First Aid Policy

November 2026

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1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils, and visitors
- Ensure that staff and governors 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
- Ensure that first aid is accessible, inclusive, and provided with dignity and respect to all people regardless of protected characteristics
- Ensure that reasonable adjustments are made for disabled people in first aid provision
- Eliminate discrimination in first aid provision and advance equality of opportunity for all people to access first aid

2. 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 the following legislation:

- **The Equality Act 2010**, which requires schools to make reasonable adjustments for disabled people, not discriminate on the basis of protected characteristics, and have due regard to the Public Sector Equality Duty
- 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
- The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils

This policy complies with our articles of association.

3. Our Commitment to Equality in First Aid

3.1 Equality Statement

This policy has been developed with due regard to the Public Sector Equality Duty under the Equality Act 2010. We are committed to:

- Eliminating discrimination, harassment, and victimisation in first aid provision
- Advancing equality of opportunity for all people to access first aid
- Fostering good relations through respectful, inclusive, and dignified first aid practices

We are committed to ensuring that:

- All people receive high-quality first aid regardless of protected characteristics
- First aid is accessible to disabled people through reasonable adjustments
- First aid is provided in a culturally appropriate and sensitive way
- Communication barriers do not prevent people from accessing first aid
- Unconscious bias does not affect the quality of first aid provided
- All people are treated with dignity, respect, and privacy during first aid

3.2 Reasonable Adjustments for Disabled People

Under the Equality Act 2010, we have a legal duty to make reasonable adjustments for disabled people. We are committed to ensuring that first aid is accessible to all disabled people.

We Recognize That Disabled People May:

- Have specific first aid needs related to their disability or medical condition
- Face communication barriers in first aid situations
- Need first aid procedures to be adapted
- Have individual care plans or medical protocols that must be followed
- Need specific medication to be administered
- Experience sensory sensitivities or distress during first aid

Reasonable Adjustments in First Aid May Include:

Communication Support:

- Alternative communication methods (visual supports, simple language, gestures, communication aids)
- British Sign Language (BSL) interpreters for deaf people
- Patient, clear communication allowing time for understanding
- Verbal descriptions for blind or visually impaired people
- Accessible explanations for people with learning disabilities

Adapted Procedures:

- Providing first aid in situ for wheelchair users rather than moving them
- Avoiding sensory triggers for autistic people (loud noises, bright lights, unexpected touch)
- Adapting recovery positions for people with physical disabilities
- Following individual care plans and medical protocols
- Administering prescribed medication where trained to do so

Environmental Adjustments:

- Providing first aid in a quiet, calm space for autistic people
- Ensuring accessible spaces for wheelchair users
- Reducing sensory stimulation where needed

Support and Reassurance:

- Allowing extra time for people who need it
- Providing reassurance and explanation in accessible ways
- Involving carers or support staff where appropriate
- Respecting communication preferences

Individual Medical Needs and Care Plans

The school maintains up-to-date information about students' and staff's specific medical needs and first aid requirements. This information is linked to our policy on supporting pupils with medical conditions and includes:

- Specific medical conditions (epilepsy, diabetes, asthma, severe allergies, etc.)

- Individual care plans and medical protocols
- Prescribed medication and administration procedures
- Emergency procedures for specific conditions
- Communication needs and preferences
- Reasonable adjustments required

All first aiders will be familiar with the specific medical needs of the students and staff they support and will follow individual care plans and medical protocols.

3.3 Communication in First Aid Situations

We recognize that some people may face communication barriers in first aid situations, which could prevent them from:

- Explaining what is wrong or where they are injured
- Understanding first aid instructions
- Giving consent for treatment
- Communicating about pain or distress

Communication Barriers May Include:

- Learning disabilities
- Autism spectrum conditions
- Speech or language difficulties
- Deafness or hearing impairment
- Blindness or visual impairment
- English as an additional language (EAL)
- Young age
- Trauma, shock, or distress
- Cognitive impairments

We Will Provide:

- Alternative communication methods including visual supports, simple language, gestures, sign language, communication aids, and interpretation

- Patient, accessible communication allowing time for understanding and response
- Clear explanations of what is happening and what will happen next
- Verbal descriptions for blind or visually impaired people of what the first aider is doing
- Visual supports for people who benefit from seeing information
- Simple, clear language avoiding medical jargon
- Checking understanding by asking the person to explain back or show understanding
- Involving support staff or carers where appropriate to facilitate communication

First aiders will be patient and will ensure people can communicate about their injuries and understand first aid instructions. No one will be disadvantaged in first aid due to communication difficulties.

3.4 Language and Cultural Considerations

We recognize that some families do not speak English as a first language and may need support to communicate about injuries and first aid.

We Will Provide:

- Interpretation services in first aid emergencies where needed
- Translation of key information about injuries and first aid treatment
- Communication with parents/carers in languages they understand about their child's injuries
- Culturally appropriate first aid respecting cultural differences in approaches to touch, modesty, and medical care

Cultural Sensitivity in First Aid:

First aid will be provided in a culturally appropriate way, recognizing that:

- Some cultures have different approaches to touch, modesty, and gender interactions
- Some cultures may have different understandings of illness and injury
- Some cultures may prefer certain types of communication or interaction

- Cultural differences should be respected while ensuring the person's safety

First aiders will receive training on cultural competence to ensure all people receive respectful, culturally appropriate first aid.

3.5 Religious Considerations

We recognize that some people have religious beliefs that affect first aid provision.

We Will:

- Respect religious beliefs and requirements about touch, modesty, and medical treatment where this does not compromise the person's safety
- Provide same-gender first aiders where requested for modesty reasons, where possible and appropriate
- Respect modesty requirements including keeping the person covered as much as possible during first aid
- Be sensitive to religious beliefs about medical treatment while prioritizing the person's safety

Where religious requirements conflict with necessary first aid treatment, we will explain the situation sensitively and prioritize the person's safety while respecting their beliefs as much as possible.

3.6 Gender-Specific First Aid

We recognize that people may have gender-specific first aid needs.

We Will:

- Train first aiders on gender-specific first aid needs including menstruation-related issues and pregnancy-related issues
- Respect modesty preferences where possible and appropriate, including allowing people to request a first aider of a particular gender
- Provide first aid with dignity and respect for all people regardless of gender

Menstruation-Related First Aid:

First aiders will be trained to recognize and respond to menstruation-related issues including:

- Period pain requiring pain relief
- Heavy menstrual bleeding
- Menstrual emergencies

Pregnancy-Related First Aid:

First aiders will be trained on pregnancy-specific first aid needs including:

- Adapted recovery positions (left lateral position in late pregnancy, not flat on back)
- Pregnancy-related medical emergencies (bleeding, contractions, falls)
- Medication safety during pregnancy
- When to seek emergency medical help for pregnant people

3.7 LGBTQ+-Inclusive First Aid

We are committed to providing LGBTQ+-affirming first aid.

We Will:

- Use correct names, pronouns, and gender markers for all people during first aid
- Treat transgender people with dignity and respect, maintaining privacy about their transgender status
- Not disclose people's sexual orientation or gender identity without their consent
- Provide first aid in an LGBTQ+-affirming way free from discrimination or judgment
- Be sensitive to gender dysphoria that transgender people may experience during first aid

First aiders will receive training on LGBTQ+ inclusion to ensure all people receive affirming, respectful first aid.

3.8 Privacy and Dignity

All first aid will be provided with privacy and dignity for all people.

We Will:

- Provide first aid in a private space where possible
- Respect modesty and only remove necessary clothing

- Keep the person covered as much as possible during first aid
- Treat all people with respect and dignity regardless of their circumstances
- Maintain confidentiality about people's injuries, medical conditions, and personal information
- Be sensitive to embarrassment or distress the person may be experiencing

Privacy and dignity are particularly important for:

- Transgender people who may experience gender dysphoria
- People with modesty requirements due to religion or culture
- People with disabilities who may need intimate care
- Young people who may feel vulnerable
- Anyone experiencing a sensitive injury or medical issue

3.9 Consent for First Aid

We will obtain consent before providing first aid treatment where the person is conscious and has capacity to consent.

Consent Procedures:

For adults and young people with capacity:

- We will explain what first aid treatment we are going to provide and why
- We will ask for consent before providing treatment
- We will respect the person's right to refuse treatment (except in life-threatening emergencies)

For children and young people:

- Implied consent will be assumed in emergencies
- Parents/carers will be informed as soon as possible
- We will explain what we are doing in age-appropriate language

For people with learning disabilities:

- Consent will be sought in an accessible way using simple language, visual supports, or other communication methods

- We will involve carers or support staff where appropriate
- We will respect the person's wishes as much as possible while ensuring their safety

In life-threatening emergencies:

- First aid will be provided without consent where necessary to preserve life
- We will explain what we are doing even if the person cannot consent

3.10 Unconscious Bias in First Aid

We recognize that unconscious bias may affect first aid provision. Research shows that:

- People from minoritised ethnic backgrounds may receive lower quality medical care due to bias
- Disabled people's pain may be dismissed or minimized
- Women's pain may be minimized compared to men's
- LGBTQ+ people may face discrimination in medical settings

We Will:

- Provide training on unconscious bias for all first aiders
- Monitor first aid provision to identify any patterns of inequitable treatment
- Ensure all people receive equal quality of first aid regardless of protected characteristics
- Challenge bias when it is identified
- Provide first aid fairly and consistently to all people

All first aiders will be trained to recognize and address their own unconscious biases to ensure all people receive high-quality, equitable first aid.

3.11 Intersectionality

We recognize that people hold multiple identities and may have intersecting first aid needs due to multiple protected characteristics.

Examples:

- A deaf Muslim woman may need both BSL interpretation AND a female first aider for modesty

- An autistic student with EAL may need both sensory accommodations AND language support
- A disabled person from a minoritised ethnic background may face both ableism AND racism in first aid provision

First aid will address people's whole identities and intersecting requirements. We will provide multiple reasonable adjustments simultaneously where needed.

3.12 Age-Appropriate First Aid

We recognize that different age groups have different first aid needs.

For Students (Ages 11-18):

- Age-appropriate communication and reassurance recognizing that young people may be frightened or distressed
- Explanation in language they can understand about what is happening and what will happen next
- Sensitivity to vulnerability that young people may feel in first aid situations
- Involvement of trusted adults where appropriate
- Respect for developing autonomy of older students

First aid will be provided in an age-appropriate way with communication and reassurance appropriate to the person's age and understanding.

4. Roles and Responsibilities

Appointed Person(s) and First Aiders

The school's appointed persons are Domoni Supple, Linda Mills, and Andy Lawson. 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 9) 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
- Providing first aid in an accessible, inclusive, and respectful way to all people
- Making reasonable adjustments for disabled people
- Communicating effectively with people with diverse communication needs
- Respecting cultural and religious requirements
- Using correct names and pronouns
- Providing first aid with privacy and dignity
- Following individual care plans and medical protocols
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- Keeping their contact details up to date

Our school's appointed persons and first aiders are listed in Appendix 1. Their names will also be displayed prominently around the school.

The Governing Board

The Governing Board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

The Governing Board is responsible for:

- Ensuring the school complies with the Equality Act 2010 in first aid provision
- Monitoring equality in first aid through regular reports
- Ensuring reasonable adjustments are made for disabled people
- Ensuring first aiders receive appropriate equality training

The Headteacher

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

- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date, and remain competent to perform their role
- Ensuring that first aiders receive training on equality, diversity, disability awareness, cultural competence, and unconscious bias
- Ensuring all staff are aware of first aid procedures
- Ensuring all staff are aware of students' and staff's specific medical needs and first aid requirements
- 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
- Ensuring that first aid provision is accessible to disabled people through reasonable adjustments
- Monitoring first aid provision for equality and addressing any disparities
- Reporting specified incidents to the HSE when necessary (see section 7)

Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Being aware of students' and staff's specific medical needs and first aid requirements
- Respecting confidentiality about people's medical conditions and personal information
- Completing accident reports (see appendix 2) for all incidents they attend to where a first aider is not called
- Informing the headteacher or their manager of any specific health conditions or first aid needs

5. First Aid Procedures

5.1 In-School Procedures

In the event of an accident resulting in injury:

1. 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
2. The first aider, if called, will:

- Assess the injury and decide if further assistance is needed from a colleague or the emergency services
- Remain on scene until help arrives
- Communicate clearly and accessibly with the injured person, using alternative communication methods if needed
- Make reasonable adjustments for disabled people as needed
- Follow individual care plans and medical protocols where applicable
- Provide first aid with privacy and dignity
- Respect cultural and religious requirements where this does not compromise the person's safety
- Use correct names and pronouns
- Decide whether the injured person should be moved or placed in a recovery position (adapted as needed for disabled people)

3. If the first aider judges that a pupil is too unwell to remain in school:

- Parents or care staff will be contacted and asked to collect the child
- Communication with parents/carers will be in languages they understand, using interpretation services if needed
- Upon their arrival, the first aider will recommend next steps to the care staff

4. If emergency services are called:

- The Headteacher will contact parents/carers immediately
- Interpretation services will be provided if parents/carers do not speak English

5. The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

5.2 Off-Site Procedures

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

- A school mobile phone
- A portable first aid kit (these can be found in Physis car boots)
- Information about the specific medical needs of pupils including:
  - Medical conditions and care plans
  - Communication needs
  - Cultural or religious requirements
  - Any other equality-related first aid considerations
- Carers or parents contact details including preferred language for communication

Risk assessments will be completed by teaching staff and must be approved and signed off by the Headteacher prior to any educational visit that necessitates taking pupils off school premises.

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

Off-site first aiders will:

- Be familiar with the specific needs of all pupils on the trip
- Have access to individual care plans and medical protocols
- Be able to communicate with pupils with diverse communication needs
- Be able to provide culturally appropriate first aid
- Have access to interpretation services if needed

6. First Aid Equipment

No medication is kept in first aid kits. A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Safety pins
- Scissors
- Adhesive tape
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Cold compresses
- Burns dressings

First Aid Kit Locations:

Ground Floor:

- Cookery
- Pastoral
- Hair and Beauty

First Floor:

- Science

Second Floor:

- English

School Vehicles

Restocking equipment can be found in the Office.

Specialist Equipment:

- Burns first aid kits and eye wash stations in Cookery and Science laboratory
- Eye wash station in the Art room

- Spillages kit (bodily fluids, vomit and blood – biohazard) in the Office

Accessibility of First Aid Equipment:

- First aid equipment is stored in accessible locations
- First aiders know where all equipment is located
- Specialist equipment for specific medical conditions (e.g., EpiPens, inhalers, glucose tablets) is stored securely and first aiders know how to access and use it

7. Record-Keeping and Reporting

7.1 First Aid and Accident Record Book

- An accident form will be completed by the first aider 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 at Appendix 2
- The accident form will include information about any reasonable adjustments made or communication support provided (without including unnecessary personal information about protected characteristics)
- The accident form will remain in the Accident Book and a copy of the accident report form will be sent to the care home and HR by the Headteacher
- Records held in the first aid and accident book 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
- Accident forms for students and staff will be held within their personnel files and archived upon leaving the company

7.2 Confidentiality

- All records will be kept confidentially
- Information about people's medical conditions, disabilities, and personal information will only be shared on a need-to-know basis
- Confidentiality will be maintained about people's protected characteristics (sexual orientation, gender identity, religion, etc.)

unless the person has consented to sharing or it is necessary for their safety

8. Reporting to the HSE

The Headteacher 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 Headteacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences 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)
  - 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
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury but could have done

Information on how to make a RIDDOR report is available here: How to make a RIDDOR report, HSE www.hse.gov.uk/riddor

8.1 Notifying Parents and Carers

The first aider will inform parents/careteam of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

Communication with parents/carers will be:

- In languages they understand, using interpretation services if needed
- Accessible to parents/carers with disabilities (e.g., using alternative formats if needed)
- Sensitive and respectful

8.2 Reporting to Ofsted and Child Protection Agencies

The Headteacher will notify social worker and care manager of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

9. Training

Physis Academy ensures that enough staff are trained and hold a relevant first aid certificate. All school staff can undertake first aid training, should it be requested.

All first aiders must have completed a training course and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see Appendix 3).

Staff are encouraged to renew their first aid training when it is no longer valid.

9.1 Equality Content in First Aid Training

All first aid training will include equality and diversity content including:

Disability-Aware First Aid:

- Recognizing specific first aid needs for disabled people
- Communication with people with learning disabilities, autism, deafness, blindness, and other disabilities
- Making reasonable adjustments in first aid provision
- Adapting first aid procedures for disabled people (e.g., providing first aid in situ for wheelchair users, avoiding sensory triggers for autistic people)

- Following individual care plans and medical protocols
- Administering prescribed medication where trained to do so
- Recognizing that disability is not the same as illness

Communication Skills:

- Communicating with people with diverse communication needs
- Using alternative communication methods (visual supports, simple language, gestures, communication aids, BSL)
- Patient, accessible communication
- Checking understanding
- Involving support staff or carers where appropriate

Cultural Competence:

- Providing culturally appropriate first aid
- Respecting cultural differences in approaches to touch, modesty, and medical care
- Working with interpreters
- Supporting EAL families

Unconscious Bias:

- Recognizing and addressing unconscious bias in first aid provision
- Ensuring all people receive equal quality of first aid regardless of protected characteristics
- Challenging stereotypes and assumptions

LGBTQ+ Inclusion:

- Using correct names, pronouns, and gender markers
- Providing LGBTQ+-affirming first aid
- Maintaining confidentiality about sexual orientation and gender identity
- Being sensitive to gender dysphoria

Trauma-Informed First Aid:

- Recognizing that some people may have experienced trauma

- Providing first aid in a trauma-informed way
- Being sensitive to distress and fear

Privacy and Dignity:

- Providing first aid with privacy and dignity for all people
- Respecting modesty requirements
- Maintaining confidentiality

Consent:

- Obtaining consent for first aid treatment
- Accessible consent for people with learning disabilities
- Implied consent in emergencies

Gender-Specific First Aid:

- Menstruation-related first aid
- Pregnancy-related first aid
- Respecting modesty preferences

Religious Considerations:

- Respecting religious beliefs and requirements
- Providing same-gender first aiders where requested
- Balancing religious requirements with safety

Age-Appropriate First Aid:

- Providing age-appropriate communication and reassurance
- Supporting young people who may be frightened or distressed

9.2 Ongoing Training and Development

- First aiders will receive regular refresher training on equality and diversity
- First aiders will be briefed on individual students' and staff's specific medical needs and first aid requirements
- First aiders will have access to ongoing support and guidance on equality in first aid

- The school will provide additional training where gaps are identified

10. Monitoring Arrangements

This policy will be reviewed by the Governing Board every year. At every review, the policy will be approved by the Governing Board.

10.1 Equality Monitoring

The school will monitor first aid provision to ensure it is equitable for all people.

This will include monitoring:

- Who receives first aid (by protected characteristics where data is available and appropriate)
- Types of injuries
- First aid outcomes
- Reasonable adjustments requested and provided
- Use of interpretation services
- Satisfaction with first aid provision
- Any complaints about first aid

The school will identify and address:

- Any disproportionate patterns in who receives first aid or types of injuries
- Any inequitable first aid provision for people with protected characteristics
- Any barriers to accessing first aid
- Any evidence of discrimination or bias in first aid provision

10.2 Reporting to Governors

The Headteacher will provide an annual report to governors on first aid provision including:

- Number and types of accidents and injuries
- First aid training completion rates

- Equality monitoring data (anonymized and aggregated)
- Analysis of any disparities in first aid provision
- Actions taken to address identified issues
- Reasonable adjustments made
- Translation/interpretation services used
- Complaints about first aid and how they were resolved
- Recommendations for policy and practice improvements

10.3 Consultation

The school will consult with:

- Students and staff with protected characteristics about their experiences of first aid
- Parents/carers about first aid provision
- First aiders about training needs and challenges
- The SENDCo about disability-aware first aid
- Equality leads about inclusive first aid practices

Feedback will be used to continuously improve first aid provision.

11. Links with Other Policies

This first aid policy is linked to the:

- Policy on Supporting Pupils with Medical Conditions (this policy provides detailed information about individual medical needs and care plans)
- Accident Policy
- Health and Safety Policy
- Risk Assessment Policy
- Equality Policy
- Accessibility Plan
- Safeguarding and Child Protection Policy

Signatures:	
Headteacher:	
Chair of Governors:	