



King's Academy Ringmer

First Aid Policy

Approved by:	Full Governors	Date:	July 2026
Maintained by:	Assistant Principal	Next review date:	July 2027

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1. Introduction and Scope

This policy is addressed to all staff employed at King's Academy Ringmer and for the aid of those visiting and who may either require help themselves or need to know how to seek emergency treatment for others in their care or with whom they are working or are with on school business. It has regard to the Health and Safety (First Aid) regulations 1981.

First aid is defined as emergency treatment administered to a sick or injured person before professional care is available.

2. Aims

- To ensure that first aid provision is available at all times, on school premises and while on educational visits and sports fixtures.
- To promote health and safety awareness
- To provide a safe working environment for all concerned by minimising the risk of accidents

3. Responsibilities

This policy is set by Governors and the Principal. The Principal ensures implementation. First Aid trained members of staff are the first point of contact for any medical emergency.

Teachers are not expected to give first aid; however, the school invites any member of staff to volunteer to be trained as a first aider (within the business needs of the school). Staff in charge of our students are expected to use their best endeavours at all times, particularly in emergencies, to ensure students' health and welfare.

4. Related policies

This policy should be read in conjunction with the Supporting Students at School with Medical Conditions Policy, Health and Safety Policy, Offsite Activities and Educational Visits Policy and Administering Medicines Policy.

5. General guidance

- At school for the majority of incidents, students are escorted to reception by a member of staff or fellow student for treatment.
- If a child 'feels unwell' then a Medical Room Attendance slip is completed.
- All students requiring treatment will be recorded on a Medical Room Attendance slip – stating illness/ injury or incident/treatment and outcomes. This information will also be recorded on SIMS. Where necessary the parent/ carer will be informed by telephone immediately or note/email sent at the end of the school day of any treatment or injury.
- No student who is ill may be allowed to go home under any circumstances without reference to First Aid trained staff and contact with the parent.

6. Emergency Procedures

- All staff will know how to call the emergency services; instructions are posted around the sites, on the First Aid notices.
- An ambulance will be called when the injury or condition is beyond their competency or the condition deteriorates. If necessary the school receptionist or trained first aider will call for the emergency services. A student taken to hospital by ambulance will be accompanied by a member of staff, in the absence of a parent, who will remain until the student's parent arrives.
- Generally staff should not take students to hospital in their own car; parents should be contacted to take their child to hospital. However, in an emergency it may be the best course of action, the member of staff will be accompanied by another adult and have public liability vehicle insurance.

7. Equipment

We have a defibrillator situated on the wall outside the Clarke Block opposite the Library. Staff are not required to be trained to use this equipment.

8. Specific Aspects of Policy

Administering of Medicine Procedure

Please refer to the Supporting Students with Medical Conditions Policy.

Assessment of requirements

A risk assessment is carried out periodically to determine the scale and nature of provision required on main school site, and for off-site activities.

First aiders

- The school will arrange adequate and appropriate training and guidance for staff who volunteer to be first aiders
- The School will ensure that there are enough trained staff to follow guidance issued by DfE allowing for staff on annual/sick leave or off-site.
- First Aiders complete an HSE approved training course and hold a valid certificate of competence, renewed every three years. They are qualified to give immediate help to casualties with common injuries and illnesses and those arising from specific hazards at school. The training will cover such things as:

1. What to do in an emergency
 2. Cardiopulmonary resuscitation
 3. First aid for the unconscious
 4. First aid for the wounded or bleeding
 5. Takes charge when someone is injured or becomes ill
 6. Ensures that an ambulance or other professional medical help is summoned when appropriate
- Anyone interested in being trained as a first aider or having any existing qualifications reviewed, please contact the Principal

The list of trained first aiders is provided at Appendix 1

First aid materials and equipment

- First aid boxes are marked with a white cross on a green background
- First aid boxes are taken on educational visits, activities and sporting occasions
- The contents are checked and maintained by an appointed first aider
- First aid bags are situated in minibuses and contain the basic contents. The specific contents of first aid boxes is provided in Appendix 2.

Management responsibilities

The nominated First Aid trained member of staff (see Appendix 1 for named First Aiders) is responsible for day to day management of first aid, this will include maintenance of first aid containers to ensure they are full and up to date and also to ensure training is up to date and that we have enough staff to cover students and staff as identified in our risk assessment.

School trips and specific areas of high risk

Reference should be made to the school's Offsite Activities and educational Visits Policy alongside the section below. Relevant Teaching Staff are first aid trained to ensure competence while away on school trips.

Record keeping

Any accident or medical incident will be reported as soon as possible, and the Medical Room Book / Student Accident Book completed, which is situated at Reception / in the Medical Room. There will also be a record made on SIMS.

All staff are given guidance on completing the Accident Report Form. Staff make sure the name and year group whether staff, student or member of the public, date and time, exact location, injury, incident and treatment are recorded. It should also state if parents were present or informed and if further treatment was given by a Medical person i.e. paramedic or doctor. The member of staff will be required to sign and date the form as the form can be referred to at a later time

The first aider will check the injured person, if possible, and the completed form will be sent to Health and Safety Officer / School Office. All forms sent to the Health and Safety Officer / School Office are checked and signed by the Principal. Investigations into the incident can be initiated if the Principal wants to check that all was done.

In a major injury (a broken bone excluding those of foot and hand, significant head injury, amputation or where a student is taken to hospital from school or an activity) a RIDDOR sheet will be completed and reported to Health and Safety Officer.

Accident statistics are compiled by Health and Safety Officer and presented to the Governors for scrutiny once a

term. These statistics are compiled by type of injury and also location, allowing direct comparison across time periods to enable analysis of variation in volume and frequency of accidents so that preventative measures can be considered and taken where appropriate.

Monitoring

Records can be used to see any recurring patterns or trends which can then be used to identify areas for improvement.

Hygiene/infection control

Basic hygiene procedures must be followed by staff. Single use disposable gloves and personal protection must be worn when treatment involves blood or other body fluids. Care should be taken when disposing of dressings or equipment

Communication and awareness

The nominated lead first aider will communicate key procedures and names of first aiders with all staff at the start of each year. The nominated lead first aider will also bring to staff attention the names and photographs of those students with known medical conditions which may require special attention, possibly of an emergency nature. The nominated first aider will also seek to communicate with staff through a variety of means – verbal, written, email and posters in the Staff / common room, about routine medical matters as the need arises during the course of the year.

The list of trained first aiders and the location of the nearest first aid box is appropriately placed around the school site and updated yearly.

Insurance cover

When students are on King's Academy Ringmer trips or visits, the school will arrange where necessary insurance cover which provides students with worldwide cover if they suffer permanent injury as a result of an accident during either term-time or holidays.

Treatment room

Discrete area within Student Helpdesk / Reception

- Sink with running hot and cold water
- Drinking water and disposable cups
- Paper towels
- Smooth topped working surfaces
- A range of First Aid equipment, at least to the standard required in First Aid boxes.
- Storage
- Chair
- Couch , pillows and blankets
- Soap and hand sanitising gel
- Personal Protective Equipment
- Suitable refuse container, lined with yellow disposable plastic bags for clinical waste
- An appropriate record-keeping facility
- A means of communication e.g. telephone

Guidance on specific medical conditions

Asthma: Students in the Senior School should carry their inhalers with them at all times. Younger students may give their named inhalers to a nominated first aider for safekeeping or reception. Spare inhalers may be kept in the Medical Room.

Allergies: e.g. food, wasp / bee stings. Depending on the severity, the recommended treatment provided by the parents should be kept in the Reception. In cases of severe allergy that may lead to *Anaphylactic Shock* an Adrenaline injection (Epipen) may be required. School students should carry their own Epipen with them at all times. Photographs of students affected will be placed in the reception office with the box of Eipipens.

Diabetes: Insulin dependent diabetics are likely to have their medication out of school hours and will take responsibility for their condition from an early age. However they will need general support and monitoring during the day, access to glucose etc. during hypoglycaemic attacks. Safe handling, storage and disposal of equipment is encouraged and awareness of staff to sufferers.

Epilepsy: usually controlled by medication taken out of school hours but staff awareness is essential and school policy to be followed on school trips.

Hygiene/Infection Control All staff will be made familiar with normal precautions for avoiding infection and will follow basic hygiene procedures. There will be access to protective disposable gloves and care will be taken when dealing with spillages of blood / other body fluids and dealing with first aid dressings.

Sharp Injuries (i.e. needlestick) and Bites: *As per Health and Protection Agency guidelines.*

If the skin is broken, encourage to bleed, wash site of injury with soap and running water. Parents are to be informed and all injured (student or member of staff) to contact their GP or go to A & E immediately.

The nominated first aider should be informed, the Student Accident Book completed and the incident reported to senior management.

Sharps should always be discarded straight into a British Standards approved sharps bin situated in the discrete area in Reception. These will be regularly renewed by the appropriate waste disposal company.

All staff will be reminded to follow the medical policy and guidelines and to inform the nominated first aider or Facilities on the discovery of a needle or sharp in the school.

Call 999 immediately, if there is any doubt about the severity of the reaction or the student does not respond to medication

All staff will be trained and regularly updated with treatment and administration of drugs where appropriate

Head injury

The nominated first aider should assess any head injury at school, or while at sport or activities this should be done by a trained first aider. The student should be screened and assessed whether it is a minor or significant injury.

Trivial head injury

- No loss of consciousness, appears orientated and fully conscious
- No scalp bruising / swelling
- Local headache / tenderness resolving rapidly
- Fall of less than 1 metre, gets up unaided and immediately.

The student may continue to play sport; parents will be informed at the end of the school day with head injury instruction forms (situated in Student Helpdesk/ Reception) If the student becomes unwell later, the assessment should be repeated.

Significant head injury

- Transient loss of consciousness
- Unable to get up for 10 seconds or more
- Confused or disorientated for 2 minutes after the blow
- Persistent headache
- Scalp bruising / swelling
- Nausea / vomiting /stomach pain
- Fall great than 1 metre

The student will not be allowed to continue with sport / activity and should be observed. The parents will be informed and the student should go home and rest.

Call 999 if

- **Loss of consciousness over 2 minutes**
- **Worsening headache**
- **Persisting confusion, disorientation/abnormal behaviour**
- **Drowsiness**
- **Blurred vision / poor co-ordination**
- **Extensive scalp swelling / scalp laceration**
- **Fluid from nose or ears**

The student should be transferred and escorted to hospital and parents informed immediately.

If unconscious on the field the game must stop and he/she must not be moved until the arrival of the ambulance personnel.

Assessment of any head injury

- Take history of incident, from injured person or witness
- Observe and feel the site of injury.
- Check for memory loss or confusion by asking who they are, where they are, date and who you are.
- Ask how many fingers are being held up,
- Check student reactions whether equal.
- Observe for any difficulty in walking.

An ice pack is applied to the site, for swelling and headache. Any small cuts or lacerations cleaned and if possible covered. Head injury instruction form will be given to the student and parent/guardian explaining the incident and what symptoms to look for. In significant head injuries, the student will not be allowed to play contact sports for 3 weeks and two minor episodes in the same season should not play for 4 weeks.

Post-concussion Syndrome

Even those who have not lost consciousness can suffer some neurological damage (headaches, dizziness, irritability and difficulty in concentrating can persist for weeks). The treatment is rest, fluids, simple analgesia and reassurance that things will improve.

Use of protective headgear, gum shields, apparatus and floor design, training, rules and refereeing are all valuable preventative measures of head injuries in various sports.

Appendix 1: Trained First Aiders

Mr A. Brown – Assistant Premises Manager
Mr J. Coulthard – Senior Leader for PE and Dance
Ms K. Dormer – Teacher of science and KS Lead
Mr N. Duckworth – Premises Manager
Mrs S. Lockyer – Pastoral Intervention Lead
Mrs G. Pelling – Reception and Attendance Manager
Mrs C. Moore – Admin Assistant
Miss J. Beattie – Teaching Assistant and Wellbeing Practitioner
Mrs P. Peters – Teacher of PE

Appendix 2: First Aid box contents

Quantity	Content of First Aid Box	Date Checked	Signed
1 x	First Aid Leaflet		
1 x	Pack of individually wrapped plasters		
2 x	Sterile eye pads		
2 x	Triangular bandages		
2 x	Packs of safety pins		
1 x	Biohazard bag		
5 x	Pairs of disposable gloves		
1 x	Ice pack		
1 x	Face shield		
5 x	Sterile Eye wash		
1 x	Foil blanket		
15 x	Sterile moist cleansing wipes		
2 x	Medium wound dressing		
1 x	Large wound dressing		
1 x	Burn dressing		
1 x	Surgical tape		
1 x	Pair of scissors		
1 x	Apron		

Educational trip first aid kits

Basic contents plus:

- Thermometer

Please note that for overnight stays. Parents are asked to complete a consent form to give permission to give students paracetamol or ibuprofen if required.

FIRST AID BOXES (PORTABLE)