

# First-Aid Policy



**RIVERSIDE BRIDGE SCHOOL**  
**INSPIRE, EMPOWER, ACHIEVE**



Approved by: Ms Leila Amri  
Reviewed and evaluated: September 2025  
Ratified by Governors: September 2025  
Next Review date: September 2026

## 1. Introduction

Riverside Bridge School is committed to ensuring the health, safety and welfare of all pupils, staff, visitors, contractors and members of the community who access our premises or engage with our activities. As a special school supporting pupils with complex medical conditions, physical disabilities, learning difficulties and behavioural needs, this policy provides a robust and comprehensive framework for first-aid provision, medical emergency response and health-related procedures.

The purpose of this policy is to ensure a timely, safe and effective response in cases of injury, illness or medical emergency, both on and off site, including during community visits, hydrotherapy, and transport arrangements.

## 2. Legal Framework

This policy is written with regard to, and in compliance with:

- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Education (Independent School Standards / Premises) Regulations
- DfE Guidance: First Aid in Schools, Early Years and Further Education
- DfE Guidance: Supporting Pupils with Medical Conditions
- EYFS Statutory Framework (where applicable)
- Mental Health & Behaviour in Schools Guidance.

Although employers are only legally obliged to provide first-aid for employees, Riverside Bridge School extends full care provision to pupils, parents/carers, visitors and all individuals on-site or under our supervision.

## 2. Scope of this policy

This policy aims to:

- provide safe, adequate and effective first-aid provision at all times;
- support pupils with complex medical needs, including epilepsy, diabetes, allergies, tracheostomy care, and seizures;
- ensure staff are trained and competent to respond swiftly to health emergencies;
- establish clear procedures for summoning emergency services and notifying parents/carers;
- record, review and report incidents in compliance with legal requirements;
- promote a culture of safety, risk awareness and care.

## 3. Roles and responsibilities

The Governing Board:

- approves and annually reviews this policy;
- ensures sufficient funding, provision, and accountability;
- receives reports on accidents, RIDDOR events, and safety audits.

The Headteacher:

- implements this policy across all school operations
- ensures appropriate numbers of trained first aiders
- oversees medical planning for pupils with complex needs
- ensures the school liaises with LA, NHS, external professionals and emergency services

### The Health & Safety lead:

- conducts and regularly reviews the First Aid Needs Assessment, ensuring provision meets the complex needs of pupils, staffing structures, high-risk environments (e.g. swimming pool, DT, PE) and off-site activities;
- oversees the investigation and recording of accidents, incidents and near misses, ensuring accurate documentation and trend analysis are carried out;
- ensures compliance with RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations), submitting statutory reports to the HSE within required timeframes;
- liaises with external agencies, such as the Local Authority, HSE, and insurance/RPA providers where serious incidents or safety alerts occur;
- provides regular health and safety reports to SLT and Governors, including first aid audits, incident trends and any recommended corrective actions.

### The DSL:

- ensures that first aid practice, medical procedures and safeguarding standards are fully aligned, and that staff understand when an injury or health concern may indicate wider welfare issues;
- maintains oversight of the First Aid Training Matrix, ensuring that training is in place, up to date and proportionate to pupil needs — including paediatric first aid, epilepsy and rescue medication, anaphylaxis, mental health first aid and manual handling;
- provides strategic leadership to the Deputy DSL with responsibility for First Aid, ensuring that all operational first aid arrangements, record keeping, and kit maintenance meet safeguarding, health and safety, and governance expectations;
- works collaboratively with the Health & Safety Lead to monitor incident trends, assess potential safeguarding patterns (e.g. repeated injuries, unexplained marks, self-harm risks), and escalate where welfare concerns are present;
- oversees the inclusion of medical and first aid considerations in educational visits systems (e.g. EVOLVE) and ensures that Individual Healthcare Plans (IHPs) and emergency protocols are in place and communicated to staff;
- liaises with external agencies, including parents/carers, health professionals and safeguarding partners, when a medical incident triggers a welfare concern or multi-agency response.

### DDSL with responsibility for first aid:

- ensures first aid kits, medical rooms and emergency equipment (including PPE) are fully stocked, clearly labelled, and maintained to required standards;
- co-ordinates replenishment and auditing schedules, including expiry checks and risk-based kit placement across the school site, minibuses and off-site provision;
- supports staff with the practical implementation of Individual Healthcare Plans (IHPs) and emergency medical protocols (e.g. seizure plans, anaphylaxis response);
- assists in coordinating first aid cover for trips, residential, sports events and curriculum enrichment activities.
- reports any equipment failure, low supplies or medical concerns directly to the Health & Safety Lead and DSL.

### Certified First Aiders:

- provide immediate care following illness/injury;
- act within the scope of training;
- call 999 when required;
- make a record of all treatment and outcomes on Evolve platform.

### All Staff

- respond to emergencies by summoning help;
- support calm evacuation and safeguarding of pupils;

- call for first-aiders when required;
- report hazardous conditions or health concerns.

#### 4. First-aid needs assessment

While closely related, a First Aid Needs Assessment is distinct from a Risk Assessment.

A Risk Assessment identifies specific hazards and control measures in particular activities, environments or pupil situations (e.g. PE, swimming pool, trips). In contrast, a First Aid Needs Assessment determines the level of first aid provision required across the school, including the number and type of trained staff, first aid equipment, kit locations, access to defibrillators, and emergency procedures.

At Riverside Bridge School, the First Aid Needs Assessment is informed by the outcomes of wider risk assessments, pupils' medical profiles and incident data, ensuring first aid provision is proportionate to the complex needs and risks present in the school.

The first-aid needs assessment considers:

- size, layout and accessibility of the site;
- complex profiles of pupils (medical equipment, mobility, behaviour risk);
- higher-risk areas (swimming pool, DT, PE, community settings);
- number and distribution of staff/pupils;
- incident trends and previous accident history;
- off-site activities, transport and residential trips.

This assessment informs the number, qualification level and deployment of first-aid personnel, first-aid equipment, and emergency provision.

#### Types of First-Aid Staff

Role	Typical Qualification	Responsibilities
First Aider at Work (FAW)	3-day HSE course	Major injuries, cardiac events, AED
Emergency First Aider (EFAW)	1-day course	Minor injuries, illness
Paediatric First Aider (PFA)	2-day EYFS course	Infants and EYFS pupils
Advanced Medical Trained Staff	Specialist training	Epilepsy, suction, PEG feeding
Mental Health First Aider (MHFA)	Certified	Emotional/mental crisis support

#### 5. First-aid equipment & medical facilities

##### First-Aid Kits:

- are located at key points in first-aid rooms and mini-buses;
- are taken on any off-site activities and emergency evacuation;
- contain essential supplies and spare medication (as per protocols);
- are stock checked termly and after use;
- contents reflect special school risks (burn dressings, instant ice, eyewash).

##### Medical/First-Aid Rooms include

- sink, washable surfaces, first-aid couch/bed;
- PPE and clinical waste disposal;
- refrigerator for medication if required.

#### 6. Emergency first-aid procedures

## **Immediate Response**

- Assess danger – ensure scene is safe
- Call for a trained first aider
- Reassure and supervise casualty
- Administer first aid within competence if possible in the medical room
- Decide: Call 999 / call parents/carers / continue monitoring
- Record treatment and report on Evolve platform

## **When to Call 999**

- Unconsciousness or unresponsive state
- Seizure lasting > 5 minutes or cluster activity
- Suspected spinal or neck injury
- Severe bleeding
- Breathing difficulties or choking
- Anaphylaxis (EpiPen administered)
- Serious head injury or loss of vision
- Mental health crisis with risk of self-harm

## **7. Specific medical emergencies**

### **7.1 Seizures and epilepsy**

Pupils with epilepsy will have an Individual Healthcare Plan (IHP) specifying typical seizure type, duration, rescue medication, and when to call emergency services.

During a seizure:

- stay calm and protect the pupil from harm (clear area, cushion head);
- do NOT restrain or put anything in their mouth;
- time the seizure using a timer;
- if seizure lasts longer than stated in the IHP (usually 5 minutes) or patterns cluster – administer emergency rescue medication if trained;
- call 999 if:
  - breathing becomes impaired;
  - injury occurs during seizure;
  - seizure continues beyond medication time or is atypical.

All seizures must be recorded, and parents/carers informed same day.

### **7.2 Anaphylaxis and severe allergic reactions**

- Pupils at risk must have EpiPens/auto-injectors accessible at all times.
- Staff will follow the pupil's Allergy Action Plan.
- Signs of anaphylaxis:
  - swelling (face, lips, tongue);
  - breathing difficulty or wheezing;
  - rash or collapse;
- Administer adrenaline auto-injector immediately if symptoms severe.
- Call 999 immediately after administration.
- A second dose may be required after 5 minutes if no improvement.
- Always inform parents and complete incident record.

### **7.3 Diabetes**

Pupils with type 1 diabetes have an IHP.

Hypoglycaemia (low sugar) indicators include sweating, pallor, confusion, collapse. Immediate glucose treatment (tablets/gel/juice) should be given.

Hyperglycaemia (high sugar) indicators include excessive thirst, vomiting, drowsiness. Seek medical advice and monitor closely. Call 999 if unconscious, vomiting or deteriorating.

#### **7.4 Asthma or breathing difficulty**

- Inhalers must be available and clearly labelled.
- Assistance as per IHP:
  - sit pupil upright
  - administer inhaler via spacer
  - call 999 if:
    - no improvement after 10 puffs;
    - distress increases;
    - lips turn blue or child collapses.

#### **7.5 Complex needs (e.g. tracheostomy, tube feeding)**

- Only specifically trained and signed-off staff may perform suction, feeding or ventilator support.
- If tube dislodges or airway compromised – CALL 999 immediately.
- Parents/carers must be notified urgently.

#### **8. Infection control and hygiene**

- Gloves, aprons and PPE must be worn if contact with bodily fluids.
- Blood spill kits located in hygiene and first aid rooms.
- Dispose of waste using clinical waste bins.
- Staff must adhere to COSHH regulations.
- COVID-19 and communicable disease procedures will be followed based on current government guidance.

#### **9. Mental health first aid and emotional crisis**

- Mental health first aid does not replace clinical intervention.
- Trained Mental Health First Aiders (MHFA) respond to:
  - panic attacks;
  - emotional distress;
  - self-harm disclosure.

Key steps

- Stay with the pupil/staff member.
- Move to safe, quiet space.
- Do not leave them unsupervised.
- Inform DSL if safeguarding concern.
- Call 999 if at immediate risk.

#### **10. Recording, reporting and RIDDOR compliance**

##### **Recording All Incidents**

All first aid incidents involving pupils, staff, visitors or contractors must be formally logged on the school's approved system on the same day, Evolve. Each report must include:

- name of person injured/ill
- date, time and location
- description of injury/incident
- treatment given and by whom
- outcome (hospital/home/returned to class)
- parent notification (time/details)

Parents/carers must be notified on the day via Evolve.

### **RIDDOR Reporting**

The DDSL in charge of First Aid will report 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) to the School Business Leader, who has overall responsibility for Health and Safety within the school. The School Business Leader will then notify the Trust and complete the RIDDOR form, as soon as is reasonably practicable and in any event within 10 days of the incident - except where indicated below:

- fatal and major injuries/dangerous occurrences must be reported to the HSE without delay (normally by telephone) and followed up in writing within 10 days;
- over-7-day absence: if an employee is away from work, or unable to perform their normal duties, for more than 7 consecutive working days because of a work-related accident, the HSE must be notified within 15 days of the accident;
- occupational diseases: these must be reported as soon as the school receives a written diagnosis from a doctor confirming the condition;
- where no first aid is administered/requested at the time of an incident or the DDSL is not informed immediately: any staff member who becomes aware of an incident that may be RIDDOR-reportable must ensure the School Business Leader is notified without delay, even if no first aid was required at the time. The responsibility to escalate concerns sits with all staff, not solely with the DDSL as the requirement to report is based on the nature and outcome of the injury, not whether first aid was administered. If the GP confirms a specified injury (e.g. fracture) or if the employee is unable to carry out their normal work for more than 7 consecutive working days, this will need to be reported to the HSE.

Records must be retained for at least 3 years.

## **12. Monitoring and Health & Safety audit**

The Health & Safety Lead will:

- review incident data termly;
- identify trends and risk;
- report serious concerns to the Headteacher and Governing Body;
- review policy after major incident or annual cycle.

Spot checks will be carried out on:

- first-aid kits and expiry;
- emergency procedure signage;
- staff training compliance.

Training	Renewal
FAW	Every 3 years
PFA (Paediatric)	Every 3 years
Epilepsy Rescue Medication	Yearly

Training	Renewal
EpiPen/Anaphylaxis	Yearly
Midazolam/Buccal	As per prescription
MHFA	Every 3 years
Infection Control	Every 2 years

### 13. Linked policies

This policy should be read in conjunction with:

- Supporting Pupils with Medical Conditions
- Health & Safety Policy
- Safeguarding and Child Protection Policy
- Intimate Care Policy
- Educational Visits Policy
- Relationship & behaviour Policy

## Appendix A – List of First Aiders

Staff Name	Qualification	Start date	End date	Renewal
Joshua Emmanuel	Paediatric First Aid	12.11.20	11.11.23	Nov-23
Laura Brett	Paediatric First Aid	5.3.22	5.3.25	Mar-25
Zoha Tanveer	Paediatric First Aid	26.10.22	21.10.25	Oct-25
Selena Hoque	Paediatric First Aid	26.10.22	21.10.25	Oct-25
Ray Flowers	Paediatric First Aid	26.10.22	21.10.25	Oct-25
Katie Kojnozi	Paediatric First Aid	26.10.22	21.10.25	Oct-25
Heather Clark	Paediatric First Aid	23.11.22	22.11.25	Nov-25
Ionela Camber	Paediatric First Aid	16.12.22	15.12.25	Dec-25
Elliot Stubbles	Paediatric First Aid	16.3.23	15.3.26	Mar-26
Leonel Carvalho	Paediatric First Aid	14.7.23	13.7.26	Jul-26
Katie Knight	Paediatric First Aid	14.7.23	13.7.26	Jul-26
Rebecca Dalton	Paediatric First Aid	21.9.23	20.9.26	Sep-26
Roy Sharrier	Paediatric First Aid	8.9.23	7.9.26	Sep-26
Margarita Raustiene	Paediatric First Aid	8.9.23	7.9.26	Sep-26
Salma Sharif	Paediatric First Aid	9.8.23	9.7.26	Sep-26
Deborah Martin	Paediatric First Aid	8.9.23	7.9.26	Sep-26
Donna Price	Paediatric First Aid	8.9.23	7.9.26	Sep-26
Elissa Ayaz	Paediatric First Aid	8.9.23	7.9.26	Sep-26
Claire Barros	Paediatric First Aid	8.9.23	7.9.26	Sep-26
Asma Yassar	Paediatric First Aid	8.9.23	7.9.26	Sep-26
Syma Khanom	Paediatric First Aid	5.3.24	5.3.27	Mar-27
Dawn Shirt	Paediatric First Aid	5.3.24	5.3.27	May-27
Tahmina Bibi	Paediatric First Aid	10.5.24	10.5.27	May-27
Tia Durrant	Paediatric First Aid	10.5.24	10.5.27	May-27
Anca Obreja	Paediatric First Aid	10.5.24	10.5.27	May-27
Josephine Bangura	Paediatric First Aid	17.2.25	18.2.28	Feb-28
Georgina Wiseman	Paediatric First Aid	17.2.25	18.2.28	Feb-28
Sandy Fetahu	Paediatric First Aid	17.2.25	18.2.28	Feb-28
Selicah Brown	Paediatric First Aid	17.2.25	18.2.28	Feb-28
Ayesha Gracey	Paediatric First Aid	17.2.25	18.2.28	Feb-28
Sheldon Stewart	Paediatric First Aid	17.2.25	18.2.28	Feb-28
Nikki Soni	Paediatric First Aid	17.2.25	18.2.28	Feb-28
Isabelle Bostock	Paediatric First Aid	17.2.25	18.2.28	Feb-28
Mica Benjamin	Paediatric First Aid	17.2.25	18.2.28	Feb-28
Brooke Fenton-Soman	Paediatric First Aid	17.2.25	18.2.28	Feb-28
George Kallios	Paediatric First Aid	3.6.25	4.6.25	Jun-28
Waleeja Tariq	Paediatric First Aid	3.6.25	4.6.25	Jun-28
Wendy Silk	Paediatric First Aid	3.6.25	4.6.25	Jun-28
Saira Yousaf	Paediatric First Aid	3.6.25	4.6.25	Jun-28
Natalie Newton	Paediatric First Aid	3.6.25	4.6.25	Jun-28
Osei Yeboah	Paediatric First Aid	3.6.25	4.6.25	Jun-28
Aileen Porter	Paediatric First Aid	3.6.25	4.6.25	Jun-28
Yasmin Asghar	Paediatric First Aid	3.6.25	4.6.25	Jun-28
Armina Islam	Paediatric First Aid	3.6.25	4.6.25	Jun-28

Godfrey Terera	Paediatric First Aid	3.6.25	4.6.25	Jun-28
Timothy Tilbury	Paediatric First Aid	3.6.25	4.6.25	Jun-28
Amarjit Sahotay	Paediatric First Aid	4.5.22	4.5.25	Jun-28

To be displayed in key areas of the school.

## Appendix B – Basic First-Aid Kit Checklist

- Sterile dressings
- Bandages
- Triangular bandages
- Eye pads
- Plasters
- Sterile wipes
- Gloves
- CPR face shield
- **No medication included**