

First Aid Policy

Title	First Aid Policy
Author/Owner	Trust Estates Manager
Status	Final - Approved
Ratified Date	June 2025
Ratified by	Audit and Risk Committee
Staff Consultation Date	9 June 2025 (via SafeSmart)
Review Cycle	Annual
Review Date	June 2026
Security Classification	OFFICIAL

Contents

1. AIMS.....	4
2. SCOPE AND APPLICATION.....	4
3. REGULATORY FRAMEWORK	4
4. PUBLICATION AND AVAILABILITY	5
5. DEFINITIONS	6
6. RESPONSIBILITY STATEMENT AND ALLOCATION OF TASKS	7
7. FIRST AID PROVISION AT CHS	8
8. OFF-SITE ACTIVITIES AND EDUCATIONAL VISITS	8
9. RISK ASSESSMENT.....	8
10. FIRST AID BOXES	9
CHS MINIBUS	9
OFF-SITE ACTIVITIES.....	9
11. SHARING INFORMATION ON PUPILS	10
12. PROCEDURES FOR PUPILS WITH MEDICAL CONDITIONS SUCH AS SEVERE ALLERGIES, ASTHMA, EPILEPSY, DIABETES ETC	10
ASTHMA	10
ANAPHYLAXIS	11
13. PROCEDURE IN THE EVENT OF ILLNESS	11
14. PROCEDURE IN THE EVENT OF AN ACCIDENT OR INJURY	11
AMBULANCES	11
15. MEDICINES ADMINISTRATION	12
16. HYGIENE AND INFECTION CONTROL	12
17. MENTAL HEALTH.....	13
18. ACCESS TO EXTERNAL MEDICAL SERVICES	13
19. FIRST AID IN THE PE DEPARTMENT.....	13
LOCATION OF FIRST AID EQUIPMENT.....	13
20. REPORTING	14
REPORTING TO PARENTS	14
REPORTING TO HSE	14
<i>Accidents involving Pupils or Visitors.....</i>	15
<i>Reporting to Others</i>	15
21. AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS).....	15
22. STAFF TRAINING.....	15
23. EDUCATION.....	16

24. RECORD KEEPING16

CHS ACCIDENT BOOK16

ACCIDENT REPORT FORM.....16

ACCIDENT TO STAFF CAUSING PERSONAL INJURY16

1. Aims

This is the First Aid Policy for pupils of Chase High School (CHS).

The aims of this Policy are as follows:

- to provide a whole-School culture of openness, safety, equality and protection;
- to ensure that CHS has adequate, safe and effective First Aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury;
- to ensure that all members of staff and pupils are aware of the procedures in the event of any illness, accident or injury.

2. Scope and Application

This Policy applies to the whole of CHS (including the Sixth Form).

This Policy applies at all times when the pupil is in or under the care of CHS, that is:

- in or at School;
- on School-organised trips;
- at a CHS sporting event.

This Policy shall also apply to pupils at all times and places in circumstances where failing to apply this Policy may:

- affect the health, safety or wellbeing of a member of the CHS community or a member of the public; or
- have repercussions for the orderly running of CHS.

Nothing in this Policy should prevent any person from contacting the emergency services in the event of a medical emergency. For the avoidance of doubt, members of staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this Policy and make clear arrangements for liaison with ambulance services.

3. Regulatory Framework

This Policy has been prepared to meet CHS's responsibilities under:

- Education (Independent School Standards) Regulations 2014;
- Education and Skills Act 2008;
- Children Act 1989;
- Education Act 2002;
- Childcare Act 2006;
- Equality Act 2010;
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013;
- Data Protection Act 2018 and UK General Data Protection Regulation (UK GDPR);
- Health and Safety at Work etc. Act 1974;

- **Health and Safety (First-Aid) Regulations 1981.**

This Policy has regard to the following guidance and advice:

- **Automated external defibrillators (AEDs): a guide for schools** (DfE, January 2023);
- **Guidance on the use of emergency salbutamol inhalers in schools** (Department of Health, March 2015);
- **Guidance on the use of adrenaline auto-injectors in schools** (National Health Service, November 2019);
- **First aid in schools, early years and further education** (DfE, February 2022);
- **Incident reporting in schools (accidents, diseases and dangerous occurrences): guidance for employers** (Health and Safety Executive (HSE) EDIS1 (revision 3), October 2013);
- **First aid at work: the Health and Safety (First-Aid) Regulations 1981 guidance on Regulations (2013)** (Health and Safety Executive (HSE) 2013);
- **Mental health and behaviour in schools** (DfE, November 2018);
- **Promoting and supporting mental health and wellbeing in schools and colleges** (DfE, November 2022);
- **Workplace first aid kits. Specification for the contents of workplace first aid kits, BS 8599-1:2019;**
- **Relationships education, relationships and sex education and health education** (DfE, September 2021).

The following CHS and Discovery Educational Trust (DET) policies, procedures and resource materials are relevant to this Policy:

- DET Safeguarding and Child Protection Policy;
- DET Health & Safety Policy;
- DET Supporting Pupils with Medical Conditions Policy;
- DET Risk Assessment for Pupil Welfare Policy;
- DET Children with Health Needs Who Cannot Attend School Policy;
- DET Educational Visits Policy;
- CHS Behaviour Policy;
- CHS Minibus Policy.

4. Publication and Availability

This Policy is available in hard copy on request.

- A copy of the Policy is available for inspection from the CHS Main Reception during the School day.

This Policy can be made available in large print or other accessible format, if required.

5. Definitions

Where the following words or phrases are used in this Policy:

- References to DET are references to Discovery Educational Trust.
- References to **Appointed Persons** mean members of staff, who are not qualified First Aiders, but who are responsible for looking after the First Aid equipment and facilities and calling the emergency services, if required.
- References to **EFAW** mean Emergency First Aid at Work.
- References to **First Aid** mean the treatment of minor injuries, which do not need treatment by a medical practitioner or nurse, as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. For the avoidance of doubt, First Aid does not include giving any tablets or medicines, the only exception being giving aspirin in accordance with accepted First Aid practice to treat a suspected heart attack.
- References to **FAW** mean First Aid at Work.
- References to **First Aiders** mean the members of staff, who have completed an approved First Aid course and hold a valid certificate of competence in FAW or EFAW or an approved alternative qualification, which has been identified in place of FAW or EFAW, which meets the requirements of the First Aid Guidance.
- References to **First Aid Guidance** are to the guidance identified in Section 3 above.
- References to **First Aid Personnel** mean First Aiders or Appointed Persons or both.
- References to **Parent** or **Parents** mean the natural or adoptive parents of the pupil (irrespective of whether they are or have ever been married, with whom the pupil lives, or whether they have contact with the pupil) as well as any person, who is not the natural or adoptive parent of the pupil, but who has care of, or parental responsibility for, the pupil (e.g. foster carer / legal guardian).
- References to **RIDDOR** are to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471).
- References to **Staff** mean any person employed by DET or CHS, volunteers at CHS and self-employed people working on CHS premises.
- References to **School days** mean Monday to Friday, when CHS is open to pupils during term time. The dates of terms are published on the CHS website.
- The Main Reception Office is used for the provision of medical treatment, including First Aid, when required and contains essential First Aid facilities and equipment. Although CHS does not reserve this room exclusively for giving medical treatment, there is ample space and privacy (if required) to administer First Aid. This is located behind CHS Main Reception. This is used for the provision of medical treatment, including First Aid, when required.

6. Responsibility Statement and Allocation of Tasks

DET has overall responsibility for all matters which are the subject of this Policy.

To ensure the efficient discharge of its responsibilities under this Policy, DET has allocated the following tasks:

Task	Allocated to	When/frequency of review
Keeping the policy up to date and compliant with the law and best practice	Trust Estates Manager (TEM)/Director of Operations	As a minimum annually, ideally termly, and as required
Monitoring the implementation of the Policy, relevant risk assessments and any action taken in response, and evaluating effectiveness	Deputy Headteacher (DHT): Behaviour and Attitudes/TEM	As a minimum annually, ideally termly, and as required
Seeking input from interested groups (such as pupils, staff, Parents) to consider improvements to CHS' processes under the Policy	Deputy Headteacher (DHT): Behaviour and Attitudes/SBM	As a minimum annually, ideally termly, and as required
Formal annual review	DET Trust Board (TB) via Audit and Risk Committee (ARC)	Annually
Overall responsibility for content and implementation	DET TB	As a minimum annually

The Headteacher (HT) has formal oversight of the administration of First Aid at CHS, including:

- ensuring that there is adequate First Aid equipment, facilities and First Aid Personnel available to CHS, and on site at all times;
- ensuring that members of staff have the appropriate and necessary First Aid training, as required, and that they have appropriate understanding, confidence and expertise in relation to First Aid;
- ensuring that the medical information and consent forms and up-to-date medical information for each pupil is collated, and that the forms and information are accessible to staff as necessary;
- monitoring and carrying out regular reviews of CHS' systems and management of First Aid and medical welfare, including any trends in accidents, injuries and illnesses at CHS, in order to identify whether a change in welfare practice is needed to ensure that CHS' First Aid provision is appropriate.

The HT may delegate duties as appropriate to the Medical Officer and other members of staff, who have received training in accordance with this Policy.

7. First Aid Provision at CHS

There will be, at least, one First Aider onsite at CHS when children are present.

An up-to-date list of First Aiders is detailed below:

Mrs. Karen Breen-Chapman	FAW	Learning Support Assistant (LSA)
Mr. Oliver Deboick	FAW	LSA
Mrs. Casey Turner	FAW	Attendance Officer

Note: PE and other members of staff have also completed Emergency First Aid at Work (EFAW) training to support trips and their own departments.

The main duties of First Aiders are to give immediate First Aid to pupils, members of staff or visitors when needed, and to ensure that an ambulance or other professional medical help is called, when necessary. First Aiders are to ensure that their First Aid certificates are kept up-to-date through liaison with the School Office Manager on behalf of the HT.

First Aiders will undergo updated training, at least, every three years to maintain their qualification.

All members of staff should read and be aware of this Policy, know who to contact in the event of any illness, accident or injury, and ensure that this Policy is followed in relation to the administration of First Aid. All members of staff will use their best endeavours, at all times, to secure the wellbeing and welfare of pupils.

8. Off-site Activities and Educational Visits

Before undertaking any off-site activities or educational visits, the CHS Educational Visits Coordinator (EVC) will assess what level of first aid provision is needed and identify any additional items that may be necessary for specialised activity.

Note that, in accordance with the DET Educational Visits Policy, at least, one Visit Leader/accompanying adult must be first aid trained, such that every educational trip has, at least, one person, who is first aid trained, in attendance.

9. Risk Assessment

The HT has overall responsibility for ensuring that CHS' first aid needs are adequately risk-assessed, and for ensuring that the relevant findings are implemented, monitored and evaluated.

Day-to-day responsibility to carry out risk assessments will be delegated to the Medical Officer, who has been properly trained in, and tasked with, carrying out the particular assessments required.

Factors, which may be considered in assessments may include:

- required first aid provision for members of staff, pupils and others;

- any specific first aid, medical or health needs that may affect the CHS community or its members, e.g. those with specific medical conditions or known allergies;
- the hazards and risks associated with CHS' operations and activities;
- any changes to CHS' activities or operations;
- any relevant history of accidents;
- annual leave and other absences of First Aiders and Appointed Persons.

10. First Aid Boxes

First Aid boxes are marked with a white cross on a green background. The content of the First Aid boxes will be appropriate for use with children and will be determined by CHS' First Aid needs assessment and will usually be stocked in accordance with the DfE's First Aid Guidance.

First Aid boxes are located at these positions around the CHS site and are as near to hand washing facilities as is practicable:

- Main Reception Office;
- The Physical Education (PE) Department Office;
- Design & Technology Classrooms;
- Science Prep Room;
- Food Technology Classrooms;
- Art Office.

If First Aid boxes are used, they should be taken to the Medical Officer, who will ensure that the First Aid box is properly restocked. Additionally, the Medical Officer will examine First Aid boxes, at least, every half-term in order to replenish supplies and dispose of items safely once they have reached their expiry date.

All requirements for the First Aid kits are supplied by the Medical Officer and are regularly stocked at the request of individual departments.

CHS also has an emergency anaphylaxis kit, which contains adrenaline auto-injectors (**AAIs**) and which is located opposite the Year 7 Office in the main building.

CHS Minibus

The CHS minibus should have a prominently marked First Aid box on board, which is readily available for use and which is maintained in a good condition. The First Aid box should be stocked in accordance with Part 2 of Schedule 7 of the Road Vehicles (Construction and Use) Regulations 1986 (SI 1986/1078), which is set out in Annex 3 of the Department for Transport's Section 19 and 22 permits and obligations guidance.

The CHS Medical Officer is responsible for ensuring that the First Aid box in the minibus is monitored in the same way as for all other First Aid boxes. Refer Section 10. above.

Off-site Activities

First Aid boxes for any off-site activities are kept in the Main Reception Office.

The CHS Medical Officer is responsible for ensuring that the First Aid boxes for any off-site activities are monitored in the same way as for all other First Aid boxes. Refer Section 10. above.

11.Sharing Information on Pupils

Staff should never provide pupils with an absolute assurance of privacy, and should explain to pupils, at the outset, the importance of sharing information about any medical conditions and treatment with others on a "need-to-know" basis.

CHS promotes ongoing communication with Parents in order to ensure that the specific medical needs of all pupils in its care are known and met. However, CHS balances this against the wishes of pupils, who are Gillick competent, to consent to, or withhold their consent in relation to treatment without involving their Parents. CHS will balance the pupil's wishes against its overarching duties to safeguard pupils' health, safety and welfare, and to protect pupils from suffering significant harm.

The Medical Officer will be responsible for reviewing pupils' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions, which may affect a pupil's functioning at CHS to the HT, class teachers and First Aiders on a "need-to-know" basis.

A pupil's medical information should be kept confidential. However, where CHS considers it necessary to safeguard or promote the pupil's welfare, or to avert a perceived risk of serious harm to pupils or to other persons at CHS, and it is considered proportionate to the need and level of risk, information may still be shared with members of staff, Parents, medical professionals and external agencies (such as the Local Safeguarding Partner (**LSP**)) on a "need-to-know" basis.

12.Procedures for Pupils with Medical Conditions such as Severe Allergies, Asthma, Epilepsy, Diabetes etc

The information held by CHS will include details of pupils, who need to have access to asthma inhalers, AAls, injections or similar, and this information should be circulated to teachers and First Aiders.

Where appropriate, individual pupils will be given responsibility for keeping such equipment with them, and this will be reviewed on a regular basis. In other cases, the equipment will be kept, suitably labelled, in Main Reception Office.

CHS has guidance and protocols in place to deal with common medical conditions such as anaphylaxis, asthma, epilepsy and diabetes. Individual Health Care Plans for pupils with specific conditions are held by the Medical Officer.

Asthma

CHS adopts the inhalers guidance in respect of the use of emergency salbutamol inhalers and holds a stock of salbutamol inhalers, which can be used when a pupil is unable to access their own inhaler.

Anaphylaxis

CHS adopts the *Guidance on the use of adrenaline auto-injectors (AAIs) in schools* and holds spare/back up devices, which can be used when a pupil is unable to access their own AAI.

CHS also has an anaphylaxis kit. Refer Section 10 above.

13.Procedure in the Event of Illness

Pupils may visit the Medical Officer in the Main Reception Office during break or lunch. If a pupil is unwell during lessons, they should consult the member of staff in charge, who will assess the situation and decide on the next course of action. If the pupil is unable to attend the Main Reception Office, the Medical Officer will be summoned to the classroom or other location. The Medical Officer will provide the First Aid, as required, and decide on the next course of action.

Staff may visit the Medical Officer in the Main Reception Office as and when necessary, but appropriate cover must be arranged.

14.Procedure in the Event of an Accident or Injury

If an accident occurs, the member of staff in charge should be consulted. That member of staff will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance. If necessary, the Medical Officer should be called as soon as is possible. Appointed Persons or First Aiders can also be called, if necessary, and should be called immediately if the Medical Officer is unavailable. However, minor the injury, the Medical Officer should always be informed, even if not called.

In the event that a First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid, they should arrange for the injured person to access appropriate medical treatment without delay. This may involve calling for the Medical Officer or for an ambulance or making arrangements to transport the injured person to Accident & Emergency, or access other appropriate medical services.

Ambulances

If an ambulance is called, the School Office Manager or Medical Officer in charge should make arrangements for the ambulance to have access to the accident site. Where necessary, GPS coordinates should be provided and arrangements should be made for the ambulance to be met.

Staff should always call an ambulance when there is a medical emergency and/or serious injury.

Examples of medical emergencies may include:

- a significant head injury;
- fitting, unconsciousness or concussion;
- difficulty in breathing and/or chest pains;
- exhaustion, collapse and/or other signs of an asthma attack;
- a severe allergic reaction;
- a severe loss of blood;

- severe burns or scalds;
- the possibility of a serious fracture/dislocation.

Arrangements should be made to ensure that any pupil is accompanied in the ambulance, or followed to hospital, by a member of staff if it is not possible to contact the pupil's Parent(s) in time.

15.Medicines Administration

First aid does not include giving tablets or medicines and CHS will not keep medication in a first aid container. Whilst some pupils will have long-term and complex medical conditions or carry their own medication (for example, an inhaler for asthma or adrenaline for intramuscular use in anaphylaxis), the only role for a First Aider is generally limited (where appropriate) to helping pupils, who need to take their own medication, to do so.

Some pupils may need to have access to life saving prescription drugs in an emergency. The details will be recorded in the pupil's individual healthcare plan and identified staff members will be aware of what to do.

For further information relating to administration of medicines, refer to the DET Administration of Medicines and Supporting Pupils with Medical Conditions Policy.

16.Hygiene and Infection Control

If a spillage of blood or other bodily fluids occurs, the Medical Officer and the Day Cleaner must be informed. The Day Cleaner will arrange for the proper containment, clear-up and cleansing of the spillage site.

Where there is a risk that the person, who requires first aid, has, or is suspected of having, a respiratory infection, such as COVID-19, the First Aider will follow current health protection guidance and will wear appropriate Personal Protective Equipment (PPE). They will then arrange for the proper disposal of PPE and cleaning of the contaminated area.

All Staff should take precautions to avoid infection and to follow basic hygiene procedures (such as regular hand washing).

The First Aider should take the following precautions to avoid risk of infection:

- cover any cuts and grazes on their own skin with a waterproof dressing;
- wear suitable single use disposable gloves when dealing with blood or other bodily fluids;
- use suitable eye protection and a disposable apron where splashing may occur;
- use devices, such as surgical face masks or face shields, where appropriate, including when giving mouth to mouth resuscitation;
- wash hands after every procedure.

If the First Aider suspects that they, or any other person, may have been contaminated with blood and other bodily fluids, which are not their own, the following actions should be taken without delay:

- wash splashes off skin with soap and running water;
- wash splashes out of eyes with tap water or an eye wash bottle;

- wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
- record details of the contamination;
- report the incident to the Medical Officer and take medical advice, if appropriate. Typically, the advice will be for the contaminated person to go to Accident and Emergency for blood tests and swabs.

17.Mental Health

CHS promotes the mental health and wellbeing of pupils and has appointed the SBM as its senior mental health lead. The senior mental health lead has strategic oversight for CHS' approach to mental health, and, in accordance with appropriate guidance and training resources, will support CHS to help improve the wellbeing and mental health of pupils and staff.

CHS has provided training to the SBM to identify and understand symptoms, and be able to support pupils and staff, who might be experiencing a mental health issue. Whilst education staff are well placed to observe pupils day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one, only appropriately trained professionals should attempt to make a diagnosis of a mental health conditions. CHS staff are not mental health professionals and, should any staff member have concerns regarding a pupil's mental health or wellbeing, they should report these concerns to the Deputy Headteacher: Behaviour and Attitudes. They will share any concerns with the pupil's Parents, and, where appropriate, direct them to appropriate support services.

18.Access to External Medical Services

CHS will facilitate access to all relevant health, counselling and support services as required by pupils. The Medical Officer will be responsible for managing routine health care appointments for pupils and will arrange for consultation with Parents where necessary. Additionally, the external School Nursing Team will contact CHS, via the School Office Manager, to arrange routine vaccinations etc.

19.First Aid in the PE Department

Location of First Aid Equipment

The PE Department is responsible for providing First Aid boxes and bags for the relevant sporting areas within CHS. The fixed positions are as follows:

- The PE Department Office;
- Goals (next to the picnic benches by the 11-a-side pitch);
- Netball Courts;
- Sports Hall store cupboard.

There are two bags, located in the PE Office, which can be used by staff and team managers for home and away fixtures.

Wheelchairs are available in the Year 7 Office, the Main reception Office and in the Year 11 Office of the London Building. Blankets are available across the CHS site.

Away Fixtures

A medical bag should be taken with the travelling team. If an incident occurs, medical treatment should be sought from First Aiders of the school being visited. If necessary, the pupil should be taken to the nearest A&E department by a member of staff. Treatment and aftercare should then be followed up by the **Medical Officer**. Any incident of treatment must be reported to the **Medical Officer** and the HT on return to CHS. **A SafeSmart accident report must be made as soon as possible.**

20.Reporting

In the event of an accident or injury requiring First Aid, the relevant First Aider should input the detail of the accident or event that has resulted in the need for First Aid to be administered to SafeSmart.

All accidents and injuries, however minor, must be reported to the School Office Manager via the Medical Officer and they are responsible for ensuring that the accident report forms and books are completed correctly and that Parent(s) and the Health and Safety Executive (**HSE**) are kept informed as necessary.

Where the accident or injury could give rise to potential safeguarding concerns, the DET Safeguarding and Child Protection Policy and the DET Procedure for Dealing with Safeguarding Allegations Against Adults in School will be followed, as appropriate. Staff are particularly reminded to be alert to indicators of sexual violence and female genital mutilation, where, in each case, there are specific reporting procedures under the DET Safeguarding and Child Protection Policy.

Reporting to Parents

In the event of a serious accident, injury or illness, Parents must be informed as soon as practicable. The member of staff, in charge at the time, will decide how and when this information should be communicated, in consultation with the HT, if necessary.

Reporting to HSE

Under RIDDOR, all schools in a Multi-Academy Trust (MAT) are legally required under to report the following to the HSE:

Accidents involving Staff

- work-related accidents resulting in death or "specified" injury (including as a result of physical violence) must be reported immediately (major injury examples: any loss of consciousness caused by head injury or asphyxia; amputation); or
- work-related accidents, which prevent the injured person from continuing with their normal work for more than seven days; or
- cases of work-related diseases that a doctor notifies CHS of. For example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer); or
- certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

Accidents involving Pupils or Visitors

- accidents where the person is killed or is taken from the site of the accident to hospital, and where the accident arises out of, or in connection with:
 - any CHS activity (on or off the premises);
 - the way that a CHS activity has been organised or managed (e.g. the supervision of a field trip);
 - equipment, machinery or substances; and/or
 - the design or condition of the premises.

More information on how and what to report to the HSE, can be found in *Incident reporting in Academies (accidents, diseases and dangerous occurrences)* (EDIS1 (revision 3)) and at <http://www.hse.gov.uk/riddor/resources.htm>. It is also possible to report online via the following link: <http://www.hse.gov.uk/riddor/index.htm>.

Reporting to Others

CHS will ensure that it complies with any other reporting obligations triggered by the accident, injury or illness including, but not restricted to, making a report to CHS' relevant insurers, to the Education and Skills Funding Agency (ESFA)] and/or to other relevant statutory agencies and/or regulators.

21. Automated External Defibrillators (AEDs)

The CHS AEDs are located at CHS Main Reception, at the rear of the PE block, the London Building foyer and the Post-16 foyer.

- The AED should only be used where a person is in cardiac arrest. It should not be used where a person is conscious, breathing and/or their heart is still beating.
- If a person is suffering from a cardiac arrest, the first person on the scene should immediately call the emergency services and commence Cardiopulmonary Resuscitation (CPR). If possible, a First Aider, who is trained in the use of AEDs, should be called for. However, AEDs are designed to be used by any person by following the step-by-step instructions on the AED.
- The person administering the AED should ensure that the area around the casualty is clear before administering the AED. They should then stay with the casualty until the emergency services arrive.

22. Staff Training

CHS ensures that regular guidance and training is arranged on induction and at regular intervals thereafter so that staff and volunteers understand what is expected of them by this Policy and have the necessary knowledge and skills to carry out their roles.

The level and frequency of training depends on role of the individual member of staff.

CHS maintains written records of all staff training.

All staff will be informed of what to do in an emergency, which will include reference to who the designated First Aiders/Appointed Persons are, and the identity of those, who are trained to administer emergency medication, such as AAls.

Where there are specific training programmes in place, these are set out below:

- First aiders will undergo updated training, at least, every three years to maintain their qualification.

23.Education

CHS will teach age and developmentally appropriate concepts of basic first aid to its pupils, taking into consideration how this aspect of health education will complement the existing programmes of study and whole-School approaches to wellbeing and health. Age-appropriate concepts of basic first aid are generally taught as part of the Personal Development lessons.

This can include explaining to pupils how to judge how they, or someone they know, needs first aid or support and where they can seek help if they have concerns and details on which adults in school (e.g. First Aiders/the School Nurse) and externally can help.

24.Record Keeping

All records created, in accordance with this Policy, are managed in accordance with the DET Records Management Policy and Retention Schedules.

Where there are specific record keeping requirements under this Policy, these are set out below:

CHS Accident Book

All accidents and injuries and dangerous occurrences (unless very minor in the view of the Medical Officer) must be recorded on SafeSmart and can be recorded by any member of staff. The date, time and place of the incident must be input with the personal details of those involved with a brief description of the nature of the event and what First Aid was given. What happened to the injured person immediately afterwards should also be recorded. Accidents are also logged on the Child Protection Online Management System (CPOMS).

Note: incidents of illness that have required First Aid to be provided are recorded on Medical Tracker.

Accident Report Form

The School Office Manager will review the detail in SafeSmart, and, once satisfied that all detail has been completely and accurately input, will “complete” the reporting. The TEM will review completed accident reports to ensure that the accident has been correctly reported. The TEM will liaise with the School Office Manager for further input/amendment.

SafeSmart retains a record of **all** accidents or injuries and First Aid treatment provided.

Accident to Staff Causing Personal Injury

The Medical Officer will complete an accident report in SafeSmart in respect of any accident causing personal injury to staff. Upon receipt, the TEM will review the detail and determine whether further reporting is required, i.e. to RIDDOR/HT/DET. All relevant documentation associated with the accident, reporting and any follow-up investigations must be uploaded to SafeSmart so that all detail is kept together.

These records will be kept for, at least, three years.

The information created in connection with this Policy may contain personal data. CHS' use of this personal data will be in accordance with Data Protection law and the DET Data Protection Policy. DET has published privacy notices on its website, which explain how the Trust and its Schools will use personal data.