First Aid Policy

Document Control

Confidentiality Notice

This document and the information contained therein is the property of Fable House. This document contains information that is privileged, confidential or otherwise protected from disclosure. It must not be used by, or its contents reproduced or otherwise copied or disclosed without the prior consent in writing from Fable House.

Document Details

Organisation:	Fable House
Current Version Number:	4
Current Document Approved By:	S King
Date Approved:	08/01/2026
Next Review Date:	08/01/2027

Document Revision and Approval History

Version	Date	Version Created By:	Version Approved By:	Comments
1.00		Jessica Fox	S King	
2.00	30/06/2025	Jessica Fox	S King	Update to titles with inclusion of Medical Needs Lead (Ruth Gatenby) update to First Aiders list
3.00	14/10/2025	Jessica Fox	S King	Update regarding emergency procedures and disposal of bodily fluids
4.00	08/01/2025	Jessica Fox	S King	Update to first aider list

Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

Legislation and guidance

This policy is based on advice from the Department for Education on first aid in schools and health and safety in schools, and guidance from the Health and Safety Executive (HSE) on incident reporting in schools, and the following legislation:

- 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

Roles and responsibilities

Appointed person(s) and first aiders

The school's appointed People are Jessica Fox , Craig Holdsworth and Ruth Gatenby They are responsible for:

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

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

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary

- Filling in an accident report on the same day as, or as soon as is reasonably practicable after, an incident.
- Keeping their contact details up to date

Our schools appointed people and First Aiders are listed in appendix 1. Their names will also be displayed prominently around the site.

The CEO

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

- Ensuring that an appropriate number of first aiders are present in the Provision at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

Staff

Fable House staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the First Aiders and Appointed Staff in Fable House are
- Completing accident reports for all incidents they attend to where a First Aider or Appointed person is not called
- Informing the CEO or their manager of any specific health conditions or first aid needs

First aid procedures

In- Provision procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment.
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives.
- The first aider will also decide whether the injured person should be moved or placed in a recovery position.
- If the first aider judges that a student is too unwell to remain at Fable house, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents.
- If emergency services are called, A Business support officer or one of the appointed people will contact parents immediately.
- The First Aider / Relevant staff member will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

Off-site procedures

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

- A mobile phone
- A portable first aid kit including, at minimum:
  - 6 individually wrapped sterile adhesive dressings
  - 1 large sterile unmedicated dressing
  - 2 triangular bandages – individually wrapped and preferably sterile
  - 2 safety pins
  - Iindividually wrapped moist cleansing wipes
  - 2 pairs of disposable gloves
    - Information about the specific medical needs of pupils
    - Parents' contact details

Risk assessments will be completed by the Health and safety lead prior to any educational visit that necessitates taking Students off premises.

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

It is the responsibility of the appointed or qualified First Aider on scene to assess the situation and determine the appropriate level of response based on the casualty's condition.

The First Aider must make a prompt and informed decision about whether to:

Administer first aid on site,

Seek further medical advice (e.g. NHS 111 or GP), or

Call an ambulance (999) if there is any indication of a serious or life-threatening condition.

If the First Aider is uncertain or alone, they should err on the side of caution and call for an ambulance immediately. No member of staff will be criticised for making this decision in good faith.

General Guidance

An ambulance must be called immediately (by dialling 999) if a casualty is:

- Unresponsive, unconscious, or not breathing normally
- Experiencing chest pain or signs of a heart attack
- Showing signs of stroke (sudden facial drooping, arm weakness, speech difficulty)
- Having a seizure that lasts longer than five minutes, or repeated seizures without recovery
- Struggling to breathe, choking, or having a severe asthma attack
- Heavily bleeding and the bleeding cannot be controlled
- Suffering a serious burn or scald, particularly to the face, hands, feet, or genitals
- Suspected of having a spinal or head injury
- Showing signs of a severe allergic reaction (anaphylaxis) — e.g. swelling of lips or throat, difficulty breathing, or collapse
- Suspected to have ingested or been exposed to toxic substances, drugs, or chemicals
- In severe pain or distress where immediate medical attention is required

First aid equipment

A typical first aid kit in our Provision will include the following:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room
- Main Office
- Down stairs Foyer
- Art Room
- Kitchen
- Garden exit
- Health and Beauty Room
- Staff vehicles

Record-keeping and reporting

First aid and accident record System

- An accident form will be completed by the First Aider or Relevant Member of staff on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form.
- For accidents involving Students, a copy of the accident report form will also be added to the Students Record
- Records Stored In CPOMS and will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

Reporting to the HSE

The Health and Safety Lead will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Health and Safety Lead will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e.by telephone) and followed up in writing within 10 days.

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 Administrator will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
  - Carpal tunnel syndrome
  - Severe cramp of the hand or forearm
  - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
  - Hand-arm vibration syndrome
  - Occupational asthma, e.g from wood dust
  - Tendonitis or tenosynovitis of the hand or forearm
  - Any occupational cancer
  - Any disease attributed to an occupational exposure to a biological agent

Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to 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 where the person is taken directly from the scene of the accident to hospital for treatment

*An accident "arises out of" or is "connected with a work activity" if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here:

How to make a RIDDOR report, HSE
http://www.hse.gov.uk/riddor/report.htm

Procedure for Cleaning Up Bodily Fluids

Where bodily fluids (such as blood, vomit, urine, or faeces) are present, the following procedure must be followed to ensure safe, hygienic, and effective cleaning and disinfection of the affected area.

- Staff are not expected to deal with bodily fluid spills unless they feel confident and it is safe to do so.
- If you are unable to leave the situation or require support, call for PC assistance over the walkie-talkie.
- Assistance must be sought immediately if the spill is extensive, in a public area, or if there is any risk of exposure.

Required Equipment

- Bodily fluid spill kit
- Disposable gloves and apron
- Paper towels or absorbent granules (from the spill kit)
- Designated red bucket and mop
- Milton sterilising fluid (or equivalent chlorine-based disinfectant)
- Clinical waste bags or double waste bags
- Access to handwashing facilities with soap and warm water

Procedure

Personal Protection

- Put on disposable gloves and an apron before beginning the clean-up.
- Use eye protection or a face shield if there is a risk of splashing.

Restrict Access

- Ensure the affected area is cordoned off or access is restricted until cleaning is complete.

Contain and Absorb

- Cover the spill with absorbent granules or paper towels from the spill kit.
- Allow sufficient time for the material to absorb the fluid.

Remove Contaminated Material

- Using a disposable scraper or scoop, carefully collect and dispose of all contaminated material into a clinical waste bag.
- Double bag the waste if clinical waste bags are not available.

Clean and Disinfect

- Prepare a disinfectant solution using Milton sterilising fluid, diluted according to the manufacturer's instructions.
- Clean the area thoroughly using the red bucket and mop reserved for bodily fluid spills.

Disinfect Equipment

- After cleaning, rinse the mop and bucket with clean water, then soak them in Milton solution for at least 15 minutes.
- Allow to air dry before storing.

Waste Disposal and Hand Hygiene

- Remove gloves and apron carefully and dispose of them in the waste bag.
- Seal and dispose of waste in the yellow clinical waste bags , the site manager or health and safety lead should then be made aware that there is clinical waste awaiting collection and disposal.
- Wash hands thoroughly with soap and warm water after completion.

Incident Reporting

- Record details of the spill and clean-up in the incident report log under first aid in CPOMS, including date, time, location, type of fluid, and name of staff member responsible for the clean-up.
- Report any exposure incidents immediately to the health and safety lead .

First Aid Exposure Procedure

If a staff member or another individual is accidentally exposed to bodily fluids (e.g., through a cut, splash to eyes or mouth, or contact with broken skin), the following steps must be taken immediately.

Immediate Action

- Stop what you are doing and ensure you are safe from further exposure.

- Wash the affected area immediately with warm running water and soap.
- Do not scrub the area or use harsh chemicals.
- If exposure involves the eyes or mouth, rinse thoroughly with clean running water or saline solution for several minutes.
- If there is a cut or puncture wound, encourage it to bleed gently under running water (do not suck the wound).
- Remove any contaminated clothing or PPE carefully and place it in a clinical waste bag or double bag.

Report and Record

- Report the incident immediately to the Health and Safety Lead .
- Record details of the exposure in the Incident Report Log or Accident Book, including:
  - Date, time, and location
  - Nature of exposure
  - Individuals involved
  - Actions taken

Seek Medical Advice

- Contact a First Aider or Occupational Health for immediate guidance.
- If there has been contact with blood or potentially infectious material, seek medical assessment as soon as possible (e.g., GP, Accident & Emergency, or Occupational Health).
- Follow all medical or occupational health advice, including any required vaccinations, tests, or follow-up appointments.

Follow-Up

- The manager or designated person must ensure the exposure is reviewed and that appropriate control measures are in place to prevent recurrence.
- Staff involved should be offered support and confidential advice as needed.

Key Points

- Staff safety and infection control must take priority at all times.
- Always use the designated red mop and bucket for bodily fluid spills only.
- Never mix cleaning chemicals.
- Use tongs or a scraper to remove any sharp or broken items—never handle by hand.
- Always report and document any exposure, however minor.
- Staff should not be penalised for seeking assistance or declining to clean up a spill if they feel unsafe.

contaminated items must be:

Placed immediately into a yellow clinical waste bag (or biohazard bag from the spill kit).

Double bagged if clinical waste bags are unavailable.

Clearly labelled and kept separate from general waste.

4.7.3 Seal and dispose of the waste in the yellow clinical waste bags. The Site Manager or Health and Safety Lead must then be made aware that there is clinical waste awaiting collection and disposal.

4.7.4 Waste must be stored securely in a designated area until collection by an authorised waste contractor or disposed of in accordance with the organisation's clinical waste disposal arrangements.

4.7.5 Under no circumstances should contaminated waste be placed in normal bins or recycling containers, or flushed down toilets or drains.

4.7.6 Disposal must comply with:

Health and Safety Executive (HSE) guidance on infection control;

NHS Clinical Waste Management Code of Practice; and

Environmental Protection (Duty of Care) Regulations 1991.

Training

All staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The provision will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 2).

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

Monitoring arrangements

This policy will be reviewed by the Health and Safety Lead every year .

Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Risk assessment policy

- Medical Needs policy

Appendix 1:

Name	Certificate Expiry Date	Qualification title
Jessica Fox	06/08/2028	3 Day First Aid adult and pediatric
Ruth Gatenby	06/08/2028	3 Day First Aid adult and pediatric
Craig Holdsworth	06/08/2028	3 Day First Aid adult and pediatric
Ben Fox	06/01/2029	Level 3 Emergency First Aid
Christopher Chambers	06/01/2029	Level 3 Emergency First Aid
Claire Thorpe	06/01/2029	Level 3 Emergency First Aid
David Kaye	06/01/2029	Level 3 Emergency First Aid
Deborah Kennedy	06/01/2029	Level 3 Emergency First Aid
Deborah Robinson	06/01/2029	Level 3 Emergency First Aid
Elizabeth Leeson	06/01/2029	Level 3 Emergency First Aid
Grace Evans	06/01/2029	Level 3 Emergency First Aid
Hope Evans	06/01/2029	Level 3 Emergency First Aid
Jimmy David	06/01/2029	Level 3 Emergency First Aid
Jo-Anne Coxall	06/01/2029	Level 3 Emergency First Aid
Jodie Brearley	06/01/2029	Level 3 Emergency First Aid
Katie Taylor	06/01/2029	Level 3 Emergency First Aid
Laura Betts	06/01/2029	Level 3 Emergency First Aid
Elizabeth Latham	06/01/2029	Level 3 Emergency First Aid
Matthew Whittles	06/01/2029	Level 3 Emergency First Aid
Nicky McDermott	06/01/2029	Level 3 Emergency First Aid
Poppy Askan	06/01/2029	Level 3 Emergency First Aid
Sacha Gayle	06/01/2029	Level 3 Emergency First Aid
Safa Khan	06/01/2029	Level 3 Emergency First Aid
Saloria Simpson	06/01/2029	Level 3 Emergency First Aid
Samantha Broadbent	06/01/2029	Level 3 Emergency First Aid
Sonia King	06/01/2029	Level 3 Emergency First Aid
Victoria Wilson	06/01/2029	Level 3 Emergency First Aid

Appendix 2: First aid training log

Name	Course Date	Certificate Expiry Date	Qualification title
Jessica Fox	06/08/2025	06/08/2028	3 Day First Aid adult and pediatric
Ruth Gatenby	06/08/2025	06/08/2028	3 Day First Aid adult and

			pediatric
Craig Holdsworth	06/08/2025	06/08/2028	3 Day First Aid adult and pediatric
Ben Fox	06/01/2026	06/01/2029	Level 3 Emergency First Aid
Christopher Chambers	06/01/2026	06/01/2029	Level 3 Emergency First Aid
Claire Thorpe	06/01/2026	06/01/2029	Level 3 Emergency First Aid
David Kaye	06/01/2026	06/01/2029	Level 3 Emergency First Aid
Deborah Kennedy	06/01/2026	06/01/2029	Level 3 Emergency First Aid
Deborah Robinson	06/01/2026	06/01/2029	Level 3 Emergency First Aid
Elizabeth Leeson	06/01/2026	06/01/2029	Level 3 Emergency First Aid
Grace Evans	06/01/2026	06/01/2029	Level 3 Emergency First Aid
Hope Evans	06/01/2026	06/01/2029	Level 3 Emergency First Aid
Jimmy David	06/01/2026	06/01/2029	Level 3 Emergency First Aid
Jo-Anne Coxall	06/01/2026	06/01/2029	Level 3 Emergency First Aid
Jodie Brearley	06/01/2026	06/01/2029	Level 3 Emergency First Aid
Katie Taylor	06/01/2026	06/01/2029	Level 3 Emergency First Aid
Laura Betts	06/01/2026	06/01/2029	Level 3 Emergency First Aid
Elizabeth Latham	06/01/2026	06/01/2029	Level 3 Emergency First Aid
Matthew Whittles	06/01/2026	06/01/2029	Level 3 Emergency First Aid
Nicky McDermott	06/01/2026	06/01/2029	Level 3 Emergency First Aid
Poppy Askan	06/01/2026	06/01/2029	Level 3 Emergency First Aid
Sacha Gayle	06/01/2026	06/01/2029	Level 3 Emergency First Aid
Safa Khan	06/01/2026	06/01/2029	Level 3 Emergency First Aid
Saloria Simpson	06/01/2026	06/01/2029	Level 3 Emergency First Aid
Samantha Broadbent	06/01/2026	06/01/2029	Level 3 Emergency First Aid
Sonia King	06/01/2026	06/01/2029	Level 3 Emergency First Aid
Victoria Wilson	06/01/2026	06/01/2029	Level 3 Emergency First Aid