Streetsbrook Infant & Early Years Academy

First Aid Policy

Streetsbrook Infant & Early Years Academy

'Learning for Life'

At Streetsbrook, we strive to provide an equal chance for all to become responsible and caring citizens who lead happy and fulfilled lives, and are equipped with the skills and abilities to shape the world they live in.

Our Values are:

- **S**elf-Belief
- **B**elonging
- **R**espect

These are embedded into our Nurturing Principles

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i. First Aid Needs Assessment
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Supporting Policies

- Health and Safety Policy
- Risk Assessment Policy
- Supporting Children with Medical Conditions Policy
- Educational Trips and Visits

NB – The Model First Aid Policy produced by The National College has been used to support the development of this policy.

AIMS

Streetsbrook Infant & Early Years Academy is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting staff, children and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school in regard to all staff, children and visitors.

The school will take every reasonable precaution to ensure the safety and wellbeing of all staff, children and visitors. This policy aims to:

- Ensure that the school has adequate, safe and effective first aid provision for every child, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.
- Ensure that staff and children are aware of the procedures in the event of any illness, accident or injury.
- Ensure that medicines are only administered at the school when express permission has been granted for this.
- Ensure that all medicines are appropriately stored.
- Promote effective infection control.

Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

LEGAL FRAMEWORK

This policy has due regard to legislation and statutory guidance, including, but not limited to, the following:

- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Road Vehicles (Construction and Use) Regulations 1986
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2019) 'Automated external defibrillators (AEDs)'
- DfE (2021) 'Statutory framework for the early years foundation stage'
- DfE (2022) 'First aid in schools, early years and further education'

The policy is implemented in conjunction with the following school policies:

- Health and Safety Policy
- Infection Control Policy
- Supporting Children with Medical Needs Policy
- Behavioural Policy
- Child Protection and Safeguarding Policies
- Lone Working Policy
- Educational Visits and School Trips Policy

ROLES AND RESPONSIBILITIES

The governing body is responsible for:

- The overarching development and implementation of this policy and all corresponding procedures.
- Ensuring that the relevant risk assessments, and assessments of the first aid needs of the school specifically, have been conducted.

- Ensuring that there is a sufficient number of appointed first aiders within the school based upon these assessments.
- Ensuring that there are procedures and arrangements in place for first aid during off-site or out-of-hours activities, e.g. educational visits or parents' evenings.
- Ensuring that insurance arrangements provide full cover for any potential claims arising from actions of staff acting within the scope of their employment.
- Ensuring that appropriate and sufficient first aid training is provided for staff, and ensuring that processes are in place to validate that staff who have undertaken training have sufficient understanding, confidence and expertise in carrying out first aid duties.
- Ensuring that adequate equipment and facilities are provided for the school site.
- Ensuring that first aid provision for staff does not fall below the required standard and that provision for children and others complies with the relevant legislation and guidance.
- Ensuring that an 'appointed person' is selected from amongst staff to take the lead in first aid arrangements and procedures for the school.

The Headteacher is responsible for:

- The development and implementation of this policy and its related procedures.
- Ensuring that all staff and parents are made aware of the school's policy and arrangements regarding first aid.
- Ensuring that all staff are aware of the locations of first aid equipment and how it can be accessed, particularly in the case of an emergency.
- Ensuring that all children and staff are aware of the identities of the school first aiders and how to contact them if necessary.

Staff are responsible for:

- Ensuring that they have sufficient awareness of this policy and the outlined procedures, including making sure that they know who to contact in the event of any illness, accident or injury.
- Endeavouring at all times to secure the welfare of the children at school.
- Making children aware of the procedures to follow in the event of illness, accident or injury.

First aid staff are responsible for:

- Completing and renewing training as dictated by the governing board.
- Ensuring that they are comfortable and confident in administering first aid.
- Ensuring that they are fully aware of the content of this policy and any procedures for administering first aid, including emergency procedures.
- Keeping up to date with government guidance relating to first aid in schools.

The academy's lead First Aider is Mrs Rachel Lazar, she is support by Jade Taylor who is the lead First Aider in Childcare. Mrs Lazar is responsible for:

- Overseeing the school's first-aid arrangements.
- Taking charge when someone is injured or becomes ill.
- Looking after the first-aid equipment, e.g. restocking the First Aid Kits on a half-termly basis
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Reviewing and analysing accident-related information e.g. where accidents are taking place and informing the Headteacher
- Partaking in emergency first aid training, and refresher training where appropriate, to ensure they have knowledge of:
    - What to do in an emergency.
    - Cardiopulmonary resuscitation.
    - First aid for the unconscious casualty.
    - First aid for the wounded or bleeding.
    - Maintaining injury and illness records as required.

FIRST AIDERS

The main duties of first aiders will be to administer immediate first aid to children, staff or visitors, and to ensure that an ambulance or other professional medical help is called when necessary.

The school will ensure that all first aiders hold a valid certificate of competence, issued by a HSE-approved organisation, and that refresher training and retesting of competence is arranged for first aiders within the school before certificates expire.

The school will be mindful that many standard first aid at work training courses do not include resuscitation procedures for children, and will consequently ensure that appropriate training is secured for first-aid personnel where this has not already been obtained.

First aiders will ensure that their first aid certificates are kept up-to-date through liaison with the Headteacher's PA.

The school will ensure that first aid training courses cover mental health in order to help them recognise the warning signs of mental ill health and to help them develop the skills required to approach and support someone, while keeping themselves safe. Pupils will be supported in accordance with the school's Social, Emotional and Mental Health (SEMH) Policy.

Each classroom's first aiders will be responsible for ensuring all first aid kits are properly stocked and maintained. The first aid appointed person will be responsible for maintaining supplies.

First aid notices will be clearly displayed throughout the school with information on the names and locations of first aiders to ensure that pupils and staff know who they must contact in the event of illness or injury.

The current first aid appointed person(s) can be found in the First Aid Needs Assessment Guide in Appendix (i). The school will ensure that there is always a sufficient number of first-aid personnel available on site at all times to provide adequate cover to all areas of the school.

In line with government guidance for the EYFS, and taking into account staff:child ratios, the school will ensure that there is at least one member of staff with a current and full Paediatric First Aid (PFA) certificate on the premises and available at all times when children are present, and when accompanying children on any and all outings taken.

All staff members will be made aware that agreeing to become a first aider for the school is strictly on a voluntary basis and that they should never feel pressured to take on this role.
When selecting first aiders, the school will follow the criteria laid out in government guidance, considering the individual's:

- reliability and communication skills
- aptitude and ability to absorb new knowledge and learn new skills
- ability to cope with stressful and physically demanding emergency procedures
- normal duties – a first aider must be able to leave to go immediately to an emergency

FIRST AID EQUIPMENT

Each classroom has a First Aid Kit. Where there is no special risk identified in the assessment of needs, the school will maintain the following minimum provision of first aid items:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings, of 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-sized individually wrapped sterile unmedicated wound dressings
- 3 pairs of disposable gloves

No medication is kept in first aid kits. 'Spare' First Aid Kits are stored in the First Aid Room.

ACCOMODATION

The school's first aid room is situated adjacent to the school office.

The first aid room is used to enable the medical examination and treatment of children and for the short-term care of sick or injured children. The first aid room includes a wash basin. It is not used for teaching purposes.

The first aid room:
- is large enough to hold an examination
- has washable surfaces and adequate heating, ventilation and lighting
- is kept clean, tidy, accessible and available for use at all times when employees are at work
- has a sink with hot and cold running water
- is positioned as near as possible to a point of access for transport to hospital
- has a display board which advises the names, locations and, if appropriate, the contact details of first aiders

FIRST AID PROCEDURES

In school

If an incident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a first aider.

If called, a first aider will assess the situation and take charge of first aider administration. If the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they will arrange for the injured person to access appropriate medical treatment without delay.

Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, or the individual has become seriously unwell, a responding staff member will call 999 immediately.

Where necessary, the Lead First Aider will administer emergency help and first aid to all injured persons. The purpose of this is to keep the victim alive and, if possible, comfortable, before professional medical help arrives. In some situations, immediate action can prevent the accident from becoming increasingly serious, or from involving more victims.

Where the seriously injured or unwell individual is a child, the following process will be followed:
- A responding staff member calls 999 immediately and follows the instructions of the operator – this may include the administering of emergency first aid.
- Where an ambulance is required, the Lead First Aider or member of the SLT accompanies the child in the ambulance if the parent has not arrived on site. The staff member remains with the child at the hospital until a parent arrives.
- Where an ambulance is not required, but medical attention is needed and the parents are not available or close by, the child is taken to a hospital or doctor in a staff car, accompanied by at least **two** staff members – one of whom to drive the car, and one of whom, the Lead First Aider or member of the SLT, to sit with the child in the back seat and attend to their medical needs. At least one of the staff members remains with the child at the hospital or doctor's office until a parent arrives.
- The school will ensure that no further injury can result from any incidents that occur, either by making the scene of the incident safe, or (if they are fit to be moved) by removing injured persons from the scene.

- Responding staff members will see to any children who may have witnessed the incident or its aftermath and who may be worried or traumatised, despite not being directly involved. These children will be escorted from the scene of the incident and comforted. Children may also need parental support to be called immediately.

The Lead First Aider will then complete the appropriate accident report form (Appendix iii) on the same day or as soon as is reasonably practical after an incident resulting in an injury. She will also complete the Accident record book to be completed.

The Headteacher, or most appropriate Senior Leader will complete a de-brief with the staff involved as soon as is practical after the accident.

Off site

Before undertaking any offsite visits or events, the teacher organising the trip or event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the visit or event and the persons involved.

The school will take a first aid kit on all offsite visits which contains at a minimum:

- A leaflet giving general advice on first aid.
- 6 individually wrapped sterile adhesive dressings.
- 1 large sterile unmedicated dressing.
- 2 triangular bandages individually wrapped and preferably sterile.
- 2 safety pins.
- Individually wrapped moist cleansing wipes.
- 2 pairs of disposable gloves.

Additionally, the school will ensure that all large vehicles and minibuses have a first aid box readily available and in good condition which contains:

- 10 antiseptic wipes, foil packed.
- 1 conforming disposable bandage that is not less than 7.5cm wide.
- 2 triangular bandages.
- 1 packet of 24 assorted adhesive dressings.
- 3 large sterile unmedicated ambulance dressings that are not less than 15x20cm.
- 2 sterile eye pads, with attachments.
- 12 assorted safety pins.
- 1 pair of non-rusted blunt-ended scissors.

For more information about the school's educational visit requirements, please see the Educational Visits and School Trips Policy.

There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

STORAGE OF MEDICATION

Medicines will be stored securely and appropriately in accordance with individual product instructions. Medicines will be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration, and properly labelled, showing the name of the patient, the date of prescription and the date of expiry of the medicine. These are stored in the First Aid Room and regularly reviewed by the Lead First Aider. Medicines brought in by children will be returned to their parents for safe disposal when they are no longer required or have expired.

An emergency supply of medication will be available for pupils with medical conditions that require regular medication or potentially lifesaving equipment, e.g. an EpiPen.

Parents will advise the school when a child has a chronic medical condition or severe allergy so that an IHP can be implemented and staff can be trained to deal with any emergency in an appropriate way. Examples of this include epilepsy, diabetes and anaphylaxis. A disclaimer will be signed by the parents in this regard.

Children will have any medication stored and, where appropriate administered, in accordance with their EHC plans and the school's Administering Medication Policy.

ILLNESSES AND ALLERGIES

When a child becomes ill during the school day, their parent will be contacted and asked to pick their child up as soon as possible. The child will go to the First Aid Room to rest while they wait for their parent to pick them up. Children will be monitored during this time.

CONSENT

Parents will be asked to complete and sign a medical consent form when their child is admitted to the school, which includes emergency numbers, alongside details of allergies and chronic conditions – these forms will be updated at the start of each school year.

Staff do not act 'in loco parentis' in making medical decisions as this has no basis in law. Staff will always aim to act and respond to accidents and illnesses based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the child in mind.

With verbal permission from parents, staff will administer Calpol in emergencies whilst waiting for parents to arrive on site.

AUTOMATED EXTERAL DEFIBRILATORS

Our Defibrilator is located in the First Aid Room.

Where the use of the Defibrilator is required, individuals will follow the step-by-step instructions displayed on the device. A general awareness briefing session, to promote the use of AEDs, will be provided to staff on an annual basis, and usually during the first INSET session of the academic year.

RECORD-KEEPING AND REPORTING

First aid and accident record book

- The first aid accident book will be completed by the first aider or member of staff dealing with the accident 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 using the Accident Report code detailing the location (appendix v)
- Parents will be informed of minor head bumps by email; a phone call will be made for more serious accidents
- A report slip is completed and put in the child's book bag
- An accident report form (appendix iii and iv) should be written up if the accident has resulted in a serious injury
- For adults, 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
- For children, records must be kept for 4 years from when they leave full time education at age 18

Reporting to Governors

An update about Accidents and First Aid is included in the termly Headteacher's Report to Governors. This includes an analysis of where accidents have happened and whether or not there are any follow up actions that are needed.

Reporting to the HSE

Mrs Rachel Lazar 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).

Mrs Rachel Lazar 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. 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

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

Reporting to Ofsted and Child Protection agencies

Mrs Rachel Lazar will notify Ofsted 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.

Mrs Rachel Lazar will also notify the MASH Team of any serious accident or injury to, or the death of, a child while in the school's care.

Miss Jade Taylor will notify the relevant agencies in the event of an accident occurring in Streetsbrook Childcare.

POLICY REVIEW

This policy will be reviewed annually by the governing board, and any changes communicated to all members of staff.

Staff will be required to familiarise themselves with this policy as part of their induction programme. Staff will be informed of the arrangements that have been made in connection with the provision of first aid, including the location of equipment, facilities and personnel.

Louise Minter
Headteacher

This policy was ratified at the Trustee meeting on 25 September 2025.

Signed:…… LcMinter …… Headteacher

Signed: …… …… Chair of Trustees

Appendix (i) **– First Aid Needs Assessment Guide**

Streestbrook Infant & Early Years Academy

First Aid Needs Assessment Guide

1.0 Purpose
This document details SMBC guidance on undertaking an adequate and appropriate First Aid Needs Assessment and recording them.

2.0 The First Aid Needs Assessment Form

This First Aid Needs Assessment can be used for any SMBC workplace/maintained school, academy, premise or work activity. To use the assessment form, each column must be considered from left to right.

Managers/ Site Responsible Persons will therefore work out the basic first aid provision requirement, and then identify other considerations which may require that basic provision to be increased or provided in an alternative way (for example, within shared buildings the provision covers all building occupiers rather than just a particular team, so liaise with other colleagues). Managers /Site Responsible Persons must ensure that minimum cover **must be in place at all times during the working day**.

2.1 Reviewing of First Aid Needs Assessment

The manager should review the individual assessment every 12 months (or sooner if a failing in first aid provision is identified) and if nothing has changed since the last review and the assessment is still considered adequate and is up to date then, the manager may sign the assessment off for another 12 months.

2.2 Recording of First Aid Needs Assessment

Managers/ Site Responsible Persons record the provision they require along with the names of personnel who will undertake the first aid duties. The Manager/ Site Responsible Person is responsible for ensuring that any requirements from the First Aid Needs Assessment are actioned e.g. more first aiders, refresher training of existing first aiders, new first aid box, is it beneficial to have mental health first aiders etc. First Aid Needs Assessments must be made available and brought to the attention of all relevant staff.

If you have any doubts, concerns, or queries about the completion of a First Aid Needs Assessment please contact: healthandsafetysupport@solihull.gov.uk or Tel 0121 704 6328.

SMBC First Aid Needs Assessment - Guidelines and Record Sheet

Team(s)		**Service(s)/ Directorate**	Education	
Building Name	Streetsbrook Infant & Early Years Academy	**Building Location**	Ralph Road, Shirley, Solihull, West Midlands B90 3LB	
Nature of SMBC Business (also consider the activities of others using/ sharing the site, our partners, other agencies etc.)	School / Education Setting			
Premises layout (number and type of buildings)	Site Plan Attached	**Number of Employees on site**	School:	Total: 32
			Childcare:	Total: 14
Assessor	Mrs L Minter	**Date of this Assessment**	01/10/25	
Number of previous injuries and accidents/ illness that have lead to first aid incidents				

Tick what applies for your workplace and activities so that this record can be retained as your First Aid Needs Assessment.

What is this assessment for:

☐ **Large shared low risk office building[1]** ☐ **Medium/ high risk building/ site** ☒ **Specific work activity**

[1]Note, Even if you work within a large shared office building, the nature of your work activity may warrant its own first aid provision.

Overall workplace risk	No. of employees	Basic minimum.

	(i.e. in the premise or as part of the activity this covers)	**This provision should be available at any time during the working day** ***You must take into consideration holiday/ sickness cover***
☒ **Low** Examples: • offices, • libraries, • schools (generally)	☐ Less than 25 ☒ 25 – 50 ☐ 50 – 100 ☐ 200 + Add another one FAW trained first aider for every 100 employed (or part thereof)	☒ One emergency first aider trained to EFAW ☐ One emergency first aider trained to EFAW ☐ At least two first aiders trained to FAW ☒ At least three first aiders trained to FAW
☐ **Medium – High** Examples: • Catering • Forestry • Highways • Refuse • Workshops • Construction • Street lighting • Print unit • Using chemicals • Using machinery • Schools (science/ design & technology)	☐ Less than 25 ☐ 25 – 50	☐ At least one first aider trained to FAW ☐ At least one first aider trained to FAW
	☐ 50 + ☐ 100 + ☐ 150 + ☐ 200 + ☐ 250 + ☐ 300 + ☐ 350 + ☐ 400 + Add another one FAW trained first aider for every 50 employed (or part thereof)	☐ At least two first aiders trained to FAW ☐ At least three first aiders trained to FAW ☐ At least four first aiders trained to FAW ☐ At least five first aiders trained to FAW ☐ At least six first aiders trained to FAW ☐ At least seven first aiders trained to FAW ☐ At least eight first aiders trained to FAW ☐ At least nine first aiders trained to FAW

Other considerations that may require additional provision to be identified, based on the risk groups and work activity risks *More trained personnel may then be required or cover may be provided by a neighbouring team in large shared buildings*	**Additional comments** *(please add as appropriate to your workplace, activity, premise)*

☒	Proximity to other building with first aid personnel/ based in shared buildings	CHILDCARE FACILITY
☒	Proximity to hospital, doctors, fire brigade	WITHIN A 2 MILE RADIUS
☒	Proximity to an Automated External Defibrillator***	ON SITE IN-SITU
☐	Remoteness of location	SITE PLAN ATTACHED
☒	Size, scale, layout of site, vehicle movements	
☒	Potential for burns, scalds, eye injury, chemical injury, anaphylactic shock, fracture injuries, falls from height	
☒	History of previous accidents (think of number of accidents, cause and injury type)	
☒	Pupils on premise/ working with children	
☒	School off-site activities/trips	
☒	Out of school hour's arrangements e.g. lettings/parents evening	
☒	School provision for lunchtimes and breaks	
☒	Visitors to building	ELECTRONIC LOG OF ALL VISITORS
☒	Number and dispersal of visitors on site	
☒	Members of the public access building	e.g. FAIRWAYS LANDSCAPE
☒	Contractors working	SEE ABOVE (GARDENING EQUIP)
☒	Dangerous machinery and equipment	
☒	Distribution of workforce within the building	
☐	Lone working, working away from the main premises	
☒	Employees and/or visitors with disabilities	
☒	New and expectant mothers	
☒	Young workers/ inexperienced workers	
☒	Employees with existing health problems	
☐	Construction work	
☐	Shift work	
☐	Low risk environment with low number of staff (i.e. less than 5)*	
☒	Working with foundation stage children**	
☒	Mental ill health in the workplace^	
☐	Caring/supporting customers in the community^^	

Appointed Person* Rachel Lazar	In exceptional circumstances there may be some workplaces that are low risk with low number of staff whereby the Manager/ Site Responsible Person may deem a trained first aider as not being required. In these instances, an Appointed Person may be appointed. However, before the appointment of Appointed Persons it is recommended that the Manager/ Site Responsible Person take further advice from the Health and Safety Support team so as to ensure appropriateness of this first aid provision. Please note: Even in these small, low-hazard areas where first aiders are considered unnecessary, there is always the possibility of an accident or sudden illness so someone must always be available to take charge of the arrangements (i.e. equipment and facilities) and call the emergency service.
Paediatric First Aid **	Paediatric first aid is the requirement of the Early Years Statutory Framework: foundation stage classes in nursery, infant and primary schools must have at least one person with a current paediatric first aid certificate on the premises at all times when children are present. They must also accompany children on any off site visits/trips.
Defibrillator's***	Specific guidance for schools has been issued from the Department for Education and can be accessed via this link: https://www.gov.uk/government/publications/automated-external-defibrillators-aeds-in-schools The changes to Resuscitation Council UK guidelines on cardiopulmonary resuscitation (CPR) has meant that the HSE has revised the Emergency First Aid (EFAW) and First Aid at Work (FAW) syllabuses. This change means that there will be a requirement for all workplace first aiders to be trained in the use of an AED as part of the first aid training from the 31 December 2016. Training in the use of AED's is therefore currently part of the Solihull MBC EFAW and FAW courses.
Mental Health and First Aid Louise Minter Zoe Ward Louise Harlow Claire Doyle	**Is it beneficial to have personnel trained to identify and understand symptoms to be able to support someone who might be experiencing a mental health issue?** Consider providing information or training for managers and employees, use of occupational health services, appointing mental health trained first aiders and implementing employee support programmes. First aid training courses covering mental health, teach delegates how to recognise warning signs of mental ill health and help them to develop the skills and confidence to approach and support someone, while keeping themselves safe. SMBC provide mental health awareness training for all managers in Core Council. For further information on the arrangements in place for mental health first aid for Core Council employees please refer to the SMBC Employee Health and Wellbeing Policy at Core docs > Human resources > Employee/manager information > Policies & supporting documents.
Community First Aid	While there is no statutory requirement to provide first aid to customers, it is strongly recommended that staff caring/ supporting people in the community receive, as a minimum, a basic awareness of First Aid.

NOW RECORD YOUR FIRST AID PROVISION ON THE FORM OVERLEAF

RECORD OF FIRST AID NEEDS BASED ON THE ASSESSMENT

	Current Provision of FAW and EFAW						
Location/ Room	**No.of PFA**	**No: FAW**	**No: EFAW**	**Name(s)**	**First Aid Kit Yes / No**	**Complete Yes / No**	**Comments**
First Aid Room					Yes	Yes	A fully stocked Medical Area Including prescribed medications
Nursery	2			Penny Goodban Sue Caprani	Yes	Yes	
Reception Class	3			Sam Wilkes Natalie Fidoe Samera Ali	Yes	Yes	
Year 1 Classes	3			Keri Norton Caroline Mahony Surinder Nutan	Yes	Yes	
Year 2 Classes	2			Caroline Mahony Surinder Nutan	Yes	Yes	
Childcare	11	2		Jade Taylor Lauren Wood Lianne Adams Alice Goodwin Tammy Lewis Geraldine Dawes Amanda Holbeck Lisa Moore Sophia Cully Millie Steele Samera Ali	Yes	Yes	

	Other observations and recommendations e.g. • **Automated External Defibrillator (AED)** • **Travelling first aid kits** • **First Aid Room**	First Aid Room equipped with a full range of medical supplies, AED and prescribed meds. Lunchtime/Playground Box fully stocked (stored in FAR when not in use). Off-site / Trip Box fully stocked (stored in FAR when not required). Emergency portable Kit Bag, Fully Stocked (stored in FAR for emergency use only). Childcare have fully stocked first aid kits and access to supplies from First Aid Room. Residential Box (Used for overnight stays, stored in FAR when not required). All medical supplies are checked regularly for expiry dates. All prescribed medicines are checked regularly for expiry dates and if still required. Emails sent to parents of expired or unused meds requesting in date meds be supplied.	
	Manager /Site Responsible Person to record any actions taken following completion of this assessment e.g. arrange training	Action taken	Date actioned
		First Aid Training to be planned for staff when certificates expire.	RL to organise training when it becomes available

Assessor Signature	RcMinter	**Date**	01/10/25

REVIEW LOG (after 12 months or sooner if a failing in first aid provision is identified)

I can confirm that there are no changes to this assessment.					
Assessor Signature		**Print Name**		**Date**	

For further advice on first aid training courses contact healthandsafetysupport@solihull.gov.uk or telephone 0121 704 6328

First Aid Course Content and Information

First Aid at Work – 3 days (18 hours)
Course Contents and Learning Outcomes

Unit 1 covers the following topics:

- roles and responsibilities of a first aider
  - cross infection
  - recording incidents & actions
  - use of available equipment
- assessing an incident
- unconscious casualties (including seizure)
- cardio pulmonary resuscitation
- Safe use of an Automated External Defibrillator
- choking
- wounds and bleeding
- shock
- minor injuries (including small cuts, grazes and bruises, minor burns and scalds, small splinters)

Unit 2 covers the following topics:

- secondary survey
- injuries to bones, joints and muscles (including spinal injuries)
- suspected head and spinal injuries
- chest injuries
- burns and scalds
- eye injuries
- sudden poisoning
- anaphylaxis
- major illnesses (heart attack, stroke, epilepsy, asthma & diabetes)
- serious bleeding including
  - embedded objects
  - sucking chest wound
  - amputations

First Aid Requalification – 2 days (12 hours)
Course Contents and Learning Outcomes

The First Aid at Work Requalification syllabus covers the same topics as those in the initial First Aid at Work course. However, the training and assessment face-to-face contact is only 12 hours (2 days). This course complies with the Health and Safety (First-Aid) Regulations 1981 (Appendix 5 Content of a first aid at work (FAW) course).

Notes regarding requalification

The FAW requalification course lasts two days and should cover the same content as the initial FAW course (Appendix 5). **If the first-aider does not retrain or requalify before the expiry date on their current certificate they are no longer considered competent to act as a first-aider in the workplace**. They can requalify at any time after the expiry date by undertaking the two-day requalification course. However, **it may be prudent to complete the three-day FAW course, especially where a considerable period – i.e. in excess of one month** – has elapsed since the FAW certificate expired. **It is for the employer to decide the most appropriate training course to requalify the first-aider**.

Emergency First Aid at Work – 1 day (6 hours)
Course Contents and Learning Outcomes

- roles and responsibilities of a first aider
    - cross infection
    - recording incidents & actions
    - use of available equipment
- assessing an incident
- unconscious casualties (including seizure)
- cardiopulmonary resuscitation
- Safe use of an Automated External Defibrillator
- choking
- Wounds and bleeding
- Shock
- minor injuries (including small cuts, grazes and bruises, minor burns and scalds, small splinters)

Paediatric First Aid – 2 days (12 hours)
Course Contents and Learning Outcomes

Taken directly from the Statutory Framework for the early years' foundation stage

Unit 1: Paediatric Emergency First Aid

- Be able to assess an emergency situation and prioritise what action to take
- Help a baby or child who is unresponsive and breathing normally
- Help a baby or child who is unresponsive and not breathing normally
- Help a baby or child who is having a seizure
- Help a baby or child who is choking
- Help a baby or child who is bleeding
- Help a baby or child who is suffering from shock caused by severe blood loss (hypovolemic shock)

Unit 2: Managing Paediatric Illness and Injury

- Help a baby or child who is suffering from anaphylactic shock
- Help a baby or child who has had an electric shock
- Help a baby or child who has burns or scalds
- Help a baby or child who has a suspected fracture
- Help a baby or child with head, neck or back injuries
- Help a baby or child who is suspected of being poisoned
- Help a baby or child with a foreign body in eyes, ears or nose
- Help a baby or child with an eye injury
- Help a baby or child with a bite or sting
- Help a baby or child who is suffering from the effects of extreme heat or cold
- Help a baby or child having: a diabetic emergency; an asthma attack; meningitis; febrile convulsions; an allergic reaction ***(including safe use of Adrenaline Auto-Injectors)**
- Understand the role and responsibilities of the paediatric first aider (including appropriate contents of a first aid box and the need for recording accidents and incidents)

***Basic training in the safe use of Adrenaline Auto-Injectors included as standard as of 1st June 2019**

Minimum Contents of a First Aid Box

The contents of your first aid kit should be based on your first aid needs assessment. As a guide, where work activities are low-risk (for example, desk-based work) a minimum first aid kit might contain:

- a leaflet with general guidance on first aid (for example, HSE's leaflet Basic advice on first aid at work
- individually wrapped sterile plasters of assorted sizes
- sterile eye pads
- individually wrapped triangular bandages, preferably sterile
- safety pins
- large and medium-sized sterile, individually wrapped, unmedicated wound dressings
- disposable gloves

This is a suggested contents list.

If you are buying a kit look for British Standard (BS) 8599. By law, your kit doesn't have to meet this standard but you should check it contains what you've identified in your needs assessment.

Maintaining or replacing contents of a first aid kit

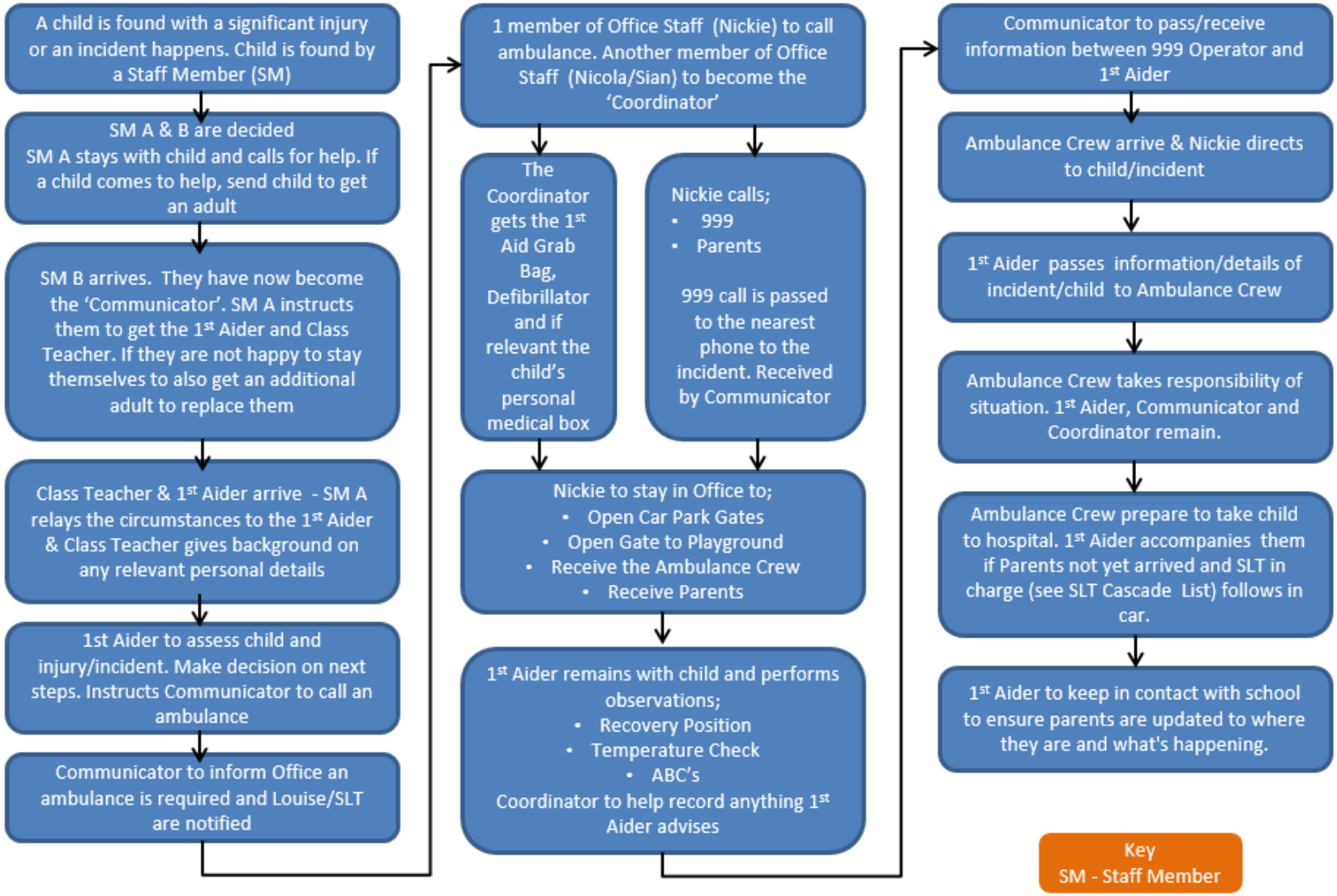
Check your kit regularly. Many items, particularly sterile ones, are marked with expiry dates. Replace expired items, disposing of them safely. If a sterile item doesn't have an expiry date, check with the manufacturer to find out how long it can be kept. For non-sterile items without dates, you should check that they are still fit for purpose.

(www.hse.gov.uk/simple-health-safety/firstaid/what-to-put-in-your-first-aid-kit.htm)

Appendix (ii) **– Medical Emergency Protocol**

Streetsbrook Infant & Early Years Academy, B90 3LB
0121 744 5245

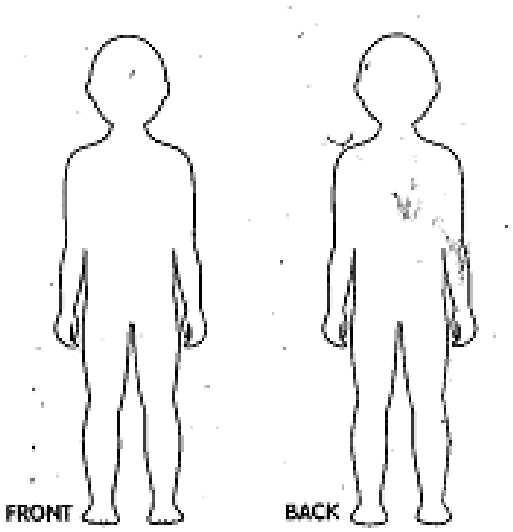
Emergency/Significant Injury Protocol



Appendix (iii) **– Accident Report Form – Streetsbrook Childcare**

CA

Child Accident Report

Child's Name:	Room:
Date:	Time:
Nature of how accident happened:	 Additional advice. Observe your child closely for the next 2-3 days, seek medical advice if you are concerned •If the area is swollen or bruised, try placing a cold compress over it for 20 minutes every 3-4 hours •Make sure your child is drinking enough fluid
Description of injury:	
First Aid Administered:	
First Aid administer by:	
Other Person attending to accident/ present at time of accident:	
Additional comments:	

Staff Signature:		Date:	
Manager Signature:		Date:	
Parent/ Carer Signature:		Date:	

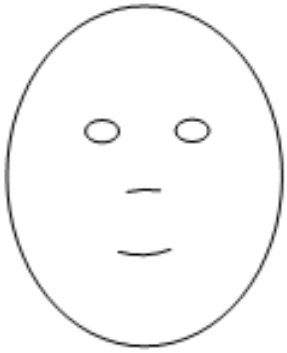
Head Injury Report

Complete a form and hand to parent/carer if their child sustains an Injury to their face/head (carbon copy should be completed for child's folder).

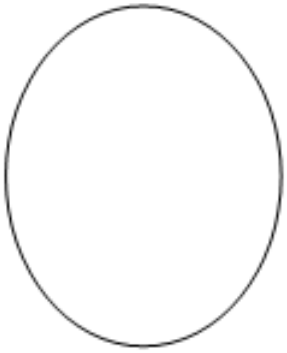
Indicate position of injury by marking a cross on the image below.

Date:	
Today …… sustained an injury to his/her head	
Description of injury:	
First Aid Administered:	

Front



Back



Additional advice.

Observe your child closely for the next 2-3 days, seek medical advice if you are concerned

- If the area is swollen or bruised, try placing a cold compress over it for 20 minutes every 3-4 hours
- Make sure your child is drinking enough fluid

Staff Signature:		**Date:**	
Manager Signature:		**Date:**	
Parent/ Carer Signature		**Date**	

Appendix (iv) **– Accident Report Sheet**

Codes for Play Areas:			**Notes:**
BACK FIELD	**A**	Trim Trail	
	B	Pirate Ship	
	C	Dome/Tunnel	
	D	Tee Pees	
FRONT PLAYGROUND	**E**	House	
	F	Outdoor Classroom	
	G	Playground Floor	
	H	Front Play Area	
	I	Equipment	
OTHER	**E/T**	Incident was Escalated to Class Teacher	Relating to behaviour incidents such as bites, scratching. Duplicate slip not required for child; teacher/staff member to speak with parents
	SEND	Where the incident was a result of the behaviour of a SEND child	
	T	Treated	For incidents such as nose bleeds or tooth has come out
	N/A	If accident occurred in school building	

Please Note:

- Splinters to be recorded in the book – including the location it took place and any equipment that caused the splinter. Do not attempt to remove a splinter unless it is evidently small, easy to grip and not near arteries
- Injuries sustained on way to school/at home are **not** to be recorded even if we provide medical attention
- Nose Bleeds – to phone home where this is unusual
- Loose Teeth – do not attempt to pull a child's tooth out