



ATHENA
LEARNING TRUST

Athena Learning Trust

First Aid policy

Review

Adopted on: 2nd April 2026

Reviewed by: Board of trustees

Review Period:

- annually
- after any significant changes to workplace, working practices or staffing
- after any form of notice has been served

Signed by:

Elaine Marshall

Chair of trustees

Date: 02/04/2026

Ben Parnell

CEO

Date: 02/04/2026

Version: 2.1

Contents

1	Statement of intent	1
2	Responsibilities for Health and Safety	1
3	Arrangements for Health and Safety	3
4	Administration of Medicines	10
5	Procedures	10

1 **Statement of intent**

1.1 Athena Learning Trust (“the Trust”) has overall responsibility for the provision of first aid to the all staff, teachers, non-teaching staff, pupils and visitors (including contractors). The Trust understands that decisions about first aid are of paramount importance, and will endeavour to ensure that any first aid incidents are dealt with appropriately and in accordance with this policy.

1.2 Together, we are committed to achieving the following objectives:

1.2.1 To provide an accessible first aid policy.

1.2.2 To ensure all first aid policies and procedures are based on an up-to-date risk assessment.

1.2.3 To ensure all first aid equipment and facilities are suitable for purpose.

2 **Responsibilities for health and safety**

2.1 **Overall and final responsibility for health and safety**

The board of trustees, chair of trustees, Principals and Health & Safety Lead carry the key responsibilities for assessing, recording and implementing the correct first aid procedures. They will do this by:

- Leading by example on all matters relating to first aid.
- Promoting and following this first aid policy.
- Dedicating budget to the schools’ first aid provision (including appropriate training).
- Communicating effectively with parents, staff and pupils.
- Monitoring and reviewing first aid procedures and practice.

2.2 **Responsibility for ensuring this policy is put into practice**

The board of trustees, chair of trustees and Principals have assigned health and safety responsibilities as follows:

2.2.1 Athena Learning Trust health and safety lead, and the health and safety representative of the board of trustees

- (a) The health and safety lead will report back on first aid issues in health and safety committee meetings which, in turn, report back to the trust board.
- (b) They will take the lead in supporting the required first aid risk assessment and periodic review of the first aid policy. They will seek support and professional advice from external advisers, as necessary.

2.2.2 Principals, senior leadership teams and designated first aiders and have the following responsibilities:

- Leading by example.
- Ensuring that all new employees are given the appropriate first aid induction training, relating to both whole-school and any specific provision relating to their role in the school.
- Ensuring that any school activity, either on- or off-site, is risk assessed and consideration has been given to first aid in terms of the wider school policy.
- Keeping up to date with any changes to arrangements surrounding activities and the implications of these on first aid.
- Ensuring that all the relevant checks are done on relevant equipment.
- Ensuring that all staff and pupils are aware of their first aid responsibilities, including what to do in case of a fire, emergency, or medical emergency, and that all those taking part in any given activity are given proper training.
- Managing their particular budgets to cover first aid maintenance, checks and provision for activities under their department.

2.2.3 All other members of staff have the following responsibilities:

- Ensuring that they are familiar and up to date with the school's first policy and standard procedures.
- Keeping their line managers informed of any developments or changes that may impact on the first aid of those undertaking any activity, or any incidents that have already occurred.
- Ensuring that all the correct provisions are assessed and in place before the start of any activity.
- Making sure that the pupils taking part in the activity are sure of their own first aid responsibilities.
- Cooperating fully with the senior leadership team to enable them to fulfil their legal obligations. Examples of this would be ensuring that items provided for first aid purposes are never abused and that equipment is only used in line with manufacturers' guidance.
- Cooperating in the implementation of the requirements of all relevant legislation, related codes of practice, and safety procedures/instructions.

2.2.4 Pupils

While school staff carry the main responsibility for the first aid provision and the correct implementation of school policy and procedure, it is vital that

pupils understand their role and responsibilities when it comes to the whole-school and themselves, in order for staff to be able to carry out their roles effectively. As members of the school community, and allowing for their age and aptitude, pupils are expected to:

- Take personal responsibility for themselves and others.
- Observe all the first aid rules of the school and, in particular, the instructions of staff given in an emergency.
- Use and not wilfully misuse, neglect or interfere with things provided for their first aid.
- Behave sensibly around the school site and when using any equipment.
- Report first aid concerns or incidents to a member of staff immediately.
- Act in line with the school code of conduct/school behaviour policy.

2.2.5 Contractors

All Contractors working on Trust premises or elsewhere on their behalf are required to comply with relevant rules and regulations governing their work activities. Contractors are legally responsible for ensuring their own safety on Trust premises or elsewhere on the Trust's behalf, the safety of their workforce, and for ensuring that their work does not endanger the safety or health of others. Contractors will be required to demonstrate their competence and adequate resources to carry out specific hazardous work, prior to their engagement.

3 Arrangements for Health and Safety

3.1 Risk assessment

3.1.1 An appropriate and effective risk assessment needs to be undertaken to assess what procedures need to be in place. The Trust will take steps to ensure that a risk assessment is carried out by a competent person or persons, and that the risks are recorded and communicated.

3.1.2 Risk assessments are stored on the [Smartlog](#) Platform and will be reviewed:

- At regular intervals.
- After serious accidents, incidents and/or near misses.
- After any significant changes to the workplace, working practices or staffing.
- Following any identified trends or accident statistics.

3.1.3 Risk assessments will be based on the size and location of the school, any specific hazards or risks on site, specific needs, and accident statistics.

-
- 3.1.4 Specific needs include hazardous substances, dangerous machinery, and staff or pupils with special health needs or disabilities.
 - 3.1.5 Temporary hazards, such as building or maintenance work, should also be considered, and suitable short term measures put in place.

3.2 First aiders

- 3.2.1 The risk assessment will determine the minimum number of trained first aiders required and the trustees, health & safety lead or headteacher will monitor this to ensure that these standards are being met.
- 3.2.2 All primary settings must have at least one person with a valid Paediatric First Aid (PFA) certificate. The Trust must consider factors such as the number of children, staff, and the layout of the premises to ensure that a qualified first aider can respond to emergencies promptly.
- 3.2.3 The Trust will ensure that all first aiders have undertaken the appropriate training with an approved organisation and have the necessary qualifications (i.e. First Aid at Work certificate or PFA). If required, training will also include resuscitation procedures for children. First aiders will also be required to have an understanding of the reporting requirements set out in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and in the guidance for notifiable diseases in the Public Health (Control of Disease) Act 1984 and the Health Protection (Notification) Regulations 2010.
- 3.2.4 The Trust will monitor the expiration date of each first aider's training and seek to arrange refresher training prior to this date. If this is not possible, the first aider will be able to administer first aid for a reasonable period until the refresher training is complete and a new certificate administered.
- 3.2.5 Paediatric First Aid training will be renewed every 3 years and will be relevant for workers caring for young children (Early Years) and, where applicable, babies. Staff who obtain a Level 2 or 3 qualification on or after 30 June 2016 must also have a full PFA or an emergency PFA certificate within 3 months of starting work, in order to be included in the required staff-to-children ratios.
- 3.2.6 All first aiders must report to the health and safety representative/headteacher with any questions or concerns in relation to their post.
- 3.2.7 A list of current first aiders is retained by the Athena Health & Safety Lead, and is updated regularly.
- 3.2.8 The roles and responsibilities for first aiders are as follows:
 - (a) Acting as first responder to incidents that require first aid.

-
- (b) Administering immediate and appropriate treatment.
 - (c) Contact the emergency services when the situation requires.
 - (d) Ensuring that the first aid boxes are adequately supplied.
 - (e) Ensuring their first aid qualifications are up to date.
 - (f) Keeping their contact details up to date.
 - (g) Filing an accident report as soon as possible after the incident.
 - (h) Reporting the incident to the HSE if required (see paragraph 3.6 below).
 - (i) The PFA should be on the premises and available at all times when children are present (Applicable to all schools offering EYFS)

3.3 **Mental health, wellbeing and work-related stress**

3.3.1 The Trust recognises that it has a responsibility to help employees and pupils who may be suffering from mental ill health. The Trust has a mental health at work plan that promotes good mental health, outlines support available and encourages open conversations.

[Athena Learning Trust RSE Policy](#)

3.3.2 The Trust has determined that it already has first aiders trained in either Emergency First Aid at Work or First Aid at Work who have the appropriate training and skills to provide support to an employee who is experiencing mental health issues. The Trust recognises that such first aiders are not trained mental health specialists, but they know how to access professional help and can act promptly, safely and effectively until that help is available. The Trust will consider whether any further training is required.

3.3.3 The Trust has implemented an employee support programme.

[Employee Wellbeing](#)

3.3.4 The Trust will follow the guidance provided by the Department for Education to create a positive mental health culture, and will consider this in a whole Trust approach.

[Mental health and behaviour in schools - GOV.UK \(www.gov.uk\)](#)

[Promoting and supporting mental health and wellbeing in schools and colleges - GOV.UK](#)

3.4 Equipment

- 3.4.1 All Trust Schools will have appropriate numbers of fully-stocked first aid containers, which will be clearly marked. The location of first aid equipment will be displayed around the school.
- 3.4.2 The contents of the first aid kit will be checked by the school first aiders at regular intervals to ensure it is fully stocked and any expired or damaged supplies are discarded and replaced.
- 3.4.3 Each first aid container will contain, as a minimum, the following:
- (a) Leaflet giving general advice on first aid (see HSE website).
 - (b) Individually-wrapped sterile adhesive dressings (assorted sizes).
 - (c) Sterile eye pads.
 - (d) Individually-wrapped triangular bandages (preferably sterile).
 - (e) Safety pins.
 - (f) Wound dressings - medium and large size
 - (g) Disposable gloves.
- 3.4.4 A travel first aid container must be taken on any off-site visits or trips. This includes sporting events, school trips and site visits. A travel first aid container must include the following as a minimum:
- (a) Leaflet giving general advice on first aid (see HSE website).
 - (b) Individually-wrapped sterile adhesive dressings (assorted sizes).
 - (c) Individually-wrapped triangular bandages (preferably sterile).
 - (d) Safety pins.
 - (e) Wound dressing - large size
 - (f) Individually-wrapped moist cleansing wipes.
 - (g) One pair of disposable gloves.

3.5 Facilities

- 3.5.1 The Trust will ensure that there is a suitable room that may be used for medical, when required, and for the care of pupils during school hours. The room will have access to a washbasin and be reasonably near to a WC; it need not be used solely for medical purposes, but it should be appropriate for that purpose and readily available for use when needed.

3.5.2 Infection control and hygiene are of paramount importance and all staff and pupils will be reminded to follow basic hygiene procedures at all times.

3.5.3 Disposable gloves and handwashing facilities will be made available.

3.6 Infection Prevention, Control and Communicable Diseases

The Trust will ensure that all practicable measures as identified in the health and safety risk assessment will be taken regarding infection control and hygiene procedures.

3.7 Reporting an incident

3.7.1 A first aid and accident report will be completed by a first aider or other relevant member of staff without delay after an incident. Not all incidents or accidents will be reportable, and first aiders will be trained to identify when a statutory (RIDDOR) report is required. In most cases, a statutory report will be made by the health and safety lead, or estates coordinator.

3.7.2 When an incident is reported the following information must be included:

(a) The date.

(b) Method of reporting e.g. via the HSE website for RIDDOR.

(c) Time and place of the event.

(d) Personal details of those involved.

(e) A brief description of the nature of the event or disease and the actions taken (factual account only).

3.7.3 This record can be combined with other accident records.

3.7.4 The records will be kept for a minimum of 3 years.

3.7.5 Parents/carers will be notified of any serious accident/injury the same day or as soon as reasonably practical afterwards, along with notification of any first aid treatment given.

3.7.6 Ofsted will be notified of any serious accident, illness or injury to or death of any child whilst in their care, and of the action taken. Notification will be made as soon as is reasonably practicable but, in any event, within 14 days of the incident occurring.

3.7.7 Where pupils are registered with a child protection agency/agencies, the agency will be notified of any serious accident, injury or death of any child, and action will be taken to follow any advice from the agency/agencies.

3.8 HSE notification

3.8.1 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) apply to schools. Most incidents that happen

in schools or on school trips do not need to be reported. Only in limited circumstances will an incident need notifying to the Health and Safety Executive (HSE) under RIDDOR.

3.8.2 Incidents involving contractors working on school premises are normally reportable by their employers. Contractors could be, e.g., builders, maintenance staff, cleaners or catering staff. If a self-employed contractor is working in school premises and they suffer a specified injury or an over-seven-day injury, the Site Manager/Principal will be the responsible person.

3.8.3 The following work-related accidents must be reported to the HSE:

- Accidents which result in death or a specified injury must be reported without delay.
- Accidents which prevent the injured person from continuing their normal work for more than 7 days (not counting the day of the accident, but including weekends and other rest days) must be reported within 15 days of the accident.

3.8.4 Reportable specified injuries include:

- 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:
 - Cover more than 10% of the body.
 - Cause 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 injury resulting from working in an enclosed space, where this leads to hypothermia or a heat-induced illness, requires resuscitation or means the person is admitted to hospital for more than 24 hours.

3.8.5 Some acts of non-consensual physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over 7 days are reportable. In the case of an over-seven-day injury, the incapacity must arise from a physical injury, not a psychological reaction to the act of violence. Examples of reportable injuries from violence include an incident where a teacher sustains a specified injury because a pupil, colleague or member of the public assaults them while on school premises. This is reportable because it arises out of or in connection with work.

-
- 3.8.6 Work-related stress and stress-related illnesses (including posttraumatic stress disorder) are not reportable under RIDDOR. To be reportable, an injury must have resulted from an “accident” arising out of or in connection with work. In relation to RIDDOR, an accident is a discrete, identifiable, unintended incident which causes physical injury. Stress-related conditions usually result from a prolonged period of pressure, often from many factors, not just one distinct event.

4 Administration of Medicines

4.1 General Principles

- Staff must only administer medication that has been authorised by parent/carers, or the first aider.
- The first aider will generally only accept prescribed medication. All medication must be provided in the original container as dispensed by the pharmacist, clearly labelled with the student's name, medicine name, dosage, and prescriber's instructions.
- Medication will not be administered to any student under the age of 16 without prior written consent and instructions from the parent/carer.
- Parents/carers should be encouraged to request that prescribers set dosage times outside of school hours (e.g., morning, after school, bedtime) where clinically appropriate.
- In the event of a medical emergency, staff must act in the best interest of the child (in loco parentis duty of care).

4.2 Non-Prescribed Medication (Analgesics)

- Staff must not give non-prescribed medication to students unless there is a clear, pre-agreed system in place with written parental permission.
- Under no circumstances will Aspirin or preparations containing Ibuprofen be given to children under 16 unless prescribed by a doctor, due to associated risks (such as Reye's syndrome).
- For common ailments like headaches, menstrual pains, or toothache, authorized staff may administer a mild analgesic, such as paracetamol, to students under 16, provided prior written parental consent has been received.
- A record of all non-prescribed medication administered must be kept by authorised staff, including the student's name, time, date, dose given, and reason.

4.3 Self-Administration

- Students should be encouraged to take responsibility for managing their own medication as they get older, in line with medical advice and parental consent.

-
- Students are permitted to carry and administer their own asthma inhalers.
 - Where a student carries their own medication (e.g., inhalers or adrenaline auto-injectors), this must be clearly recorded on the parental consent form.
 - For controlled drugs (e.g., Methylphenidate), students may not be allowed to carry them for the safety of others; secure storage must be offered.

4.4 Storage and Disposal

- Medication must be stored safely in a secure place, away from public access, heat, moisture, or direct sunlight.
- All medication to be administered in the establishment will be kept in a designated, clearly identified locked cupboard, unless otherwise indicated.
- Medication requiring refrigeration must be clearly labelled and stored securely in a fridge in a staff-only room.
- Parents/carers are requested and encouraged to collect and dispose of any unused or out-of-date medication at the end of each term or when treatment ceases.
- If collection and disposal of any unused or out-of-date medication cannot be arranged with parents/carers, staff will arrange disposal through a registered pharmacist.
- Where syringes or needles (sharps) are used, staff must ensure safe disposal into a sharps box.

4.5 Administration Procedures and Records

- Staff who administer medication must receive appropriate training.
- All administration details, including any adverse effects, must be recorded on the academy's 'Administration of Medication' form.
- If a student refuses to take their medication, staff must not force them. Parents/carers must be informed immediately.
- If a student requires intimate or invasive treatment, two adults (one preferably the same gender as the student) should be present to ensure dignity and minimise risk of potential abuse.
- Individual Health Care Plans should be in place for young people with frequent or complex medical needs.

5 Procedures

5.1 On-site procedures

In the event of an accident or incident the following procedure should be followed:

-
- 5.1.1 The closest member of staff will seek the assistance of a qualified first aider.
 - 5.1.2 The first aider will assess the injury and undertake the appropriate first aid treatment.
 - 5.1.3 If appropriate, the first aider will contact the emergency services and remain with the injured person until assistance arrives.
 - 5.1.4 If deemed appropriate, the first aider will contact the injured person's emergency contact or next of kin.
 - 5.1.5 The first aider or relevant member of staff will complete the first aid and accident record book and include the required details.
 - 5.1.6 If it is judged that a pupil is too unwell to remain at school but does not require the assistance of the emergency services, the first aider will contact the pupil's parents or next of kin and recommend next steps to them.

5.2 **Off-site procedures**

- 5.2.1 A Paediatric First Aider must always accompany early years aged children on off site visits.
- 5.2.2 When staff take pupils off the school premises, they should ensure they have the following:
 - (a) A first aid container consistent with paragraph 3.2.
 - (b) A mobile phone, on which they can contact the school and the school can contact the staff member.
 - (c) A list of the specific medical needs of the pupils and any required equipment.
 - (d) Emergency contact details for the pupils.

5.3 **Infection Prevention, Control and Communicable Diseases**

The procedures above will recognise the risks associated with communicable diseases and will ensure that all practicable measures, as identified in the health and safety risk assessment, will be taken regarding the undertaking of those procedures to protect the health and safety of both parties and to ensure risk infection control, so far as is reasonably practicable.