

THE IVORY FEDERATION

Propps Hall Junior, Infant and Nursery School Springhead Infant and Nursery School Rushcroft Primary School

FIRST AID and DEFIBRILLATOR

**Please note the term SLT is used throughout this policy. This term refers to The Executive Headteacher, Deputy Headteacher, Assistant Headteacher and Business Manager*

RATIONALE

Whilst the school will make every effort to minimise risks, some children and adults within our school will inevitably need access to good quality first aid provision at some point. This policy will ensure clear and agreed systems are in place to enable all children and adults to have access to the same consistent care.

This policy has been developed in accordance with the Department for Education guidance “First Aid in Schools, Early Years and Further Education”, the Health and Safety (First-Aid) Regulations 1981, the current statutory framework for the Early Years Foundation Stage (EYFS), and current Resuscitation Council UK guidance.

PURPOSE

- To give clear structures and guidelines to all staff regarding all aspects of first aid
- To clearly define the responsibilities of staff
- To ensure good first aid cover is available in the centre for the duration of the opening hours
- To ensure good first aid cover for any trips and visits

FIRST AID BROAD GUIDELINES

- All first aid kits will be stocked in accordance with Appendix A. The SLT is responsible for ensuring that adequate supplies are available.
- The SLT will ensure that there are adequate numbers of First Aid at Work qualified staff to conform to current health and safety laws, the school currently has two.
- The school will maintain sufficient numbers of staff with appropriate first aid and paediatric first aid qualifications, informed by its first aid needs assessment. The Federation aims to provide paediatric first aid training more widely across school-based staff to strengthen first aid capacity. Qualifications will be renewed within the required timescales.
- A register of all qualified First Aiders, including dates of qualification and expiry, will be maintained by the Office Manager and by SLT. Staff will complete refresher or update sessions to ensure their skills remain current, particularly in CPR, use of defibrillators (AEDs), and managing medical emergencies.
- All members of staff can treat children with basic first aid (minor cuts, grazes and bruises).
- First Aid kits are available from the family room, the school medical room, the foundation stage, the cookery room and the school practical area.
- Small travel first aid kits for trips and visits are kept in the disabled toilet cupboards.
- When off-site, the group leader will ensure that at least one member of staff attending holds a valid First Aid at Work or Paediatric First Aid qualification, in line with DfE trip guidance. The first aid kit and any pupil medication must accompany the group at all times and be checked before departure. A record of first aid incidents during visits must be recorded as normal.
- Emergency contact numbers are available from the main office. In the event of an emergency, the first aider responding to the situation is responsible for informing a senior leader and making a decision on whether to contact emergency services. If the emergency services have been called either the office staff or a senior leader will contact the next of kin.
- Any nose bleed or moderate/serious injury to the head must be immediately related to the parent and they must decide whether to collect the child from school. In addition, the First Aider

in attendance at the time of the accident will complete the necessary paperwork and ensure a copy is given to the parent at the end of the day. Parents of children in the Foundation Stage are required, in accordance with the EYFS, to sign the accident record at the end of the session/day.

- All first aid incidents will be recorded and reviewed by the SLT to identify any patterns or potential hazards. Significant incidents will also be reported to the governing body through the termly accident report. Accident reports will be retained in accordance with data protection and reporting requirements under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).
- The school recognises that first aid also includes supporting mental health and wellbeing. Staff are encouraged to report any wellbeing concerns to a senior member of staff.

FIRST AIDER RESPONSIBILITIES

1st Aid at Work: Michaela Lomas Emma Williams

Paediatric First Aid: *All school-based staff*

Qualified First Aiders in School will:

- Ensure that their qualifications are always up to date.
- Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes wearing gloves where any loss of blood or body fluid is evident and calling for help from other First Aiders or Emergency services if needed.
- Help fellow First Aiders at an incident and provide support during the aftermath.
- Act as a person who can be relied upon to help when the need arises.
- Assist the headteacher in ensuring that first aid kits are adequately stocked and always to hand.
- Insist that **any** casualty who has sustained a **significant** head injury is seen by professionals at the hospital, either by sending them directly to the hospital or by asking parents to pick up a child to take them to the hospital. Ensure that where a minor head injury has occurred the person responsible for that child (eg class teacher or key worker) is informed.
- Ensure that a child who is sent to hospital by ambulance is:
 - *Accompanied in the ambulance at the request of paramedics.*
 - *Or, followed to a hospital by a member of staff to act in loco parentis if a relative cannot be contacted.*
 - *Met at the hospital by a relative.*
- The First aider need not be the member of staff to accompany the casualty to the hospital, however, an appropriate person should be sent.
- Liaison **MUST** occur with senior leaders, to ensure that any lessons or activities are covered and ratios are maintained in the event of an absent member of staff.
- The Accident forms at the appropriate level must be completed by the person administering first aid.
- Ensure that everything is cleared away, using gloves. Any dressings/equipment containing any bodily fluids must be put into a yellow bag, (available from the medical room) and disposed of in a sanitary bin. Any bloodstains on the ground must be washed away thoroughly. No contaminated or used items should be left lying around.

All Staff with Paediatric First Aid Qualification:

- All members of staff with a paediatric first aid certificate can treat children using first aid.
- Disposable gloves must be worn when dealing with bodily fluids.
- Only sterile wipes or cold water must be used to clean grazes.
- Anything more serious must be looked at by a qualified First Aider (4-day first aid at work) – This includes all head injuries or severe bleeding.

- Ensure that everything is cleared away, using gloves. Any dressings/equipment containing any bodily fluids must be put into a yellow bag, (available from the medical room) and disposed of in a sanitary bin. Any bloodstains on the ground must be washed away thoroughly. No contaminated or used items should be left lying around.
- All accidents MUST be reported on the appropriate form (see office manager) and signed for.

All Staff

- All members of staff can treat children with basic first aid (minor cuts, grazes and bruises). However, for incidents more serious, they will adhere to the following procedure:
 - *Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.*
 - *Send for help to the office as soon as possible either by a person or by telephone, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained.*
 - *Reassure, but never treat, a casualty unless they have a valid First Aid Certificate*
- Familiarise themselves with the first aid procedures in operation and ensure that they know who the current First Aiders are.
- Be aware of specific “Care Plans” of individual pupils.
- Send a pupil who feels generally “unwell” to their respective class teacher.
- Ensure that they have a current medical consent form for every student that they take out on a trip which indicates any specific conditions or medications of which they should be aware.
- Have regard for their personal safety and rights.

DEFIBRILLATOR (AED)

An AED is a machine used to give an electric shock when a person is in cardiac arrest, i.e. when the heart stops beating normally. Cardiac arrest can affect people of any age and without warning. If this happens, swift action in the form of early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person’s life. Overall survival rates vary across the country, but range between 2% and 12%. However, survival rates as high as 75% have been reported where CPR and defibrillation are delivered promptly.

The chain of survival

In the event of a cardiac arrest, defibrillation can help save lives, but to be effective, it should be delivered as part of the chain of survival. There are four stages to the chain of survival, and these should happen in order. When carried out quickly, they can drastically increase the likelihood of a person surviving a cardiac arrest. They are:

1. **Early recognition** and call for help. Dial 999 to alert the emergency services. The emergency services operator can stay on the line and advise on giving CPR and using an AED. **Emergency workers will advise from this point onwards.**
2. **Early CPR** – to create an artificial circulation. Chest compressions push blood around the heart and to vital organs like the brain. If a person is unwilling or unable to perform mouth-to-mouth resuscitation, he or she may still perform compression- only CPR.
3. **Early defibrillation** – to attempt to restore a normal heart rhythm and hence blood and oxygen circulation around the body. Some people experiencing a cardiac arrest will have a ‘non-shockable rhythm’. In this case, continuing CPR until the emergency services arrive is paramount.
4. **Early post-resuscitation** care – to stabilise the patient.

In the event of an emergency, any trained staff member may use the AED following the instructions provided by the device and under the direction of emergency services. Anyone is capable of delivering stages 1 to 3 at the scene of the incident. However, it is important to emphasise that life-saving interventions such as CPR and defibrillation (stages 2 and 3) are only intended to help buy time until the emergency services arrive, which is why dialling 999 is the first step in the chain of survival. Unless the emergency services have been notified promptly, the person will not receive the post-resuscitation care that they need to stabilise their condition and restore their quality of life (stage 4).

LOCATION: At Propps Hall School we have 2 defibrillators. One it is located on the wall, in the 'lobby' area of the main entrance; the 2nd one is on the wall in the computing suite.

DEFIBRILLATOR DETAILS:

IT SUITE: Medianan AED Heart on A15 – SN 15581508005

ENTRANCE: HeartSine SAM PAD 360P-SN 19E0009085

MAINTENANCE: Mrs Lomas is the named first aider who is responsible for checking the operation of the defibrillator. It is checked every week and a maintenance record (APPENDIX C) is completed at the time of checking. Any issues or errors are to be recorded and reported.

All accident and medical records will be stored securely in compliance with data protection legislation (UK GDPR and Data Protection Act 2018). Personal medical information will only be shared with staff who need to know it to ensure safe care.

CONCLUSION

Implementation of this policy will result in the consistent application of high-quality first aid throughout the centre ensuring that all incidents are dealt with in a prompt professional and unified manner that will preserve life, prevent deterioration and promote recovery.

Last reviewed Sept 2026

Appendix A – Contents of 1st Aid Kits

- 1 leaflet/booklet giving general guidance on first aid.
- 1 protective face shield for performing CPR.
- 20 individually wrapped sterile adhesive dressings of assorted sizes (plasters). And 2 sterile eye pads.
- 4 triangular bandages, individually wrapped and preferably sterile.
- 6 medium wound dressings (approx 12cm x 12cm), individually wrapped and sterile. These have bandages attached.
- 2 large wound dressings (approx 18cm x 18cm). as above.
- 5 “low adherent” dressings, approx. 10cm x 10cm, as above.
- 5 “low adherent” dressings approx 5cm x 5cm. These have a perforated plastic surface which reduces the likelihood of it sticking to the clotting blood.
- 1 roll of hypoallergenic tape. This can be used to hold a dressing in place or fasten a bandage.
- 3 pairs of disposable gloves.
- 1 pair of scissors with rounded edges.
- 20 individually wrapped sterile wipes.

This list is not mandatory, so equivalent or similar items can be used.

Appendix B – Contents of Travel 1st Aid Kit

- 1 leaflet/booklet giving general guidance on first aid
- 1 protective face shield for performing CPR.
- 10 individually wrapped sterile adhesive dressings of assorted sizes (plasters).
- 1 triangular bandage, individually wrapped and preferably sterile.
- 1 medium wound dressing (approx 12cm x 12cm), individually wrapped and sterile.
- 1 large wound dressing (approx 18cm x 18cm). as above.
- 2 “low adherent” dressings, approx. 10cm x 10cm, as above.
- 2 “low adherent” dressings approx 5cm x 5cm. These have a perforated plastic surface which reduces the likelihood of it sticking to the clotting blood.
- 1 roll of hypoallergenic tape. This can be used to hold a dressing in place or fasten a bandage.
- 3 pairs of disposable gloves.
- 1 pair of scissors with rounded edges.
- 10 individually wrapped sterile wipes.

This list is the minimum required for a one class visit (approx 30 children), it is not mandatory, so equivalent or similar items can be used.

Defibrillator Maintenance Record

Defibrillator location: _____ Frequency of check: _____

Defibrillator make/model: _____ Serial number: _____

What to check

DEFIBRILLATOR

1. Your defibrillator will self-test regularly. Check for any **visible or audible warnings** on the device that something is wrong.
2. Your defibrillator should be in **standby-mode**.
3. Check that your device is **clean** and there is **no damage**.
4. Check the **battery indicator**.
5. Ensure **pads and batteries have not expired**. Reorder if necessary.

CABINET

1. Check for **damage**.
2. Check that the AED is **easily accessible** in an emergency (key holders? key pad codes?).

Ready for use?	Issues?	Date	Initials

Pads expiry date: / /

Reordered / / New expiry / /

Batteries expiry date: / /

Reordered / / New expiry / /

Re-order replacement pads and batteries from
www.thedefibpad.co.uk or call 0800 612 6304



TheDefibPad
defibrillators, accessories & advice