all incidents and accidents been reported according to the school's Health and Safety Policy?				
Have there been any near misses?				

Are there the appropriate number of trained first aiders?				
Are there first-aid notices posted in each classroom?				
Have all staff been informed of pupils' medical conditions?				

Appendix: Sample Individual Healthcare Plan – MEDICAL

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan - MEDICAL</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Medical condition:
Note what medical conditions the child or young person has.
Note any known triggers for condition.</td></tr>
<tr><td colspan="2">How the condition is managed:
Note any care or action plans or prescribed medication issued by healthcare professionals.
If the condition can be partly or wholly managed by practical adjustments (for example avoidance of particular activity), note them here.
Note the extent to which the child or young person is able to take responsibility for managing their medical condition.</td></tr>
<tr><td colspan="2">Impact on education:
Indicate the potential harm which might come to the child or young person if their medical condition is not managed properly.
Indicate how the medical condition may impact on the child or young person’s learning.
Indicate how the medical condition may impact on the child or young person’s emotional wellbeing.
If relevant, note any interaction between medical condition and SEN.</td></tr>
<tr><td colspan="2">Arrangements for support:
Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.
Outline measures to reduce the risk of exacerbating condition.
Give details of the specific support or adaptations to manage medical condition.
Note arrangements for maintaining educational progress where absence or missed learning occurs due to medical condition.</td></tr>
</table>

Visits and trips: *Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.* *Note any requirement for a risk assessment and prompts for specific issues which should be considered.*	
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where emergency medication is stored or "spare" emergency medication is located.*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

NAME – Individual Healthcare Plan for medical condition **Annex: Medication needed while in school / college / setting**	
Non-prescription medication: *Record any non-prescription medication (e.g. paracetamol) which the child or young person may require to manage their medical condition in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for medical condition prescribed by a healthcare professional (e.g. buccolam).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the medical condition medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**: