FIRST AID POLICY AND PROCEDURE

TO BE ADOPTED BY ALL SCHOOLS ACROSS SHARE MAT

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1. Overview and status

This policy sets out how injuries and sudden illness are dealt with and recorded at every SHARE Multi Academy Trust school. It covers who the first aiders are, what equipment is held and where, what staff do when someone is hurt, and how incidents are recorded and reported.

First aid is the immediate help given to someone who is injured or becomes unwell, to preserve life, prevent the situation getting worse and promote recovery, until professional help arrives or it is clear none is needed. It is not the same as supporting a pupil with a known medical condition, which is planned in advance and covered elsewhere in this suite. A first aid certificate is not, on its own, the right training to support a pupil with a medical condition.

Where this policy sits

This policy is one of three that work together. Read it alongside:

Supporting Pupils with Medical Conditions Policy, which covers planned support, Individual Healthcare Plans and medicines.

Allergy Safety Policy, which is the primary home for allergy, anaphylaxis, adrenaline devices and spare inhalers.

Supporting Documents and Templates, which holds the incident report form and log, and the staff training matrix.

2. Scope and aims

This policy applies to all staff at all SHARE MAT schools. Although the Trust's duty under the first aid regulations is owed to its employees, first aid provision at every academy covers pupils, visitors, contractors and volunteers as well, and the needs assessment at section 4 is carried out on that basis.

The aims are to make sure that:

- there are enough trained first aiders, in the right places, at all the times the site is in use;
- first aid equipment is available, in date and accessible;
- staff know what to do, who to call and how to call them;
- injuries and illness are recorded accurately and reported where the law requires it;
- the arrangements are reviewed when something changes or when an incident suggests they should be.

3. Legislation and guidance

- **Health and Safety (First-Aid) Regulations 1981** (as amended), which require an employer to provide adequate and appropriate equipment, facilities and personnel so that employees receive immediate attention if they are injured or taken ill at work.

- **Management of Health and Safety at Work Regulations 1999**, which require risk assessment and suitable arrangements, including procedures for serious and imminent danger.
- **Health and Safety at Work etc. Act 1974**, including the duty to conduct the undertaking so that people who are not employees are not exposed to risk.
- **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)**.
- **Social Security (Claims and Payments) Regulations 1979**, regulation 25, and the Social Security Administration Act 1992, covering accident records.
- **First aid in schools, early years and colleges**, DfE guidance. This is non-statutory.
- **Automated external defibrillators (AEDs) in schools**, DfE guidance. This is non-statutory.
- **Early years foundation stage statutory framework for group and school-based providers**, including the paediatric first aid requirements at Annex A.
- **Education (Independent School Standards) Regulations 2014**, which apply to academies and require suitable space and arrangements for the medical and therapy needs of pupils.

4. First aid needs assessment

Each academy carries out a first aid needs assessment, reviews it at least annually, and repeats it whenever something material changes, for example building work, a change in the size or spread of the site, a new activity, or a pattern in the accident book. The assessment is what determines how many first aiders the academy needs and where the equipment goes. The numbers are not fixed by law.

The assessment takes account of:

- the hazards actually present, including science, design and technology, food technology, art, PE, sports pitches, swimming, catering, grounds and site maintenance;
- the number of pupils, staff and visitors, and the age range;
- the layout and spread of the site, including split sites, upper floors, outbuildings and distant playing fields;
- cover at all the times the site is in use, including before and after school, breakfast and club provision, lettings, holidays, staff absence and lunchtimes;
- off-site activities, trips, residentials and fixtures;
- pupils and staff with known medical conditions or disabilities, and any who would need help to evacuate;
- lone or isolated working, for example site staff;
- how far the site is from emergency services, and access for an ambulance;

- the accident and incident history of the academy.

5. Roles and responsibilities

Who	What they are responsible for
Board of Trustees	Assuring itself that each academy has an up to date needs assessment, sufficient trained first aiders and suitable equipment; adopting and reviewing this policy; overseeing accident and incident reporting.
Trust Premises and Compliance Manager	Trust-level monitoring of first aid provision, training records and incident data; supporting academies with needs assessments and audit; RIDDOR reporting where the Trust reports centrally.
Headteacher or Principal	Implementation at their academy; making sure the needs assessment is done and acted on; making sure first aiders are appointed, trained and available, including during absence; making sure parents are told when their child has been hurt.
First aiders	Giving immediate help within the limits of their training; calling an ambulance where needed; looking after the first aid equipment they are responsible for; completing the accident record.
Appointed person, where the assessment shows a first aider is not needed	Taking charge when someone is injured or ill, calling the emergency services and looking after the first aid equipment.
All staff	Knowing who the first aiders are and how to summon one; staying with an injured or unwell person and sending for help; reporting all accidents, incidents and near misses.
Site staff	Reporting hazards; keeping access routes clear for ambulances; supporting evacuation and emergency arrangements.

The names, locations and contact details of first aiders at each academy are listed in Appendix A, displayed in the staff room, the school office and other prominent places, and included in staff induction. The list is kept current when people leave or certificates expire.

6. First aid procedures

On site

- Any member of staff who comes across an injured or unwell person stays with them and sends someone else for a first aider. An unwell person is not sent to find help.

- The first aider assesses the situation, makes it safe, and gives first aid within the limits of their training.
- Where the person has an Individual Healthcare Plan, Allergy Action Plan or Asthma Action Plan, that plan is followed.
- An ambulance is called where the injury or illness is serious, where the first aider is unsure, or where a plan says so. In suspected anaphylaxis, adrenaline is given first and 999 is called immediately afterward, as set out in the Allergy Safety Policy.
- The school office is told so that parents can be contacted and the ambulance can be met and directed.
- Where a pupil goes to hospital, a member of staff goes with them and stays until a parent or carer arrives.
- Parents are told the same day about any injury requiring first aid, and immediately about anything involving a head injury, a suspected fracture, loss of consciousness, an emergency medicine or a call to 999.
- The incident is recorded (section 12) and reported where required (section 13).

Head injuries

Any bump to the head is treated as a head injury. The pupil is watched closely, parents are told on the day, and a head injury advice slip is sent home so the family know what to look out for over the next 48 hours. A pupil who has lost consciousness, vomited, or is drowsy or confused goes to hospital.

Off site

Every trip, visit and fixture has a first aid element in its risk assessment: who the trained first aider is, what kit and medicines go with the group, who carries them, how emergency help would be called, and what the arrangements are if the group splits up. At least one member of staff with suitable first aid training accompanies the trip, and for early years groups that person holds a full paediatric first aid certificate. Emergency medicines travel with the group and are never locked away or packed out of reach. Trip leaders take the emergency contact details and relevant plans for every pupil in the group.

7. First aid equipment and facilities

First aid containers are kept in identified places across each site, including the school office or medical room, the kitchen, the science, design and technology and food rooms, the sports hall and PE areas, the early years area and the site team's base. Portable kits are held for trips, fixtures and off-site work, and for minibuses.

- Contents follow the current British Standard for workplace first aid kits, adjusted by pupil/staff needs assessment.
- Kits contain no medicines of any kind. Medicines, including painkillers, are dealt with under the Supporting Pupils with Medical Conditions Policy.

Emergency adrenaline devices and inhalers are held separately in a marked emergency kit, as set out in the Allergy Safety Policy.

- A named person checks and restocks each container on a schedule and records the check, including expiry dates on dressings and other dated items.
- Each academy has a suitable room or space for medical treatment, which is private, with a washable surface, nearby hand washing facilities, access to clean drinking water and that can be reached by a stretcher and is near a toilet.
- Disposable gloves, aprons, eye protection and a supply of body fluid clean-up materials are available with each kit.

8. Defibrillators

An automated external defibrillator (AED) delivers a shock to someone in cardiac arrest. Survival falls with every minute of delay, so speed matters more than training. An AED will not allow a shock to be given to someone who does not need one, and it can be used by anyone, trained or not, by following the spoken instructions.

- Each academy holds at least one AED, and the location of every device is listed in Appendix A, displayed at the school office and known to all staff.
- AEDs are signposted, unlocked and accessible whenever the site is in use, including for community lettings and out of hours activity, and are not stored in a locked office.
- Each device is registered on The Circuit, the national defibrillator network, so that ambulance call handlers can direct a caller to it.
- A named person checks the status indicator on each device at least weekly, as DfE guidance requires, and records the check. A fuller check is carried out monthly, following the manufacturer's instructions, covering pad expiry dates and the battery. Spare pads, including paediatric pads or a paediatric setting where the age range requires it, are held with the device.
- Pads are replaced after every use and after their expiry date, and the device is returned to service and re-checked.
- Whole-staff awareness of where the AEDs are and how to fetch one is included in induction and in annual training.

In a suspected cardiac arrest, staff call 999, start CPR immediately and send someone to fetch the nearest AED. CPR is not stopped while waiting for the device to arrive.

9. Paediatric first aid and the early years

Where an academy provides early years foundation stage provision, at least one person with a full and current paediatric first aid (PFA) certificate is on the premises and available at all times when children are present, and one accompanies children whenever they leave the premises. Newly qualified entrants to the early years workforce with a relevant level 2 or 3 qualification hold a paediatric first aid qualification meeting the requirements of Annex A of the EYFS

framework within three months of starting work, in order to be counted in the staffing ratios. PFA certificates are renewed every three years. Each academy checks the current edition of the framework for the qualifications that satisfy Annex A, because the wording has changed between editions.

The EYFS says that where babies and young children are eating there should always be a member of staff in the room with a valid full-course paediatric first aid certificate. The Trust treats that as the standard to meet. The safer eating requirements of the EYFS apply, and dietary requirements, allergies and intolerances are obtained before a child is admitted and shared with everyone who prepares or handles food. See the Allergy Safety Policy.

10. The link with medical conditions and allergy

Situation (examples)	Which policy applies
A pupil falls in the playground and cuts their knee	This policy. First aid, record using Pupil Accident/Injury Record MS Form, tell parents using agreed procedure.
A pupil with asthma has an attack	See the Allergy Safety Policy for the emergency response and the reliever inhaler. This policy for the first aid response and the record.
A pupil shows signs of anaphylaxis	See Allergy Safety Policy Give adrenaline first, then call 999. Record under both this policy and the Allergy Safety Policy
A pupil needs their regular medicine at lunchtime	See the Supporting Pupils with Medical Conditions Policy. Not a first aid matter.
A member of staff collapses	This policy. CPR and AED, call 999, RIDDOR consideration.
A pupil with epilepsy has a seizure covered by their plan	See the Supporting Pupils with Medical Conditions Policy and the Individual Healthcare Plan, supported by first aid.

11. Training

- First aiders hold a current First Aid at Work (FAW) or Emergency First Aid at Work (EFAW) certificate as determined by the needs assessment, undertaken by the First Aid Lead. Certificates are valid for three years and requalification is arranged before expiry.
- Annual refresher training is arranged for first aiders between certificates, in line with HSE recommendations.
- Staff working with the early years hold paediatric first aid certificates as set out in section 9.
- All staff receive basic awareness at induction: who the first aiders are, how to summon one, where the AEDs and emergency medicines are kept, and how to

report an incident. They also take part in annual basic paediatric first aid training.

- Allergy and anaphylaxis awareness training for all staff, at least annually, is required by the Allergy Safety Policy.
- Training is recorded on the staff training matrix, with expiry dates monitored so that cover never lapses.

12. Record keeping

Minor accidents, injuries or onset of illness, requiring first aid, are recorded on the Pupil Accident/Injury Record. Parents are informed, following academy procedures.

More serious accidents, injuries and cases of sudden illness requiring first aid are recorded on the Trust's 'Serious Incident and Near Miss Report Form' (AND on the Pupil Accident/Injury Record), as soon as possible after the event and by the person who dealt with it. Near misses are recorded on the same form.

The record includes the date, time and place, the name and role of the person affected, what happened, the injury, what first aid was given, by whom, what happened next, and who was told. These records should also include details of witness statements and photographic evidence where appropriate. Records are factual. They do not attribute blame or record opinion.

Accident records are personal data and are kept securely. In line with the Trust's retention schedule, records relating to a pupil are kept until their twenty-fifth birthday, and records relating to an adult are kept for at least six years from the date of the incident. Records are reviewed by the academy at least termly to identify patterns, and by the Trust for common themes across academies.

13. Reporting incidents under RIDDOR

Some incidents must be reported to the Health and Safety Executive. The academy tells the Trust's Premises and Compliance Manager immediately about anything that may be reportable, and the report is made without delay.

Employees

- Death of an employee arising out of or in connection with work.
- A specified injury, as defined in the Regulations. The definitions are narrower than the everyday words suggest, so use them as written: a fracture other than to fingers, thumbs or toes; amputation of an arm, hand, finger, thumb, leg, foot or toe; 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; any burn, including scalding, covering more than ten per cent of the body or causing significant damage to the eyes, respiratory system or other vital organs; any degree of scalping requiring hospital treatment; loss of consciousness caused by head injury or asphyxia; and any other injury from working in an enclosed space leading to hypothermia or heat-induced illness, or requiring resuscitation or admittance to hospital for more than twenty four hours.

- An injury that stops the person doing their normal work for more than seven consecutive days, not counting the day of the incident. This must be reported within fifteen days.
- Certain occupational diseases diagnosed in writing by a doctor, and dangerous occurrences such as the collapse of a structure or the accidental release of a substance likely to injure health.

Pupils, visitors, volunteers and other people who are not employees

Volunteers are not employees for these purposes, so the over-seven-day rule does not apply to them. Only the two tests below do.

- Death arising out of or in connection with a work activity.
- An injury arising out of or in connection with a work activity where the person is taken directly from the scene to hospital for treatment. A precautionary check-up with no treatment is not reportable.

The test is whether the incident arose out of or in connection with work. An injury caused by the condition of the premises, by equipment, by how an activity was organised or supervised, or by a lack of maintenance, is usually reportable. An injury caused by a pupil simply tripping while running about, with nothing wrong with the surface or the supervision, usually is not. Where it is not clear, the Trust reports.

Fatal and specified injuries are reported without delay by telephone and confirmed in writing within ten days. A copy of every RIDDOR report is kept with the accident record. Any subsequent contact from the HSE or the local authority is handled by the Trust, not by the academy alone.

14. Hygiene, infection control and body fluids

- Disposable gloves are worn whenever there is any contact with blood or other body fluids, and hands are washed before and after treatment even where gloves were used.
- Cuts and grazes on the first aider's own skin are covered before giving treatment.
- Spillages of blood, vomit and other body fluids are cleared using the designated materials, and the area is disinfected.
- Contaminated waste is bagged and disposed of as clinical waste. Sharps go into a sharps container.
- Where a member of staff or pupil is exposed to blood or body fluid, for example through a needlestick injury or a bite that breaks the skin, they seek medical advice the same day and the incident is recorded and considered for RIDDOR.
- Infectious disease management follows UKHSA guidance for schools and the Trust's wider health and safety arrangements.

15. Contacts, complaints and review

Questions about first aid arrangements should go to the academy's named first aid lead in the first instance, or to the Trust's Premises and Compliance Manager. Complaints are dealt with under the Trust's Complaints Policy.

This policy is published on each academy's website and is available in hard copy on request. It is reviewed at least annually by the Board of Trustees, and sooner where the needs assessment changes, where an incident or pattern in the records suggests a change is needed, or where the law or guidance changes.

16. Schedule of Amendment

Version No.	Date of Issue	Amendment
2.0	September 2026	Full rewrite, replacing First Aid Policy and Procedure v1.2. Adds sections on the first aid needs assessment, defibrillators, paediatric first aid and the early years, hygiene and infection control, and a fuller RIDDOR section. Corrects the citation of the Management of Health and Safety at Work Regulations. Allergy and anaphylaxis response moved to SMAT-MFA-03 and planned medical support to SMAT-MFA-01.

APPENDIX A: ACADEMY COMPLETION SHEET

Each academy completes and holds this page, displays the first aider and AED details prominently, and reviews it at the same time as the policy.

Item	Academy entry			
Academy name and site(s)				
Named First Aid Lead				
Date of last first aid needs assessment				
Number of first aiders required by the assessment				
First aiders:	Name	Qualification	Expiry date	Where based in school?
Paediatric first aiders and expiry dates (early years)				
Appointed person, where applicable				
First aid container locations and who checks them				
Where can the First Aid Kit Check Record be found?				
Medical room or treatment space location				
AED locations, registered on The Circuit (yes or no)				
Date of last AED check, pad and battery expiry dates				
Where accident records and Serious Incident/Near Miss Report forms are kept				
Date policy published on the academy website				