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V2	Jan 2023	DHO	Update for clarity and review against guidance and model policies.
V3	Mar 2025	DHO	Update for clarity – addition of review of practice and defibrillator checklist

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AIMS AND OBJECTIVES

The aims of this policy are to ensure:

- The health and safety of all staff, students and visitors
- Staff and Governors are aware of their responsibilities with regards to health and safety
- The Trust provides a framework for responding to an incident and recording and reporting the outcomes.

First Aid must be provided to any person that we owe a duty of care to, if they are injured or become ill while on our premises or involved in an off-site activity. There must be sufficient suitably qualified First Aiders and adequate First Aid facilities to ensure that assistance will be provided quickly to casualties and a call made to the emergency services when appropriate.

In certain circumstances, for example Early Years Foundation Stage (EYFS) provisions, there is a legal requirement to have a First Aider with specific qualifications on site at all times; Maltby Learning Trust will ensure that all such requirements are complied with at all times.

The Trust/Academy will ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment to ensure that there are adequate and appropriate equipment and facilities for providing First Aid in the workplace.

OPERATING STATEMENT

Academies within the Maltby Learning Trust will have:

- A responsible person (usually the Principal or nominated Senior Leader) who manages the First Aid provision and performs regular (annual) risk assessments of need.
- An identified nominated person/persons who is responsible for monitoring incidents, stock control, training programmes etc.
- A suitable number of designated First Aiders (as per risk assessment).
- At least one colleague with current Paediatric First Aid in every EYFS provision at all times
- A number of suitably stocked First Aid containers.
- Information for employees on First Aid arrangements.

The commitment of the Academy to basic First Aid is echoed in our aim that all students have access to basic First Aid training. This will be provided as part of our enrichment programme through approved providers.

LEGISLATION AND GUIDANCE

This policy is based on advice from the Department for Education as well as guidance from the Health and Safety Executive (HSE) on [incident reporting in schools](#), and the following legislation:

- [Statutory Framework for the Early Years Foundation Stage](#) which outlines the specific requirements placed upon the Trust with regards to children below statutory school age.
- [First Aid in schools](#), [health and safety in schools](#) and [Automated External Defibrillators \(AEDs\)](#), which provide guidance on best practice and how the legislative framework is applied in a school context.

- [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 students

This policy complies with our funding agreement and articles of association.

RESPONSIBILITIES

THE TRUST BOARD

The Trust Board has ultimate responsibility for health and safety matters across the Trust, but delegates responsibility for strategic oversight of Health and Safety matters in individual Academies to the Local Governance Committee (LGC). The LGC further delegates operational matters and day-to-day tasks to the Principal and staff team.

THE ACADEMY PRINCIPAL

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

- Ensuring that an appropriate number of trained appointed persons and First Aid personnel are present in the Academy at all times and that statutory requirements are met
- 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
- Ensuring that adequate space is available for catering to the medical needs of students
- Reporting specified incidents to the HSE when necessary (see section 6).
- Having oversight of First Aid incidents and review these as needed to identify trends and patterns and adjust policy and procedure to mitigate their repetition.

STAFF

Academy staff are responsible for:

- Ensuring they follow First Aid procedures.
- Ensuring they know who the First Aiders/appointed persons are in the Academy.
- Completing accident reports (see Appendix 1) for all incidents they attend to (where an appointed person or First Aider is not called).
- Informing the Principal or their Line Manager of any specific health conditions or First Aid needs

DESIGNATED FIRST AIDERS

The First Aider's Main Duties.

First Aiders must complete a training course approved by the Health and Safety Executive (HSE) (see section 10).

Within the Academy, the main duties of a First Aider are to:

- Act 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.
- Fill in an Accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in Appendix 1).

SELECTION OF DESIGNATED FIRST AIDERS

Unless First Aid cover is part of a member of staff's contract of employment, people who agree to become First Aiders do so on a voluntary basis. When selecting First Aiders, the LGC/Principal should consider the individual's:

- Reliability and communication skills.
- Aptitude and ability to absorb new knowledge and learn new skills.
- Ability to cope with stressful and physically demanding emergency procedures.
- Normal duties: First Aiders must be able to leave to go immediately to an emergency.

A list of current First Aiders with photos can be found in the appendices at the end of this policy.

NOMINATED OR APPOINTED PERSONS

A nominated/appointed person is someone who:

- Takes charge when someone is injured or becomes ill.
- Looks after the First Aid equipment e.g. restocking the first aid container.
- Ensures that the on-site Automated External Defibrillator is checked in line with the manufacturer's guidance and all accompanying supplies are in date

- Ensures that an ambulance or other professional medical help is summoned when appropriate.

Nominated/appointed persons are not necessarily First Aiders. They should not give First Aid treatment for which they have not been trained. However, it is good practice to ensure that appointed persons have Emergency First Aid training/refresher training, as appropriate.

In Maltby Learning Trust Primary Academies, it is normal for all staff to have this level of First Aid training.

These courses don't require HSE approval. They normally last four hours and cover the following topics:

- What to do in an emergency.
- Cardiopulmonary resuscitation.
- First Aid for the unconscious casualty.
- First Aid for the wounded or bleeding.

Emergency First Aid training should help an appointed person or staff member cope with an emergency and improve their competence and confidence.

Lists of nominated persons and First Aiders can be found in Appendix 2 of this policy.

FIRST AID – NEEDS AND EXPECTATIONS

The Academy will provide adequate and appropriate equipment, facilities and qualified First Aid personnel. The regulations do oblige employers to provide First Aid for anyone other than their own staff, but employers do have health and safety responsibilities towards non-employees.

The Health and Safety Commission (HSC) guidance recommends that organisations, such as schools and Academies, which provide a service for others should include them in their risk assessments and provide for them. In light of their legal responsibilities for those in their care, Academies should consider carefully the likely risks to students and visitors and make allowance for them.

There are a number of high incidence medical conditions which occur in our Academies. Information about these and potential responses can be found in Appendix 3 of this policy.

NUMBERS OF FIRST AID PERSONNEL

The Local Governance Committee/Principal is to consider the likely risks to students and visitors, as well as employees, when drawing up policies and deciding on the numbers of First Aid personnel. The HSC provide guidance on numbers of First Aid personnel based on employee numbers. As a general guide, they recommend that:

A lower risk place of work (e.g., shops, offices, libraries) with fifty to one hundred employees, should consider having at least one First Aider.

A medium risk place of work (e.g. light engineering and assembly work, food processing) with twenty to one hundred employees, should consider having at least one First Aider for every fifty employees (or part thereof).

Academies will generally fall into the lower category, but some Academies or areas of activity may fall into the medium risk category. The Academy should base its provisions on the results of its risk assessment. If there are parts of the Academy where different levels of risk can be identified, the employer should consider the need to make different levels of provision in different areas/faculties. When considering how many First Aid personnel are required, the Local Governance Committee/Principal should also consider:

- Adequate provisions for lunchtime and breaks. It is good practice for lunchtime supervisors and SLT/Pastoral staff to have First Aid training.
- Adequate provisions for leave and in case of absences.
- First Aid provision for off-site activities e.g. educational trips/sporting events etc. If a First Aider accompanies students off site, there needs to be adequate First Aid provision for all occasions.
- Adequate provisions for practical subjects, such as Science, Technology, Physical Education.
- Adequate provisions for out of hours activities e.g. sports activities, clubs.
- Adequate provision to meet statutory requirements of EYFS.
- Any agreements with contractors, (e.g. Meals) on joint provision for First Aid for their employees.
- Adequate provisions for trainees working on site. They have the same status as staff for the purpose of health and safety legislation.
- Procedures for if the nominated person or trained First Aider deals with an emergency in an isolated area e.g. on the playing field. He/she goes to the scene with their radio and radios or makes mobile phone contact.
- Procedures to meet an ambulance if there is need for one.

Members of staff are to visit the nominated person or trained First Aider if they require any information on first aid procedures, facilities and personnel. This information is displayed on notices throughout the Academy.

See Appendix 2 and 4 for First Aiders and kit locations.

QUALIFICATIONS AND TRAINING

A First Aider must hold a valid certificate of competence, issued by an organisation whose training and qualifications are approved by the HSE. Information on local organisations offering training is available from HSE offices. Training courses cover a range of First Aid competences. However, standard First Aid at work training courses does not include resuscitation procedures for children. The employer should arrange appropriate training for their First Aid personnel.

Training organisations will often tailor courses specifically to the Academy's needs. It is helpful to let the training organisation know in advance of any particular areas that should be covered. First Aid at work certificate is only valid for three years. Refresher training and retesting of competence should be arranged before certificates expire. If a certificate expires, the individual will have to undertake another full course of training to become a First Aider. However, employees can arrange for First Aiders to attend a refresher course up to three months before the expiry date of their

certificate. The new certificate takes effect from the date of expiry. The Academy should keep a record of First Aiders and certification dates.

The HSE also produce guidance on the standards and requirements for approval of training including a list of standard First Aid competences.

It is a legal requirement for all Early Years Foundation Stage provisions to have at least one Paediatric First Aid trained staff member on site at all times. Academy Principals and Foundation Stage Leaders are responsible for ensuring that each Academy with an EYFS provision complies with this requirement at all times and that adequate members of staff are trained to mitigate against sickness absence etc.

FIRST AID PROCEDURES

ON-SITE 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.
- If the First Aider decides a defibrillator might be needed, this should be sent for immediately and the emergency services called – both these actions should be taken without delay.
- 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 student is too unwell to remain in school, parents/carers will be contacted and asked to collect their child. Upon their arrival, the First Aider will recommend next steps to the parents/carers.
- If emergency services are called, the Academy office will contact parents/carers immediately.
- The First Aider or relevant member of staff will complete an Accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.

Academies with Early Years Foundation Stage provision will ensure there is at least 1 person who has a current Paediatric First Aid (PFA) certificate on the premises at all times – this will require several staff members to hold this level of qualification to cover absence etc.

OFF-SITE PROCEDURES

When taking students off the Academy premises, staff will ensure they always have the following:

- An Academy mobile phone
- A portable First Aid kit
- Information about the specific medical needs of students
- Parents/carers contact details.

When transporting students using a minibus or other large vehicle, checks should be made to make sure the vehicle is equipped with a clearly marked First Aid box.

Risk assessments will be completed by the Visit Leader and will be approved by the Principal and Educational Visits Coordinator (see Learning Outside the Classroom and Outdoor Learning Policy) prior to any educational visit that necessitates taking students off Academy premises. Where these are higher risk (eg. near water or outdoor and adventurous) or residential, Local Authority approval is required.

Where visits include Early Years Foundation Stage children, there will always be at least one First Aider with a current Paediatric First Aid (PFA) certificate on the trip, as required by the statutory framework for the Early Years Foundation Stage. There will always be at least one First Aider on non-EYFS Academy trips and visits.

FIRST AID LOCATION INFORMATION

First Aid boxes and First Aid Record books are kept in key points across the Academy site. A full list of locations can be found in Appendix 4 of this document. It is the responsibility of the nominated person to check these regularly – they should be checked at least every half term and fully audited at least annually at the start of the academic year (September).

All First Aid kits are BS8599-1 compliant.

A central First Aid Record folder is kept in the Academy office.

DEFIBRILLATOR LOCATION AND STORAGE INFORMATION

Every Maltby Learning Trust Academy has a defibrillator (or defibrillators) on site. These are located in line with DFE guidance ([Automated External Defibrillators in Schools – January 2025](#)) in places of high visibility or where there are most likely to be needed (eg. areas where physical exercise takes place). The defibrillator(s) and accompanying equipment should be checked regularly by the responsible person in line with the manufacturer's operating guidance.

The Academy should decide whether their defibrillators are placed internally or externally and whether these are in locked or unlocked or alarmed cabinets. Locked cabinets are suitable for external locations where schools are worried that the device might be tampered with – this obviously slows access to the device in an emergency. An alarmed cabinet provides an alternative to a locked cabinet and will deter people from tampering with the devices.

Internal and external signage should clearly reference the location of the nearest defibrillator and, if this is not available at all times, when this is available. This will reduce wasted time and could save lives.

DEFIBRILLATOR NETWORK REGISTRATION

Defibrillators should be registered on 'The Circuit' – <https://www.thecircuit.uk>. This is a national network of defibrillators which ensures that emergency services are aware of the presence of the nearest defibrillator in the event of an emergency. Academies can inform 'The Circuit' if a

defibrillator is publicly accessible, and of hours of availability (eg. school opening hours/term time). This means that in the event of an emergency call on site, staff will be directed to the nearest defibrillator even if they are not familiar with its location.

CONTACTING FIRST AID PERSONNEL

Posters detailing a list of current First Aiders and their locations, locations of First Aid kits, defibrillators and emergency procedures are displayed in the locations around the Academy – see Appendix 4.

CONTACTING THE EMERGENCY SERVICES

All staff are able to request an ambulance or other professional medical help if it is required.

Examples where an ambulance would be called would include:

- Chest pain
- Difficulty in breathing
- Unconsciousness
- Severe loss of blood
- Severe burns or scalds
- Choking
- Fitting or concussion
- Drowning
- Severe allergic reactions.
- Suspected broken bones
- Epileptic seizure lasting more than 3 mins.

Please note that this list is not exhaustive.

If in doubt phone for help (NHS Advice).

In the event of a serious incident, such as those outlined above, there is an expectation that an ambulance will be phoned from the nearest phone – **all staff have a responsibility to do this in the event of a serious incident**. Where possible, ambulances should be contacted by mobile phone so an on-going commentary can be kept on the patient's condition. Advice and support will be given by the operator where it is necessary.

When an ambulance is phoned, the office must be informed immediately, the First Aider urgently summoned and the most senior member of staff on site made aware. The office will coordinate the ambulance finding the Academy and ensuring access etc. They will also meet the ambulance and lead them to the patient. The First Aider's priority is the patient and liaising from a medical perspective.

In the case of a less serious injury, an assessment will be made by the staff supervising at the time as to whether a student can safely move to the First Aider or whether the First Aider should be summoned. Under no circumstances should a student be picked up or moved (unless under their own steam) without the First Aider assessing their condition. The First Aider will then make an assessment of the student's condition and decide whether any or what level of action needs to be taken and whether the emergency services need to be called.

When you dial 999 you are not calling an ambulance but alerting the emergency services to your incident. They will decide on the response that they will provide; this can range from verbal advice over the telephone to an emergency evacuation by air ambulance. Calling 999 should not be delayed, let the emergency services decide the appropriate course of action based on the information that you give them.

ADMINISTERING DEFIBRILLATION

If it is felt that a patient might have suffered a cardiac arrest and requires a defibrillator, this should be sent for and the call for the Emergency Services made – both these actions should be taken immediately and without delay. Any delay in administering CPR and defibrillation could be critical and should not wait for a First Aider to attend. Once the 999 call has been made the operator will provide advice and support.

When a person suffers a cardiac arrest, it is essential to call 999 immediately and for effective CPR to start as soon as possible. The person performing CPR should not stop except where this is necessary in order to attach the pads or when instructed to do so by the defibrillator, usually before it delivers a shock. If possible, someone else should attach the pads to the patient while CPR continues. Please check the advice on your device for the preferred pad placement.

FIRST AID MATERIALS, EQUIPMENT AND FIRST AID FACILITIES

Employers must provide the proper materials, equipment and facilities at all times. First Aid equipment must be clearly labelled and easily accessible. Every employer should provide at least one fully stocked First Aid container for each site. The assessment of any Academy First Aid requirements should include the number of First Aid containers available.

THE FIRST AID CONTAINER

First Aid containers must be:

- Maintained in a good condition.
- Suitable for the purpose of keeping the items referred to above in good condition.
- Readily available for use.
- Prominently marked as a First Aid container.

Additional First Aid containers will be needed for split sites/levels, distant sports fields or playgrounds, any other high-risk areas and offsite activities. All First Aid containers must be marked with a white cross on a green background. The siting of First Aid boxes is a crucial element in the Trust/Academy policy and should be given careful consideration. If possible, First Aid containers should be kept near to hand washing facilities.

Locations of First Aid containers with photographs can be found in Appendix 4 of this policy.

CONTENTS OF A FIRST AID CONTAINER

There is no mandatory list of items for a First Aid container, however the HSE recommend that, where there is no special risk identified, a minimum provision of First Aid items would be:

- A leaflet giving general advice on First Aid (see list of publications in Appendix 6).
- 20 individually wrapped sterile adhesive dressings (assorted sizes).
- Two sterile eye pads.
- Four individually wrapped triangular bandages (preferably sterile).
- Six safety pins.
- Six medium size (14 approx. 12cm x 12cm) individually wrapped sterile medicated wound dressings.
- Two large (14 approx. 18cm x 18cm) sterile individually wrapped undedicated wound dressings.
- Three pairs of disposable gloves.

NB – Equivalent or additional items are acceptable.

The nominated person is the person who is responsible for examining the contents of First Aid containers. These should be checked half termly and fully audited annually at the start of the academic year (September). They should be restocked as soon as possible after use.

There should be extra stock in the Academy. Items should be discarded safely after the expiry date has passed.

Stock check forms for on-site First Aid kits can be found at appendix 7A of this policy.

TRAVELLING FIRST AID CONTAINERS

Before undertaking any off-site activities, the risk assessment process should consider what First Aid provision is needed. This should be checked and considered by both the EVC (Educational Visits Coordinator) and Principal who will sign provision off as part of the assessment process. The HSE recommend that, where there is no special risk identified a minimum stock of First Aid items for travelling First Aid containers is:

- Leaflet giving general advice on First Aid. (See list of publications in Appendix 6).
- Six individually wrapped sterile adhesive dressing.
- One large sterile un-medicated wound dressing – 14 approx. 18cm x 18cm.
- Two triangular bandages.
- Two safety pins.
- Individually wrapped moist cleansing wipes.
- Two pairs of disposable gloves.

NB Equivalent or additional items are acceptable.

Additional items may be necessary for specialised activities.

Stock check forms for travel First Aid kits can be found at Appendix 7B of this policy.

ON SITE DEFIBRILLATORS

All MLT sites have one or more on-site defibrillators. These devices should be used by any member of staff, following the instructions enclosed in the event of a child, staff member or visitor to the site suffering a suspected heart attack. An ambulance should also be called, following the procedure outlined above, and the operator will aid the staff member with the procedure. The defibrillator will determine whether or not a patient requires it to shock them.

On site defibrillators require regular checks to ensure they are functioning correctly these should be carried out as part of the half- termly first aid checks. These checks should be carried out, at the frequency stated in the user manual, by the nominated person. The defibrillator should be accompanied by a pack of first aid resources which will not necessarily be provided with the device. These should include:

- Electrode Pads (adult/child)*
- Key for switching between adult and paediatric modes*
- Scissors
- Protective Gloves
- Towel or dry wipes
- Safety razor
- Pocket mask/face shield

*dependent on type of defibrillator – see manufacturers guidance

A defibrillator checklist can be found at Appendix 7 C/D. Guidance on defibrillator maintenance can be found at Appendix 8.

FIRST AID ACCOMMODATION

Academies are required to provide suitable and sufficient accommodation for First Aid according to the assessment of the First Aid needs identified. The education (school premises) regulations 1996 require the schools and Academies to have a suitable room that can be used for medical or dental treatment when required and for the care of students during Academy hours. The area, which must contain a washbasin and be reasonably near to a WC, need not be used solely for medical purposes, but it should be appropriate for that purpose and readily available for use when needed.

Details of the Academy Medical room(s) can be found at the end of this policy.

HYGIENE / INFECTION CONTROL

First Aiders must follow their training and maintain good standards of infection control. Whenever small amounts of body fluids have to be cleaned up, disposable plastic gloves must be worn, and disposable paper towels and a detergent solution should be used to absorb and clean surfaces. These items should be disposed of in black plastic bin bags, tied up and placed directly into body fluid waste bins with other inert waste.

RE - ASSESSMENT OF FIRST AID PROVISION

The Local Governance Committee and/or Principal should regularly review the Academy's First Aid needs (at least annually), and particularly after any changes, to ensure the provision is adequate. Reviews should encompass a review of incidents which have occurred, the effectiveness of the Academy's response and any further or different actions which might have enhanced this. Where minimum numbers of trained First Aiders are set, these should be monitored to ensure that these standards are being fulfilled.

The number and placement of First Aid boxes and defibrillators will also be determined based on a assessment of the type of activity taking place on school premises – for example, where there is community use of external sports facilities, defibrillators may be placed within secured boxes adjacent to these.

PROVIDING INFORMATION

The employer or the manager with the delegated function (the Principal) must inform all staff (including those with reading and language difficulties) of the First Aid arrangements. This should take place during induction and include the location of equipment, facilities and First Aid personnel, and the procedures for monitoring and reviewing the Academy's First Aid needs. If any change to the location or make up of First Aid provision takes place, this should be communicated to all staff via regular briefings etc.

LIABILITY AND INDEMNITY

The Trust Board will ensure that the appropriate level of insurance is in place and appropriately reflects the Trust/Academy level of risk.

RISK ASSESSMENT OF FIRST AID NEEDS

The Academy will include staff, students, and visitors when carrying out risk assessments for First Aid needs. These risk assessments will be reviewed, at least annually and updated with any learning drawn from incidents which have taken place in the last year or changes to the site or cohort of students.

First Aid staff will liaise with the SENDCo and any member of staff with specific responsibility for Education, Health and Care Plans where appropriate, in the preparation of risk assessments for students with physical disabilities.

The Local Governance Committee/Principal should consider additional First Aid provision if there is more than one building. They should consider how many First Aid personnel are needed to provide adequate cover on each floor on a spilt level site and outlying buildings.

LOCATION OF BUILDING

It is good practice to inform the local emergency services, in writing, of the Academy's location (giving ordinance survey grid references if necessary) and any particular circumstances that may affect access to the site. If the Academy has more than one entrance, emergency services should be given clear instructions on where or to whom they should report. Any changes to the site which might impact on access should be reported.

ARE THERE ANY SPECIFIC HAZARDS OR RISKS ON THE SITE?

Hazards and temporary hazards, such as building maintenance work, should be considered and suitable short-term measures put in place. First Aid requirements should be included in any assessment of risk which takes place.

SPECIFIC NEEDS

Staff or students with special health needs or disabilities should always be separately catered for and if appropriate, specific First Aid procedures will be included within the Education, Health and Care Plans for these students. These may include specific instructions on when contacting emergency services – provision for students with long term medical conditions is covered in the separate 'Supporting Students with Medical Needs Policy'. Different First Aid procedures apply to students in Early Years and in Primary and Secondary Academies, for example, the resuscitation techniques differ depending on the age of a student. First Aid training organisations can provide advice on training for First Aid personnel in each sector.

PUBLIC SERVICE VEHICLES

Transport regulations require that all minibuses and public service vehicles used either as an express carriage or contract carriage have on a board a First Aid container which meets regulations. Maltby Learning Trust will specify within any contract specifications that this level of provision is in place where a tendering process takes place. It is the responsibility of coach providers to ensure that adequate provision is in place when vehicles are routinely hired.

HOW THE ACADEMY SHOULD REPORT ACCIDENTS OR INJURY

Primary Academies - Parents/carers will be notified of ANY accident or injury which requires First Aid treatment to their child in the Academy or whilst on an Academy led activity.

Secondary Academies - Parents/carers will be notified of accidents or injuries which require First Aid treatment and are more significant, for example where a parent/carer might have to monitor the injury at home.

Head injuries/More significant injuries - Where any student has sustained a head injury or more significant injury, the parents/carers will be notified by telephone and a head injury letter/bump note (Appendix 9) will be completed by the First Aider dealing with the incident. The original letter

will be given to the student to take home for parents/carers or a copy may be sent through the Academy's messaging service or email. A copy will also be filed in the First Aid Record Book.

Parents/carers will always be informed immediately if emergency services are called.

If any medical treatment is required beyond Academy First Aid, including hospital treatment, RMBC Risk Management (healthandsafety@rotherham.gov.uk) must be notified immediately through the RMBC Accident Form (Appendix 10), and the Executive Director or Chief Executive informed. The HSE must be notified of fatal and major injuries and dangerous occurrences without delay (by telephone). This should be done in liaison with Trust Executive Leaders and RMBC. This must be followed up within 10 days with a written report on Form 2508, the Form 2508 can be downloaded from HSE website: www.hse.gov.uk

Other reportable accidents do not need immediate notification, but they must be reported to HSE within ten days on Form 2508.

Early Years providers are required to notify parents/carers of an accident or injury to their child, and this will be done through a note or electronic communication as well as telephone call to ensure a record of the communication is maintained.

An example bump note is attached to this policy (Appendix 9).

ACCIDENTS TO EMPLOYEES

The Academy needs to report the following accidents to employees to the RMBC Risk Management Section as soon as possible after the incident both by telephone and through emailing the RMBC Accident Form (Appendix 10). The Chief Executive Officer should also be informed. RMBC will inform the HSE if the following injuries occur to either the Academy's employees during an activity connected with work, or self-employed people while working on the premises:

- Accidents resulting in death or major injury (including as a result of physical violence).
- Accidents which prevent the injured person from doing their normal work for more than three days (including acts of physical violence).

It is the Academy's duty to inform RMBC if an absence arising from a workplace injury exceeds three days.

REPORTING TO THE HEALTH AND SAFETY EXECUTIVE

The Maltby Learning Trust employs RMBC Risk Management to administer its Health and Safety reporting processes. MLT Academies should follow RMBC advice, in liaison with Executive Leaders, and ensure that all information necessary for them to report incidents, such as those outlined below, through the RIDDOR process is provided (eg. where a staff absence arising from a workplace accident has exceeded 7 days).

The Principal and Lead Administration Officer will record 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) using the RMBC Accident form. The completed form should be sent to healthandsafety@rotherham.gov.uk as soon as is reasonably practicable and in any event within

10 days of the incident (except where indicated below), with a copy being retained in school. RMBC will report these to the HSE as necessary.

Fatal and major injuries and dangerous occurrences will be reported to HSE, in liaison with Executive Leaders and RMBC, without delay (i.e. by telephone) and followed up in writing within 10 days.

ACADEMY 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 Principal will report these to RMBC using the Accident Form (Appendix 10), who will inform 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

STUDENTS 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)

REPORTING OFSTED AND CHILD PROTECTION AGENCIES (EARLY YEAR ONLY)

The Trust will notify Ofsted of any serious accident, illness or injury to, or death of, a student while in the Academy's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Trust will also notify the appropriate Local Authority Safeguarding Children's Partnership of any serious accident or injury to, or the death of, a student while in the Academy's care.

THE ACADEMY'S SINGLE CENTRAL RECORD

The Academy should keep a record of any First Aid treatment given by First Aiders and appointed persons.

This should include:

- The date, time and place of the incident.
- The name (and class) of the injured or ill person.
- Details of the injury/illness and what First Aid was given.
- What happened to the person immediately afterwards (e.g. went home, resumed normal duties, went back to class, went to hospital).
- Name and signature of first aider or person dealing with incident.
- Who notified the parent/carer and whether this was by letter, phone, email or in person.

The nominated person keeps a central record, the information in the record book can:

- Help the Academy identify accident trends and possible areas for improvement in the control of health and safety risks.
- Be used for reference in future First Aid needs assessments.
- Be helpful for insurance and investigative purposes.
- In an emergency, the Principal will have procedures for contacting the student's parent/carer/named contact as soon as possible.

- It is our practice to report all serious or significant incidents including head injuries to the parents/carers by telephoning the parents/carers and sending a head injury letter home with the student, which includes advice on signs and symptoms of a head injury (See appendices).

A reporting format (suggested) can be found in Appendix 1 of this policy. This record should be reviewed at least annually and key patterns used to inform future practice.

ACCIDENT STATISTICS

Accident statistics can indicate the most common injuries, times, locations and activities at a particular site. These can be useful tool in a risk assessment, highlighting areas to concentrate on and tailor first-aid provision to. It is the responsibility of the nominated person in each Academy and the Trust to keep the accident statistics.

MONITORING ARRANGEMENTS

This policy will be reviewed by the Executive Director for Primary Education annually. At every review, the policy will be approved by the Chief Executive Officer.

LINKS WITH OTHER POLICIES

This First Aid policy is linked to the:

- Health and Safety Policy
- Supporting Students with Medical Conditions Policy.

First Aid Record Form

[illegible]

APPENDIX 2 – KEY PEOPLE

Role	Name	Working base (eg. Academy office)	Qualification	Date of renewal
Vice Principal	Mrs Wilby 	Leadership Office	1 Day First Aid at Work	26/6/2025
Assistant Principal	Mrs Williams 	EYFS	Paediatric First Aid Administering Medicine	26/6/2025
First Aider	Mrs Jones 	KS1	1 Day First Aid at Work	26/6/2025
First Aider	Miss Hulley 	KS1	1 Day First Aid at Work	26/6/2025

First Aider	Mrs Cooper 	KS2	1 Day First Aid at Work	26/6/2025
First Aider	Mrs Clarricoates 	KS2	1 Day First Aid at Work	26/6/2025
First Aider	Miss Cassin 	REACH	1 Day First Aid at Work	26/6/2025

APPENDIX 3 – SPECIFIC MEDICAL CONDITIONS / TREATMENTS

Some conditions require students/staff to have constant and rapid access to medication. Where this is the case, consideration should be given to the location of the medication and staff awareness of the conditions. Where medication which is needed immediately can safely be carried by the student (for example with asthma) this should be the case.

There are various conditions which may require the administration of First Aid on site – some, such as epilepsy and diabetes require highly personalised approaches and specialised training. These should be accompanied by Care Plans (see separate policy on administering medicines/caring for students with medical needs). Outlined below are the provisions for two most common instances, asthma and anaphylaxis.

ANAPHYLAXIS - EPIPEN MANAGEMENT AND ADMINISTRATION

Students diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an auto injector which is commonly known as an EpiPen. Adrenaline given through an EpiPen to the outer thigh muscle is the most effective treatment for anaphylaxis, as when injected it rapidly reverses the effects of a severe allergic reaction. It is a single use preloaded automatic injection and is designed to be used as a First Aid device by people without formal medical training.

If a student has been prescribed an EpiPen it is necessary that training in its use is a part of professional learning provided each year by a Registered Training Organisation, as a part of development of the Individual Anaphylaxis Management Plan. Records of staff who have received this training are kept at reception or in the Academy office.

If a student has been prescribed an EpiPen, a minimum of two EpiPens must be provided by the student's parents/carers to the Academy. In Primary Academies, one must be kept in the student's classroom (or other accessible place) and one in the Main office. Secondary age students would be expected to carry their own EpiPen with an emergency EpiPen available at Student Reception.

STORAGE OF EPIPENS

- EpiPens should be stored correctly and accessed quickly.
- EpiPens are stored in an unlocked, easily accessible place away from direct heat they should be available to the adults caring for a student at all times, including on the playground/social areas. They should not be stored in the refrigerator or freezer.
- EpiPens should be clearly labelled with the student's name.
- Each student's EpiPen should be distinguishable from other students EpiPens and medications.
- All staff should know where the EpiPen is located.
- The EpiPen should be signed in and out when taken from its usual place, such as for camps or excursions.
- Depending upon the speed of past reactions it may be appropriate to have the EpiPen in class or in a bag for outside use. In these cases, it should be in a labelled bag and carried by a member of staff who is responsible for monitoring that student.
- It is important that trainer EpiPens (which do not contain adrenaline) are kept in a separate location from students' EpiPens.

EpiPens should not be cloudy or out of date. They should last at least 12 months from time of purchase from a Pharmacy and have an expiry date printed on them. It is the parent/carer's responsibility to supply the student's EpiPen to the Academy and to replace it before it expires. It is recommended that a designated staff member, such as the Senior First Aider, should regularly check the EpiPen at the beginning or end of each term. At least a month before its expiry date, the designated staff member should send a written reminder to the parents/carers to replace the EpiPen. Adopting the practice of returning the EpiPen to the family at the end of each term is suggested. Return or replacement of the EpiPen should take place when the student recommences school in the new term.

Administration of EpiPen is quite safe: If a person is suspected of having a severe allergic reaction, it may be more harmful not to give it than to use it when it may not have been needed. EpiPen should be administered if there is difficulty in breathing and an ambulance should be called.

If the ambulance has not arrived and the patient has not recovered a second dose should be administered within 10 minutes.

"If in doubt, give the EpiPen" (from the ASCIA Action Plan for Anaphylaxis)

For additional information about the use of EpiPens refer to the Anaphylaxis Society UK.

ASTHMA MANAGEMENT AND INHALER ADMINISTRATION

All staff receive asthma training as part of their basic First Aid training.

Asthma is the most common chronic condition affecting one in eleven children. On average there are two children with asthma in every classroom in the UK and it accounts for over 25,000 emergency hospital admissions for asthma amongst children a year in the UK. Asthma is a serious and potentially life-threatening respiratory condition which must be treated promptly and appropriately.

Students diagnosed with asthma will be prescribed a 'reliever' blue inhaler by their GP (commonly Salbutamol, trade name is Ventolin) for use during an asthma attack or exacerbation of their symptoms (occasionally they may be advised to take further doses of their 'preventer' inhaler in addition to the reliever if severe, however this is specific to individuals). If a student has been diagnosed with asthma and prescribed an inhaler their parents/carers must ensure that:

The necessary medical documentation for the Academy is completed in full and signed by a parent/carer; this includes an Education Health Care Plan, parental Agreement for the Academy to administer medicine and request for student to carry his/her own medication – all of these are included in the administration of medicines point.

- Inhalers must be clearly labelled to avoid cross-infection – however in an emergency they are all one dosage.
- FS/KS1 – The teacher keeps the inhalers in the classroom. They must be available to the student at all times.
- KS2/3/4/5 - The student carries a reliever inhaler on their person at all times, including on the sports pitch.

- The Academy is supplied with a spare boxed reliever inhaler prescribed for that student (and a preventer inhaler should this be included in their asthma treatment plan). The box is important as it shows the expiry date of the inhaler.
- The spare inhaler/s will be stored securely in the medical area, in a clearly labelled box with their name, locked in a secure medical cabinet.
- A list of key holders to this medical cabinet is clearly displayed on the door of the cabinet.
- A record of expiry dates of all medications held in the medical room is kept by the Academy and parents/carers will be reminded in advance of any medication that is due to expire and needs replacing.
- It is the responsibility of the parents/carers to ensure that the inhaler carried by the student is in date and has sufficient supply.

An asthma attack can be recognised from one or more of the following symptoms:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty in breathing (the student could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or speak in complete sentences. Some children will become very quiet.
- They may try to tell you that their chest 'feels tight' (younger children may express this as tummy ache).

CALL 999 IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE STUDENT:

- Appears exhausted
- Has a blue/white tinge around their lips
- Is going blue
- Has collapsed.

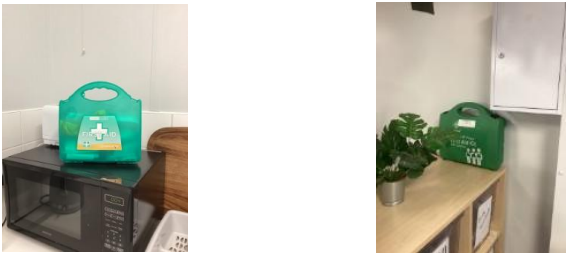
IN THE EVENT OF AN ASTHMA ATTACK DURING ACADEMY HOURS THE FOLLOWING GUIDELINES SHOULD BE FOLLOWED:

- Encourage the student to sit up and slightly forward.
- Use the student's inhaler that they carry on them – if it is not available, use their own named spare inhaler kept in the Medical room.
- Remain with the student at all times and send another person to fetch the inhaler from the Medical room if necessary (ensure that the Medicine Administration Form is completed).
- Ensure that the spacer device is used with the inhaler if one has been supplied by the parents/carers (not all children will use one).
- Assist the student to take two separate puffs of their reliever inhaler (via the spacer if applicable).
- If there is no immediate improvement/relief, continue to give two puffs at a time every two minutes, up to a maximum of ten puffs.
- Remain calm, reassure the student and stay with them until they feel better. Once better they can return to normal activities.
- If the student does not feel better, symptoms have not eased or you are concerned at ANYTIME before you have administered ten puffs, ask another member of staff to CALL 999 FOR AN AMBULANCE, ensuring you give accurate details of the student's condition to the emergency services.

- If an ambulance does not arrive in ten minutes, give another ten puffs in the same way as detailed above. Inform parents/carers.

Guidance taken from Department of Health: Guidance on the use of emergency salbutamol inhalers in schools, September 2014

APPENDIX 4 – FIRST AID KIT LOCATION

Location – e.g. Medical cupboard in Academy office	Photo of storage area	Designated First Aid area? At what time (e.g. lunchtime)?
Next to medicine fridge in staff room Admin Office KS2 building		Any Time Reception
Individual Classrooms KS1 and KS2 Buildings	Each classroom has a labelled box in the Stock cupboard / middle area 	Any Time Classroom/ Reception
PPA Room KS1 Building		Any Time PPA Room

Foundation unit		Any Time Foundation Area
Epi pens – emergency auto injector	KS1 and KS2 staffroom 	For use in emergencies, but only to student at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare
Personnel Adrenaline Auto Injector individual student injector/s are stored in the individual teacher desk drawers	Each class necessary	For use in the event of a individual having a life threatening allergic reaction
Emergency inhaler	KS1 and KS2 staffroom 	Must have parental permission to use it. Log book must be completed

Personal inhalers		All students are encouraged to carry an inhaler. The spare ones are there as a backup in case they forget to bring one to school or it run out.
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APPENDIX 5 – DEFIBRILLATOR LOCATIONS

Location	Photo of storage area	Closest landmark – building or internal feature
On the wall outside Classroom 8		KS2 Dining Hall/Classroom 8

APPENDIX 6 – USEFUL PUBLICATIONS

Department for Education & Employment (DfEE) Circular 3/94 - The Development of Special Schools Circular 10/96 - The 1996 School Premises Regulations Circular 14/96 - Supporting Students with Medical Needs in School* Supporting Students with Medical Needs - Good Practice Guide* HIV and AIDS: A Guide for the Education Service School Governors - A Guide to the Law All these publications are available free of charge from: DfEE Publications Centre PO Box 5050 Sudbury Suffolk CO10 6ZQ Tel: 0845 6022260 Fax: 0845 6033360 * Joint publication with the Department of Health.	First Aid at work - The Health and Safety (First Aid) Regulations 1981 - Approved Code of Practice and Guidance (1997) L74 ISBN 0 7176 1050 0 £6.75 5 steps to successful health and safety management: special help for directors and managers IND(G)132L - free leaflet 5 steps to risk assessment: A step by step guide to a safer and healthier workplace 1994 IND(G)163L - free leaflet or available in priced packs ISBN 0 7176 0904 9 A guide to risk assessment requirements: common provisions in health and safety law (1996) IND(G)218 - free leaflet or available in priced packs ISBN 0 7176 1211 2 Everyone's guide to RIDDOR '95 (1996) HSE31 - free leaflet or available in priced packs ISBN 0 7176 1077 2 Reporting school accidents (1997) EDIS 1 - free information sheet Workplace Health, Safety & Welfare Regulations 1992 (1995) IACL97 - free leaflet or available in priced packs ISBN 0 7176 1049 7 Workplace health, safety and welfare - a short guide (1995) - free leaflet or available in priced packs ISBN 0 7176 0890 5 Essentials of health & safety at work (1994) ISBN 0 7176 0716 X £5.95	Signpost to safety signs regulations (1996) IND(G)184 - free leaflet or available in priced packs ISBN 0 7176 1139 6 List of current health & safety legislation 1996: Book and disk ISBN 0 7176 1311 9 £11.95 HSE priced and free publications are available from: HSE Books PO Box 1999 Sudbury Suffolk CO10 6FS Tel: 01787 881165 Fax: 01787 313995 HSE priced publications are also available from good booksellers. Department of Health (DH) Child Health in the Community: A Guide to Good Practice Developing Emergency Services in the Community: The Final Report EL(96)28 LAC(96)10 - Children's Services Planning: Guidance These publications are available free of charge from: Department of Health PO Box 410 Wetherby LS23 7LL Fax: 01937 845381
Health & Safety Commission (HSC)/Executive (HSE) Basic advice on First Aid at work (1997) IND(G)215L - free leaflet or available in priced packs ISBN 0 7176 1070 5 First Aid at work - your questions answered (1997) IND(G)214L - free leaflet or available in priced packs ISBN 0 7176 1074 8 First Aid training and qualifications for the purposes of the Health and Safety (First Aid) Regulations 1981 (1997) ISBN 0 7176 1347 X £8.50		

APPENDIX 7A – FIRST AID KIT STOCKLIST / STOCKCHECK – ACADEMY KIT

Date Checked		Kit location		Checked by	
Stocklist	Missing (Cross)	Present (Tick)	Exp date	Comment (e.g. reorder date)	
A leaflet giving general advice on First Aid (see list of publications in Appendix7 of First Aid policy)					
20 (min) individually wrapped sterile adhesive dressings (assorted sizes)					
Two (min) sterile eye pads					
Four (min) individually wrapped triangular bandages (preferably sterile)					
Six (Min) safety pins					
Six medium size (approx. 12cm x 12cm) individually wrapped sterile medicated wound dressings					
Two (min) large (approx. 18cm x 18cm) sterile individually wrapped undedicated wound dressings					
Three pairs of disposable gloves.					

APPENDIX 7B – FIRST AID KIT STOCKLIST / STOCKCHECK – TRAVEL KIT

Date Checked		Kit number		Checked by	
Stocklist	Missing (Cross) Present (Tick)	Exp date	Comment (e.g. reorder date)		
A leaflet giving general advice on First Aid (see list of publications in Appendix7 of First Aid policy)					
Six individually wrapped sterile adhesive dressing					
One large sterile un-medicated wound dressing –approx. 18cm x 18cm					
Two triangular bandages					
Two safety pins					
Individually wrapped moist cleansing wipes					
Two pairs of disposable gloves					

APPENDIX 7C – DEFIBRILLATOR STOCKCHECK

Date Checked		Defibrillator Location		Checked by	
Stocklist	Missing (Cross)	Present (Tick)	Exp date	Comment (e.g. reorder date)	
Electrode Pads (adult/child)*					
Key for switching between adult and paediatric modes*					
Scissors					
Protective Gloves					
Towel or dry wipes					
Safety razor					
Pocket mask/face shield					

*Dependent on type of defibrillator – see manufacturers guidance

APPENDIX 7D – DEFIBRILLATOR ACCESSORIES/CONSUMABLES

Item description	Generally supplied with defibrillators as standard?	Notes
Electrode pads	Adult: yes Paediatric: no Universal: yes	These are adhesive pads which are applied to the casualty's chest and through which the shock is delivered. They will include a cable for connection to the defibrillator. Most defibrillators require separate pads for adult and paediatric use (children aged 1 to 8). Where this is the case, schools should ideally put arrangements in place to ensure that they have at least one set of each available and that these are stored with the defibrillator. If paediatric pads are not available in an emergency situation, adult pads can and should be used. Schools should pre-connect adult pads to a defibrillator to ensure that the device is ready to use more quickly in the event of an emergency. Most defibrillators require pads to be preconnected in order to conduct regular self-tests. Paediatric pads are not recommended for pre-connection as the majority of cardiac arrests occur in adults and paediatric pads will be ineffective if used on an adult. Pad positioning will generally be shown on the defibrillator or the pad packaging. The pads themselves may be labelled 'left' and 'right', but it does not matter if they are accidentally inverted – they will still work. Where separate paediatric pads are required, these are not generally included with a defibrillator at the time of purchase. All suppliers providing defibrillators via NHS Supply Chain must, however, include a set of paediatric pads as standard, if required.
Key for switching between adult and paediatric modes	No	Defibrillators that do not require separate adult and paediatric pads will sometimes have a switch or require a key to switch between adult and paediatric modes.
Scissors	No	These will enable rescuers to cut away a casualty's clothing if required. Make sure these are able to cut through material/clothing.
Protective gloves	No	Rescuers may wear protective gloves to guard against infection if desired, but these are not necessary. The risk of infection is very low.

Towel or dry wipes	No	If the casualty is wet, a towel or dry wipes should be used to dry the chest in order to ensure that the pads are able to adhere properly. Pads need to have good contact with an individual's skin in order to effectively analyse their heart rhythm.
Safety razor	No	Pads are designed to function with chest hair, but excessive amounts may prevent them from adhering to the casualty's chest and impair conductivity. In these situations, a safety razor should be used to dry-shave excessive chest hair where the electrodes are to be applied.
Pocket mask/ face shield	No	Rescuers may use a pocket mask or face shield to guard against infection while administering rescue breaths if desired, but this is not necessary. The risk of infection is very low. If a person is unwilling or unable to perform mouth-to-mouth resuscitation, they may perform compression only CPR.

APPENDIX 8 – DEFIBRILLATOR MAINTENANCE

Regular checks

Modern defibrillators undertake regular self-tests and, if a problem is detected, will indicate this by means of a warning sign or light on the machine. Schools should ensure that they have a procedure in place for defibrillators to be checked for such a warning on a regular (and no less frequently than weekly) basis, possibly by a designated person, and have a method for recording when a check has taken place.

If defibrillators are kept in an internal or external cabinet, schools should also regularly check the condition of the cabinet, including the door closure and any lock. Schools should consult the user manual of their defibrillator to ensure that they are aware of what to look for and what remedial action will need to be taken in the event of a fault. Any fault which occurs during the defibrillator's warranty period and for which a solution cannot be found in the manual should be reported to the manufacturer immediately.

Schools should consult the user manual of their defibrillator to ensure that they are aware of what to look for and what remedial action will need to be taken in the event of a fault. Any fault which occurs during the defibrillator's warranty period and for which a solution cannot be found in the manual should be reported to the manufacturer immediately. Contact details to obtain technical assistance for devices provided by the department's defibrillator programme and devices purchased via NHS Supply Chain can be found in Appendix B of the guidance, [Automated External Defibrillators \(AEDs\) Guidance for Schools \(January 2025\)](#).

Many defibrillators may require schools to perform some additional monthly and/or annual checks to ensure that they are functioning correctly. Schools should consult the user manual for details and ensure that they have appropriate arrangements in place. Failure to perform these checks could potentially mean that the defibrillator fails to function properly when needed. Further advice on the purpose of such inspections can be found in the Provision and Use of Work Equipment Regulations 1998 (PUWER), regulation 6.

Defibrillators do not normally require regular servicing by a suitably qualified technician. Schools may wish to enquire about servicing costs when discussing their requirements with suppliers, in order to rule out any devices which will require chargeable maintenance to be carried out during the defibrillator's standard warranty period.

Replacing consumables

Pads, safety razors, protective gloves and pocket masks need to be replaced after every incident. Some manufacturers may also advise that the battery is replaced after an incident, whether or not the charge level on the battery indicator is showing as low; schools should check the device user manual for details.

Even when an incident has not taken place, batteries and pads have finite service lives, and should be replaced after the period of time specified by the manufacturer. This will usually be upon reaching the expiry date indicated on each consumable, or in the case of batteries, when the battery indicator shows that the battery is low – whichever is the sooner.

Care should be taken to ensure that replacement consumables are the correct ones for the device. Consumables designed for different defibrillators are not usually compatible with one another.

NHS Supply Chain has negotiated special arrangements with suppliers, enabling schools and other settings which have purchased defibrillators through the arrangements put in place by the Department for Education to obtain discounts on consumables such as batteries and pads throughout the standard warranty period. To take advantage of these arrangements, please refer to the contact details in Appendix B of the guidance [Automated External Defibrillators \(AEDs\) Guidance for Schools \(January 2025\)](#). When ordering, you will need to mention that you have purchased your defibrillator via the DfE defibrillators for schools' arrangement.

Defibrillators supplied by the department will be provided with batteries and pads throughout the lifecycle of the device (8 years). Schools do not need to place orders for replacement batteries or pads. Deliveries will be made automatically at the end of the previous battery or pad lifecycle. If you experience a fault, you can contact Lyreco using the details in the contact details for defibrillators supplied by DfE section.– if a device has not been purchased through this route, these consumables will need to be purchased through alternative routes

Software updates

The UK and European resuscitation guidelines are updated as and when new evidence is available. This may mean that it is necessary to update the defibrillator software accordingly. Where defibrillators are registered on The Circuit, schools will be notified directly to advise when new software updates are required.

The manufacturer of the defibrillator should be able to arrange to update the software, possibly in partnership with the local ambulance service. All suppliers providing defibrillators through the department's defibrillator programme and via NHS Supply Chain must agree to provide such updates to schools free of charge.

Replacing your defibrillator

Defibrillators have an anticipated service life, details of which should be included in the device's accompanying documentation. If not, please contact the supplier or manufacturer for details. Schools should note that the anticipated service life will not necessarily be the same as the warranty period, which may well be shorter. Some manufacturers may offer to extend the warranty for a fee.

APPENDIX 9 – BUMP NOTE

Dear Parent/Carer

Your childhas had an accident today/bump on the head

today,..... at.....am/pm.

It was not serious enough to notify you at the time but with every injury which requires First Aid/head injury we now send out this note.

For Your Information: Head Injuries to Children

Dr Ian Adams, Consultant Physician, Accident and Emergency Department, St. James's Hospital, Leeds has provided the following guidance notes for when a young person has a bump on the head.

If a young person has been unconscious, he or she **must** attend an Accident and Emergency Department.

Young people with apparently minor injuries should be watched carefully for 24 hours. They can be allowed to go to sleep but in the first 2 hours after the injury the young person should be roused every 30 minutes.

After this time check every 3 to 4 hours including through the night. Parents/carers should check the young person when they go to bed, again at about 3.00am and again when they get up in the morning. The young person should merely be roused so as to open their eyes and move their arms and legs.

Young people should be seen at Hospital if they:

- have a fit, or
- become difficult to rouse, or
- repeatedly vomit, or
- complain of increasing headache, or
- have weakness in an arm or leg.

Below are details of accident:

.....
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ACCIDENT REPORT



ALL SECTIONS OF THE FORM MUST BE COMPLETED.

FAILURE TO DO SO WILL RESULT IN THE FORM BEING RETURNED

1. Injured Person		Surname:				Title:			
Forename(s)				DoB:				Sex: M ☐ F ☐	
Home Address:				Post Code:					
Employee:		Member of Public:		Resident:		Pupil:		Other: <i>specify below</i>	
If Employee - Directorate:				Job Title:					
Service Area:				Payroll Number:					

2. Details of Accident		Date:				Time:			
Location of Accident: (including building, street or room name or number where relevant)									
Description of how accident happened (Note any equipment involved which could be a contributory factor). - <i>Please continue to a separate sheet if necessary.</i>									

Full description of injuries sustained (if any) (eg. cut to right knee)	
Action taken (Has first aid been administered? Did the IP go to hospital and receive medical treatment?)	
Name and status of any witnesses (if pupils, please include their age)	
Injured Persons Manager/Head Teacher (or his/her representative)	

3. RIDDOR REQUIREMENTS

(a) Has this accident resulted in any of the following:

(please mark as appropriate)

- Taken directly to hospital from the site of the accident and received medical treatment.
- Employee absence for more than 7 days
- Employee 'Specified Injury' (e.g. fracture/break, crush injuries, amputations, burns covering at least 10%)
- Fatality

(b) Work Related Covid 19 Cases

- Has an unintended incident at work led to someone's possible or actual exposure to coronavirus.
- Has a worker has been diagnosed as having COVID 19 and there is reasonable evidence that it was caused by exposure at work.
- Has a worker died as a result of occupational exposure to coronavirus.

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If yes to any of the above notify the Emergency & Safety section immediately on

01709 823878

4. Investigation IF ALL INFORMATION IS NOT IMMEDIATELY AVAILABLE, THIS INFORMATION CAN BE SUBMITTED FOLLOWING SUBMISSION OF THE ACCIDENT FORM. DO NOT DELAY IN SUBMITTING THE FORM.

PLEASE ENSURE THIS SECTION IS COMPLETED by Manager, Supervisor, Dept. Head etc. without delay. Attempt to identify any factors which may have contributed to the accident and any action needed to prevent a repetition. Were there adequate safe working procedures and were they followed?

Things to consider:

- What caused the accident?
- Have the staff been trained on this particular work activity, if yes, provide proof.
- If the accident involved work equipment, was it safe to use, inspected, maintained and fit for purpose?
- Consider PPE, misuse, non-compliance with Council procedures?
- Include witness statements, photographs and any documentary evidence – where applicable.

Please attach the current risk assessments in place for this work activity

If no risk assessment is in place, give reasons why not?

Has any corrective action been taken as a result of this injury:

For example: machinery taken out of use, repaired, re-training, disciplinary, implementation of new policies, monitoring of this type of work activity, review of procedures or risk assessment. You must detail all corrective action that has taken place. It is strongly recommended that you record your corrective action appropriately.

Manager's Name (please print):			
Manager's Signature:		Date:	
Managers Contact Number:			
Managers e-mail address:			

E-mail this form immediately to: healthandsafety@rotherham.gov.uk