



# EARLY LIFE

ENTERPRISE | ENGAGE | INSPIRE

## First Aid Policy

Last Review on: June 2024

Next review due by: June 2025



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## 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

- [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 Provision Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

### 3. Roles and responsibilities

#### 3.1 Appointed person(s) and first aiders

The Provision's appointed person is **Ian Lawrence**. They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- Keeping their contact details up to date

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

#### 3.3 The Managing Partner

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

- Ensuring that an appropriate number of first aiders are present in the Provision 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

Provision staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders appointed in Provision are
- Completing accident reports (see appendix 2) for all incidents they attend to where a first aider is not called
- Informing the Managing Partner or their manager of any specific health conditions or first aid needs

## 4. First aid procedures

### 4.1 In-Provision 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 Provision, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the DSL will contact parents immediately
- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

### 4.2 Off-site procedures

When taking pupils off the Provision premises, staff will ensure they always have the following:

- A Provision 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' contact details

When transporting pupils using a minibus or other large vehicle, the Provision 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 trip leader prior to any educational visit that necessitates taking pupils off Provision premises.

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

## 5. First aid equipment

A typical first aid kit in our Provision 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:

- Reception (at the desk)
- The Provision kitchens
- Provision vehicles

## 6. Record-keeping and reporting

### 6.1 First aid and accident record book

- An accident form will be completed by the first aider 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
- A copy of the accident report form will also be added to the pupil's educational record by main office staff
- Records held in the first aid and accident book will be retained by the Provision 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 Managing Partner will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Managing Partner 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.

### **Provision 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 Managing Partner 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 Provisions 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 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

The first aider will inform parents 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 will also be informed if emergency services are called.

## 7. Training

All Provision 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 Provision will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 1).

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

## **8. Monitoring arrangements**

This policy will be reviewed by the first aider every annually.

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

## **9. Links with other policies**

This first aid policy is linked to the:

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



## Appendix 1: First Aiders and Medication Administrators

First Aiders	Completed	Expires

  

Medication Administrators	Completed	Expires

Staff Member	Responsible for
Head of Centre – Charlotte Barton	Ensuring that a risk assessment is in place to determine the appropriate level of first aid cover throughout the whole of the Provision Day (including off site activities)
Safeguarding Lead – Ian Lawrence	Keeping records of First Aid Qualifications and ensuring these are revalidated
Head of Centre – Charlotte Barton	Ensuring that first aid equipment is available at strategic points in the Provision and first aid boxes are checked and restocked on a monthly basis
Safeguarding Lead – Ian Lawrence	Ensuring that first aid qualifications are, and remain, current (E.G First Aid at work Certificates are valid for 3 years)

## W1 Report of Accident/Near Miss

Accident  Near Miss

ABOUT THE INJURED PERSON	
Forename:	
Surname:	
Age:	Sex M/F
Address:	
Is the Injured person:	
Employee: Pupil:	Member of Public: Contractor:
Other:	
Job Description (if applicable):	

ABOUT THE ACCIDENT/NEAR MISS								
<b>PART OF BODY INJURED – please tick whether left or right side</b>								
	L	R		L	R		L	R
Head			Back			Hand		
Eye			Trunk			Leg		
Face			Arm			Foot		
<b>TYPE OF INJURY – PLEASE TICK</b>								
Bite		Burn		Distress		Strain/ Sprain		
Break/ Fracture		Cut/ Graze		Foreign Body		No Injury		
Bruise		Disloc ation		Needle stick		Near Miss		
<b>MAIN CAUSE – PLEASE TICK</b>								
Asphyxiation								
Contact with electricity								
Drowning								
Fell from Height (Height:          meters)								
Fire/explosion								
Contact with/Exposure to a Harmful Substance								
Hit by something fixed or stationary								
Hit by moving/flying object Road traffic collision								
Injured by an animal								
Slips, Trips & Falls (Same level inside:          Outside:          )								
Tools/machinery/equipment								
Needle stick/sharps								
Lifting/Manual Handling (People:          Object:          )								
Another kind of accident:								

AFTER THE ACCIDENT/NEAR MISS – PLEASE TICK			
Did you		Did you require	
Visit hospital?		Hospital treatment?	
Visit GP?		First Aid?	
Go home?		No Treatment?	
Return to work / class?		If bump to the head has letter been sent to parents / carers?	
<b>Address of GP or Hospital (if applicable)</b>			

DETAILS OF THE ACCIDENT/NEAR MISS				
Date of Accident/Near Miss:	DD/MM/YYYY			
Time of Accident/Near Miss:	(24hour)			
Premises/ Address:				
Specific Area / Location:				
Name of Witnesses:				
Witness Statement Complete:				
PPE BEING WORN AT THE TIME OF ACCIDENT/NEAR MISS				
Head Protection		Hand Protection		Foot Protection
Eye protection		Body Protection		Ear Protection
RPE (Mask)		Other:		N/A
WHAT HAPPENED?				
Give as much detail as you can (including details of any substances or tools/machinery/equipment used: continue on separate sheet if necessary. Please state how many additional sheets used.				
1. I give consent for the details of this Accident/Near Miss, including my personal details, to be passed to a third party including trade union representatives				<b>Please Initial</b>
2. I do not give consent for the details of this Accident/Near Miss, including my personal details, to be passed to a third party including trade union representatives				<b>Please Initial</b>

SIGNATURE	
Injured Person (or on behalf of):	
Date:	
Name (print name if signed on behalf of):	
Name of person who reported the Accident/Near Miss:	

# ACCIDENT/NEAR MISS INVESTIGATION

<b>DETAILS OF INITIAL INVESTIGATION</b> <i>continue of separate sheet if required</i>	
<b>Please state number of additional sheets:</b>	
<i>Include details of relevant training</i>	

<b>FOR OFFICIAL USE ONLY</b>			
<b>COMMENTS ON MANAGERS/SUPERVISOR INVESTIGATION</b>			
<b>ACCIDENT/NEAR MISS TYPE</b>			
Major Injury		Over 2 weeks injury	
Over 3 days injury		Minor Injury	
Over 7 days injury		No Injury	
Period of Absence	From		To
Days Lost			
<b>ACTION RATING</b>			
<b>Severity</b>		<b>Likelihood</b>	
Extremely harmful		Likely	
Harmful		Unlikely	
Slightly harmful		Highly unlikely	

<b>RISK ASSESSMENT – see note below</b>		
Had a risk assessment been carried out for the activity undertaken prior to the Accident/Near Miss?*	<b>Y</b>	<b>N</b>
Has the risk assessment been reviewed following the Accident/Near Miss?	<b>Y</b>	<b>N</b>
Have amendments been made to the risk assessment following the Accident/Near Miss?	<b>Y</b>	<b>N</b>
Has information, instruction and training regarding the risk control measures been given to staff?	<b>Y</b>	<b>N</b>
Is the Accident is considered to be a RIDDOR reportable?	<b>Y</b>	<b>N</b>
Where the employee has had seven or more days off work due to the Accident/Near Miss, has the employee obtained and has the manager seen a GP's Statement of Fitness for Work (colloquially referred to as a Sick Note /Doctor's Note / Fit Note) relevant to the Accident/Near Miss reported?	<b>Y</b>	<b>N</b>
	<b>Y</b>	<b>N</b>
	<b>N</b>	<b>N/A</b>

<b>PROCESSING INFORMATION</b>			
Date report form received			
Date report form checked			
Witness Statement requested	Date	<b>Y</b>	<b>N</b>
Further info requested	Date	<b>Y</b>	<b>N</b>
Further info received	Date	<b>Y</b>	<b>N</b>
Reported to RIDDOR	Date	<b>Y</b>	<b>N</b>

Inputted by:
Date of input:
Accident/Near Miss Number:
Signature:
Date:

<b>REMEDIAL ACTION TAKEN TO PREVENT RECURRENCE</b>		
<i>(include resource implications and time scales)</i>		
Has the employee been absent from work as a result of the Accident/Near Miss?	<b>Yes</b>	<b>No</b>
If yes give dates below:		
From:	To:	
Managers Signature:		
Date:		

\* When considering whether a risk assessment was/has been carried out or is required consider risk assessment in it's wider sense including: workplace inspection, general or specific risk assessment, safe system of work or a care plan.

## W2 Report of Aggression & Violence

ABOUT THE PERSON INVOLVED								DETAILS OF THE AGGRESSION / VIOLENCE								
Forename:								Date of Incident:				DD/MM/YYYY				
Surname:								Time of Incident:				(24hour)				
Age:				Sex				M/F				Premises/ Address:				
Address:								Specific Area / Location:								
Is the Injured person:								Name of Witnesses:								
Employee: Pupil:				Member of Public:				Witness Statement Complete:								
Other:				Contractor:				<b>DETAILS OF THE ASSAILANTS (If known)</b>								
								Name(s):								
								Address(s):								
								Age(s):								
								Sex(s):								
								Were the Police called?								
								Has the assailant been involved in a previous incident?								
								Relationship with injured and assailant?								
<b>ABOUT THE AGGRESSION / VIOLENCE</b>								<b>WHAT HAPPENED?</b>								
<b>PART OF BODY INJURED – please tick whether left or right side</b>								Give as much detail as you can (including details of any substances or tools/machinery/equipment used: continue on separate sheet if necessary. Please state how many additional sheets used.								
	L	R		L	R		L	R								
Head			Back			Hand										
Eye			Trunk			Leg										
Face			Arm			Foot										
<b>TYPE OF INJURY – PLEASE TICK</b>																
Bite		Burn		Distress		Strain/ Sprain										
Break/ Fracture		Cut/ Graze		Foreign Body		No Injury										
Bruise		Dislocation		Needle stick		Near Miss										
<b>TYPE OF AGGRESSION / VIOLENCE AND CONTRIBUTING FACTORS</b>																
<i>Please tick all that apply</i>																
Physical violence Aggression																
Verbal abuse																
Harassment																
Sexual harassment																
Racial harassment																
Intentional damage to property																
Weapon involved																
Mental illness																
Behavioral difficulties																
Response to service																
Substance use/abuse																
Medication																
Malicious intent																
Restricted physical intervention																
Cyberbullying																
								1. I give consent for the details of this Incident, including my personal details, to be passed to a third party including trade union representatives				Please Initial				
								2. I do not give consent for the details of this Incident, including my personal details, to be passed to a third party including trade union representatives				Please Initial				
<b>AFTER THE INCIDENT – PLEASE TICK</b>								<b>SIGNATURE</b>								
<b>Did you</b>				<b>Did you require</b>				Injured Person (or on behalf of):								
Visit hospital?				Hospital treatment?				Date:								
Visit GP?				First Aid?				Name (print name if signed on behalf of):								
Go home?				No Treatment?				Name of person who reported the Aggression/Violence:								
Return to work / class?				If bump to the head has letter been sent to parents / carer's?												
Address of GP or Hospital (if applicable)																

## INCIDENT INVESTIGATION

DETAILS OF INITIAL INVESTIGATION <i>continue of separate sheet if required</i>	
<b>Please state number of additional sheets:</b>	
<i>Include details of relevant training</i>	

RISK ASSESSMENT – see note below		
Had a risk assessment been carried out for the activity undertaken prior to the Incident?*	Y	N
Has the risk assessment been reviewed following the Incident?	Y	N
Have amendments been made to the risk assessment following the Incident?	Y	N
Has information, instruction and training regarding the risk control measures been given to relevant people?	Y	N
Is the Incident considered to be a RIDDOR reportable?	Y	N
Where the employee has had seven or more days off work due to the Incident, has the employee obtained and has the manager seen a GP's Statement of Fitness for Work (colloquially referred to as a Sick Note /Doctor's Note / Fit Note) relevant to the Incident reported?	Y	N
	Y	N
	N	N/A

REMEDIAL ACTION TAKEN TO PREVENT RECURRENCE <i>(include resource implications and time scales)</i>		
Has the employee been absent from work as a result of the Incident?	Yes	No
If yes give dates below:		
From:	To:	
Mangers Signature:		
Date:		

FOR OFFICIAL USE ONLY			
<b>COMMENTS ON MANAGERS/SUPERVISOR INVESTIGATION</b>			
<b>INCIDENT TYPE</b>			
Major Injury		Over 2 weeks injury	
Over 3 days injury		Minor Injury	
Over 7 days injury		No Injury	
Period of Absence	From	To	
Days Lost			
<b>ACTION RATING</b>			
<b>Severity</b>		<b>Likelihood</b>	
Extremely harmful		Likely	
Highly harmful		Highly unlikely	

PROCESSING INFORMATION			
Date report form received			
Date report form checked			
Witness Statement requested	Date	Y	N
Further info requested	Date	Y	N
Further info received	Date	Y	N
Reported to RIDDOR	Date	Y	N

Inputed by:	
Date of input:	
Incident Number:	
Signature:	
Date:	

\* When considering whether a risk assessment was/has been carried out or is required consider risk assessment in it's wider sense including: workplace inspection, general or specific risk assessment, safe system of work or a care plan.



**E A R L Y L I F E**

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