Policy Name: First Aid Policy

Policy Date: January 2026

Renewal Date: January 2028

Author: Head of Estates

Owner:

Type of Policy:

- ☐ Trust policy
- ☒ Trust Policy tailored by School
- ☐ School policy

Approval:

- ☐ School
- ☐ LAB
- ☒ Board

020 8290 8505
www.orionedu.org.uk
enquiries@orionedu.org.uk

Orion Education
Mansion House, Coopers School
Hawkwood Lane, Chislehurst,
Kent BR7 5PS

Orion Education

Our Four Critical Questions

Why do we exist?

To improve outcomes, transform lives and enable social mobility.

How do we behave?

Trust • Kindness • Endeavour

What do we do?

We create a strong network of schools which transform the lives of students by enabling them to achieve high educational and personal goals, regardless of their background.

How do we succeed?

Through a clear backbone, strong culture, academic rigour and smart systems.

This policy is available to all stakeholders on the school website and hard copies can be requested.

This policy should be read in conjunction with the following Orion Trust and school policies:

- Health and safety policy
- Risk assessment policy

Table of Contents

1. Aims 4

2. Legislation and guidance 4

3. Roles and responsibilities 5

5. First aid equipment 10

6. Record-keeping and reporting 13

7. Training 15

8. Monitoring arrangements 15

Appendix 1: List of First Aiders 16

Appendix 2: Minor Incident/First Aid form 18

Appendix 3: Accident/Incident Report form 19

Appendix 4: Sickness Record Form 21

Appendix 5: First aid training log 23

Appendix 6: Model Head Injury Letter/Slip 25

Appendix 7 Flowchart of action 26

Appendix 8 Head Bump/Head injury Procedure 27

Appendix 9 Temperature Check Flowchart 29

Appendix 10 Staff Checklist: Administering Calpol (Paracetamol) in School 30

Appendix 11 Plan-Do-Review Template Form 32

Orion Education

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 Local Advisory Board members 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

2. Legislation and guidance

This policy is based on the Statutory Framework for the Early Years Foundation Stage, advice from the Department for Education on first aid in schools and health and safety in schools, and the following legislation:

- The Health and Safety (First-Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- 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 funding agreement and articles of association.

3. Roles and responsibilities

3.1 Appointed person(s) and first aiders

The Principal will ensure that there are an appropriate number of designated and trained first aiders in school. Principal must consider the needs of the people using their buildings, cover for first aiders to ensure that the minimum number of first aiders are on site at all times, the number of buildings being used in the schools estates, and what people are onsite out of the schools core operating hours, in order to arrive at a suitable number of first aiders. In schools with Early Years Foundation Stage provision, at least one person who has a current paediatric first aid(PFA) certificate must be on the premises at all times. The appointed lead person does not need to a trained first aider.

First Aid Lead(s)

The school's appointed lead first aider is First Aid and Medical Officer. They are responsible for:

- Making a formal assessment of First Aid requirements and monitoring the adequacy of the provision including specific health conditions a/first aid needs.
- Reviewing the assessment annually in the light of significant changes or validity.
- Taking charge when someone is injured or becomes ill.
- Ensuring there is an adequate supply of in-date 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.
- Ensuring that first aiders have an appropriate qualification, keep training up to date, and remain competent to perform their role.
- Ensuring all staff are aware of first aid procedures.
- Reporting specified incidents to the HSE when necessary.
- Ensuring that an appropriate number of trained staff are present in the school at all times.
- Ensure the Principal is kept informed of all medical emergencies

First Aiders

Our school's First Aiders are listed in Appendix 1. Their names will also be displayed prominently around the school. First Aiders are trained, competent, and qualified to carry out the role 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.
- Taking charge when someone is injured or becomes ill
- Sending pupils home to recover, where necessary
- 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
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the templates in Appendix 2 and 3)

- Fill in a sickness record form on the same day, or as soon as reasonably practicable after sickness(see template in appendix 4)
- Keeping their contact details up to date
- Ensure the first aid lead or in their absence the Principal is kept informed of all medical emergencies

The Trust
The Trust has ultimate responsibility for health and safety matters in the school but delegates operational matters and day-to-day tasks to the Principal and staff members.

Orion Education insurers confirm that the employer's liability insurance policy provides indemnity for staff acting as First Aiders or Emergency Aiders as defined in this policy. Treatment must be given in accordance with the training received. Whether or not employees receive payment for acting as first aiders is irrelevant in this respect and has no effect on the provision of insurance cover.

3.2 The Local Advisory Body
The Local Advisory Body has responsibility for health and safety matters in the school but delegates operational matters and day-to-day tasks to the Principal of the School and staff members.

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

- Ensuring that an appropriate number of first aiders are present in the school at all times.
- Ensuring that first aiders have appropriate qualifications, keep training up to date, and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring adequate space is available to cater for the medical needs of pupils

3.4 Staff
School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports (see appendix 2) for all incidents they attend to where a first aider is not called
- Informing the Principal of any specific health conditions or first aid needs

4.1 Infection control
First Aid Staff must:

- Ensure all own injuries are covered with waterproof dressings before commencing treatment
- Wash their hands before and after applying dressings.
- Use disposable gloves whenever blood or other bodily fluids are handled.
- Use disposable materials such as paper towels and sanitizing powder to clear up spills of bodily fluid.
- Dispose of blood and bodily waste in a way that does not allow others to come into contact with it. (Seek medical advice if contact is made with any other person's bodily fluids).
- Only use mouth pieces when administering mouth-to-mouth if trained to do so.
- Use allocated disposable bins for specific items e.g. needles.
- Report any disposable bins that require emptying.

48-Hour Exclusion for Sickness and Diarrhoea (Primaries)

In order to protect the health and wellbeing of all children and staff, any child who has experienced vomiting and/or diarrhoea must remain at home for **48 hours after the last episode**. This helps prevent the spread of infection, which can be particularly harmful in an Early Years setting. Parents and carers are asked to ensure their child is fully well before returning. If a child becomes unwell with vomiting or diarrhoea while in the setting, parents/carers will be contacted to collect them promptly. Should symptoms return, the 48-hour exclusion period will begin again.

4.2 In-school procedures
In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment (See appendix 6 for the flowchart of action.)
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend the next steps to the parents
- If emergency services are called, a member of staff will contact parents immediately
- 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

NB: Where an auto-adrenaline pen has been used for a severe allergic reaction, an ambulance must be called, and the word anaphylaxis must be used when calling emergency services.

NB. Where an asthma attack does not abate following treatment with a salbutamol inhaler, an ambulance must be called, and the word asthma must be used when calling the emergency services.

4.3 When to call an ambulance

The decision will vary from case to case, but it is strongly advised to administer First Aid and call an ambulance if someone:

- Appears not to be breathing.
- Is having chest pain, difficulty breathing, or experiencing weakness, numbness, or difficulty speaking.
- Experiencing severe bleeding that you are unable to stop with direct pressure on the wound.
- Is struggling for breath, possibly breathing in a strange way appearing to 'suck in' below their rib cage as they use other muscles to help them to breathe.
- Is unconscious or unaware of what is going on around them.
- Has a fit for the first time, even if they seem to recover from it later.
- If they are having a severe allergic reaction accompanied by difficulty in breathing or collapse – get an ambulance to you, rather than risk things getting worse whilst you are in the car.
- If a child is burnt and the burn is severe enough that you think it will need dressing – treat the burn under cool running water and call an ambulance. Keep cooling the burn until the paramedics arrive and look out for signs of shock.
- If someone has fallen from a height, been hit by something travelling at speed, or has been hit with force.
- If you suspect that someone may have sustained a spinal injury – do not attempt to move them and keep them still whilst awaiting an ambulance.

This is guidance, not an exhaustive list.

If emergency services are called, the parents will be contacted immediately by office staff who will keep leadership informed.

In the case that a pupil needs to be assessed at the hospital, but the contact cannot be reached, then a member of senior staff and a first aider will transport the pupil to hospital whilst the office team continues to attempt to contact family members.

4.4 Medical Room

The Medical Room is located in the foyer It is fully accessible and is clearly signposted. The Medical Room is equipped with a washing facility and there is a toilet facility next to it.

Looking after a pupil who falls ill whilst in School

- Any pupil who falls ill during the day will be placed with a member of staff until their parents can collect them; their parents will be called as soon as possible. A parent (of an older pupil) may organise a taxi to collect, if unable to collect themselves.
- The First Aider will look after the pupil in the Medical Room, with the door to the room left open.
- The First Aider should not sit/stay within one metre of the pupil unless the pupil needs assistance in which case the member of staff should wear a disposable apron and surgical face mask (which constitute 'personal protective equipment', or PPE).
- Gloves are not essential, though wearing gloves might be useful to remind the member of staff not to touch their own face during contact with the pupil. Hand-cleansing should be carried out frequently, and always before and after contact with a pupil.
- To minimise the risk to colleagues from used PPE, it is essential that PPE is removed in a standard manner. To begin with, staff should remove the apron, and then remove the surgical mask from their face, avoiding touching the front of the mask (by using the tapes). If gloves have been worn, they should be removed first, by turning them inside out in one single motion, and then the apron and the mask should be removed.
- All used PPE should be placed in a specifically labelled dustbin that has a lid and needs to be disposed of as clinical/infectious waste. After disposing of the PPE in the bin, you must wash your hands with soap and water, or hand cleansers if soap and water are not available. Staff will be trained in the use of PPE. The Department of Health is developing training materials for this purpose.
- When the pupil has gone home if they were isolated the space will need to be cleaned before its next use – with warm water and detergent, a normal household cleaning product, or disinfectant.
- The Medical Room will be cleaned regularly.

4.5 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
- An Epi Pen(when required)
- Information about the specific medical needs of pupils
- Parents' contact details
- Risk assessments will be completed by the trip leader before any educational visit that necessitates taking pupils off school premises.

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

5. First aid equipment

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
- Adhesive tape and Safety pins
- 2 pairs Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room
- The school kitchens
- School vehicles
- The science technician's office
- Reception
- PE Office

Defibrillators (AEDs)

In line with Department for Education (DfE) guidance, the Trust recognises the importance of having automated external defibrillators (AEDs) available across its schools to support pupils, staff, and visitors in the event of a cardiac emergency.

Each school within the Trust is encouraged to have at least one AED on site, located in an accessible and clearly signposted area. AED locations are identified in the school's First Aid policy and shared with staff.

Designated staff receive awareness training in cardiopulmonary resuscitation (CPR) and the use of defibrillators. AED units are checked weekly and record on the compliance portal to ensure they are operational and that pads and batteries are within expiry dates.

The Trust ensures that each school's arrangements for AEDs are consistent with the DfE guidance *"Automated External Defibrillators (AEDs) in Schools"* and *"Supporting Pupils with Medical Conditions at School"*.

Where a school does not currently have an AED, the Local Advisory Board (LAB) and Principal will keep this under review as part of ongoing health and safety and emergency planning, ensuring staff are aware of the location of the nearest publicly accessible defibrillator in the community

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Emergency Medication

To ensure pupils with medical conditions are supported safely and effectively, the school follows Department for Education (DfE) guidance on emergency medication and maintains appropriate arrangements for their safe storage, use, and monitoring. This includes emergency salbutamol inhalers for asthma, allergy prescription i.e piriton for allergies/itchy rashes and adrenaline auto-injectors (EpiPens) for pupils at risk of severe allergic reactions.

Emergency medication (e.g. inhalers, EpiPens, insulin) will be administered in line with the pupil's individual healthcare plan.

Emergency Salbutamol Inhalers

In line with DfE guidance *"Guidance on the Use of Emergency Salbutamol Inhalers in Schools"*, the school may hold a salbutamol inhaler for emergency use.

The emergency inhaler may be used by any pupil who:

- has been diagnosed with asthma, or prescribed a reliever inhaler; **and**
- has written parental consent for the use of the emergency inhaler held by the school.

Storage and Maintenance

- The inhaler and spacer are stored in the medical room in the draw marked asthma pumps, accessible to staff but secure from pupils.
- The inhaler is clearly labelled, regularly checked for expiry, and kept in good working order.
- A record of checks and any use is maintained, and parents are informed following any administration.

Adrenaline Auto-Injectors (EpiPens)

In line with DfE guidance on managing pupils with severe allergies, the school maintains adrenaline auto-injectors (EpiPens) for emergency use for pupils diagnosed at risk of anaphylaxis.

Administration

- EpiPens may only be administered by competent staff in accordance with the pupil's care plan and parental consent.
- They are used in the event of a severe allergic reaction where immediate administration is necessary.

Storage and Maintenance

- EpiPens are stored in the medical room in the draw marked EpiPen's, easily accessible in an emergency but secure from pupils.
- Devices are checked regularly for expiry and readiness, and records of checks and any use are maintained.

Allergy Prescription

Administration

- Before administering you should have a doctor's note or written parent/guardian consent.
- Record dosage, frequency and emergency instructions.

Storage and Maintenance

- Keep medications in a locked cabinet, unless the student is allowed to carry them (Secondary students).
- Ensure temperature and storage conditions are appropriate as some need refrigeration.

Training

- Ensure staff recognising allergic reactions.
- Inform all relevant staff about student allergies and log them on Arbor.

Administration of Medication (including calpol)

Schools should not routinely administer non-prescribed medication, including Calpol (paracetamol) or ibuprofen, to pupils. This is to reduce the risk of masking symptoms, dosing errors, and safeguarding concerns.

Calpol and Non-Prescribed Medication

- **Calpol must not be administered in school** under normal circumstances.
- Staff must not give Calpol for fever, pain, or general discomfort.
- Parents/carers should be contacted to collect pupils who are unwell and require medication.

Prescribed and Emergency Medication

Medication may only be administered where:

- It has been **prescribed by a medical professional**, and
- Written **parental consent** has been provided, and
- The medication is supplied in its **original packaging**, clearly labelled with:
    - Pupil's name
    - Dosage and frequency
    - Expiry date

Exceptional Circumstances

In rare and exceptional circumstances, non-prescribed medication may only be administered where:

- There is a **clear clinical need**, and
- Written consent has been provided in advance, and
- A senior leader has authorised administration, and
- A full written record is made.

Recording and Storage

- All medication administered must be recorded on the appropriate medication or first aid record.
- Medication must be stored securely and in accordance with manufacturer's instructions.

A Staff Checklist: Administering Calpol (Paracetamol) in School (see the templates in Appendix 2 and 3)

Medication is stored in the medical room in the lockers.

Allergy emergency kits are located:

- In the science block outside L7
- Canteen
- Main car park entrance
- Lower Canteen
- Medical room

Defibrillators are located:

- Mansion, Orion Education Courtyard
- Science Technician's Office (Prep Room)
- In the Foyer outside the Admin Office
- Main Car Park entrance
- PE Office

When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box.

6. Record-keeping and reporting

6.1 First Aid and accident recording

- 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 in Appendix 2
- A copy of the accident report form will also be added to the pupil's educational record on Arbor

- Non-student accidents are recorded on iAM Compliant
- Records 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

6.2 Reporting to the Trust

The First Aid Lead will report to the Trust any RIDOOR reportable incidents that take place, The Head of Estates is responsible for reporting those to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

6.3 Reporting to the HSE

The First Aid Leads 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). These will have been referred to the Head of Estates.

The Head of Estates 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 injury resulting from electric shock or electrical burn
- Any crush injury to the head or torso causing damage to the brain or internal organ
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space that 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 the 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

6.4 Notifying parents
The Principal will delegate a member of staff to inform parents 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.

6.5 Reporting to Ofsted and child protection agencies
The Principal 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.

The Designated Safeguarding Lead will also notify the LADO of any serious accident or injury to, or the death of, a pupil while in the school's care.

7. Training

Staff will be trained in accordance with the outcomes of the Assessment of First Aid Provision, including whether there is an Early Years Foundation Stage or Nursery in the school.

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 5).

Staff are encouraged to renew their first aid training when it is no longer valid.
At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

8. Monitoring arrangements

This policy will be reviewed every two years. Guidance on First Aid for Schools:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/3 06370/guidance_on_first_aid_for_schools.pdf

http://www.hse.gov.uk/firstaid/index.htm

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Appendix 1: List of First Aiders

- Our schools First Aid Lead is: First aid & Medical Officer
- The person who calls the emergency services is: First aid & Medical Officer, Site Manager or School Business Manager
- Staff are the people who contact parents (in discussion with the Principal) is: First aid & Medical Officer, Senior Leadership Team, Curriculum Leadership Team, Pastoral Leadership Team

Name	Role	Type of certification	Expiry date
Hannah Pelling	Medical & First Aid Officer	FAA Level 3 Award in Emergency First Aid at Work	15.04.2027
Charlotte Ryan	Director of Safeguarding	FAA Level 3 Award in Emergency First Aid at Work	30.08.2026
Phil Hanes	Technology Teacher	FAA Level 3 Award in Emergency First Aid at Work	30.08.2026
Dawn King	HOY	FAA Level 3 Award in Emergency First Aid at Work	19.12.2025
Dru Elliott	DHOY	FAA Level 3 Award in Emergency First Aid at Work	19.12.2025
Harry Butler	HOY	FAA Level 3 Award in Emergency First Aid at Work	19.12.2025
Lauren Dellar	PE Teacher	FAA Level 3 Award in Emergency First Aid at Work	25.08.2028
Michael Logan	Site Manager	FAA Level 3 Award in Emergency First Aid at Work	19.12.2025
Sally Vardon	Science Technician	FAA Level 3 Award in Emergency First Aid at Work	19.12.2025
Sophie Owen	PE Teacher	FAA Level 3 Award in Emergency First Aid at Work	19.12.2025
Angela Kerwin	Food Technician	FAA Level 3 Award in Emergency First Aid at Work	15.04.2027
Ann Lane	Science Technician	FAA Level 3 Award in Emergency First Aid at Work	15.04.2027
Caroline Forster	Office Administrator	FAA Level 3 Award in Emergency First Aid at Work	15.04.2027

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Faye Qualters	Office Manager	FAA Level 3 Award in Emergency First Aid at Work	15.04.2027
Keith Peart	Site Assistant	FAA Level 3 Award in Emergency First Aid at Work	15.04.2027
Linda Mackie	Admin Officer	FAA Level 3 Award in Emergency First Aid at Work	15.04.2027
Lisa O'Keefe	Office Administrator	FAA Level 3 Award in Emergency First Aid at Work	15.04.2027
Shelley Muscatt	Attendance Assistant	FAA Level 3 Award in Emergency First Aid at Work	15.04.2027
Tracey Wilson	Attendance Team Lead	FAA Level 3 Award in Emergency First Aid at Work	15.04.2027
Conlan Lothian Junior	Cover Supervisor	Emergency Paedeatric First Aid	20.02.2026
Dulcie Davies	Science Teacher	FAA Level 3 Award in Emergency First Aid at Work	25.08.2028
Kezia Staines	Geography Teacher	FAA Level 3 Award in Emergency First Aid at Work	25.08.2028
Savannah Curioni	Maths Teacher	FAA Level 3 Award in Emergency First Aid at Work	25.08.2028
Emily Walker	English Teacher	FAA Level 3 Award in Emergency First Aid at Work	25.08.2028
Larissa Oliver	Art & DT Technician	FAA Level 3 Award in Emergency First Aid at Work	25.08.2028
Carolyn Chamberlain	Head's PA	FAA Level 3 Award in Emergency First Aid at Work	25.08.2028
Maya Afreh	English Teacher	FAA Level 3 Award in Emergency First Aid at Work	25.08.2028

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Appendix 2: Minor Incident/First Aid form

Name	Date/Time	Location	Details of injury/illness	First aid given	What happened after	Staff name and signature	Parents informed Y/N

Orion Education

Appendix 3: Accident/Incident Report form

Date and time form completed:					Accident N°
DETAILS OF INJURED PERSON					
Student name		Year			
Staff member		Role			

ACCIDENT/ INCIDENT DETAILS					
Date it occurred		Time it occurred			
Exact Location					
Name of witnesses					
School activity being undertaken (E.g P.E)		Break, lunch or lesson time			
Was the incident:	Physical Violence Y/N	Verbal Abuse Y/N			
Did the abuse include (Tick)	Racial	Sexual	Religious	Disability	Other
Name of assailant(s), if relevant and known:					
Describe what the person was doing and how the accident/incident happened:					
Type of injury					
Part of the body					
Was the accident/incident caused by any defect(s) in the premise, tools, work equipment, work method, etc and what nature of the defect:					
Was any protective equipment being used or worn at the time of the accident?					
Name of person completing sections A&B:		Signature			
Position:		Date:			

020 8290 8505
www.orionedu.org.uk
enquiries@orionedu.org.uk

Orion Education
Mansion House, Coopers School
Hawkwood Lane, Chislehurst,
Kent BR7 5PS

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MANAGEMENT DETAILS					
Incident reviewed by:		**Role:**			
Who reported the accident/incident to you?					
Investigation undertaken by whom?			**Date:**		
As a result of the investigation what action has been taken to prevent a recurrence?					
Did the accident/incident result in a fatality? Y/N		**Major Injury or over 3 days absence (reportable)?**			
Was First aid given? Y/N If yes what action was taken? By whom?					
Was the person taken directly from the premises where the accident occurred to hospital? Y/N		**Name of Hospital**			
Was the person detained in hospital for longer than 24 hours? Y/N		**Was the hazard identified in a risk assessment? Y/N**			
Did the control measure fail? Y/N If yes who will be responsible for revising the risk assessment?					
Name of person completing this section:			**Position:**		
Telephone & Ext.		**Date:**			
If you are not the manager, Principal or the person in charge of the premises/area please give their name:			**Name:**		
Has that person been informed of the accident/incident?					

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Appendix 4: Sickness Record Form

(To be completed by the Fist Aid Lead or First Aider when a pupil or staff member becomes unwell at school)

General Information

- **School Name:** _____
- **Date of Incident:** _____
- **Time Sickness Noted:** _____
- **Location (e.g. classroom, playground):** _____

Person Unwell

- **Name:** _____
- **Role:** ☐ Pupil ☐ Staff ☐ Visitor
- **Class / Year Group (if pupil):** _____
- **Date of Birth (if pupil):** _____

Details of Sickness

- **Symptoms observed (tick all that apply):**
  ☐ Nausea
  ☐ Vomiting
  ☐ Diarrhoea
  ☐ Fever / High temperature
  ☐ Headache
  ☐ Dizziness / faintness
  ☐ Abdominal pain
  ☐ Sore throat
  ☐ Cough / cold symptoms
  ☐ Rash
  ☐ Other (please specify): _____
- **Description of symptoms / what happened:**

  _____

- **Time symptoms began (if known):** _____

Action Taken

- **Immediate action taken (tick all that apply):**
  ☐ Rested in medical room
  ☐ Given water

☐ Given sick bowl
☐ Temperature taken
☐ Monitored
☐ Sent home
☐ Advised to seek medical attention
☐ Other: _____

- **Was first aid required?** ☐ Yes ☐ No
  (If yes, complete a First Aid form as well)

Parent / Emergency Contact (Pupils)

- **Parent/Carer contacted:** ☐ Yes ☐ No
- **Time contacted:** _____
- **Method:** ☐ Phone ☐ Text ☐ Email
- **Outcome (e.g. collected, advised):**

Outcome

- **Returned to class:** ☐ Yes ☐ No
- **Sent home:** ☐ Yes ☐ No
- **Time left school (if applicable):** _____
- **Exclusion advice given (e.g. 48-hour rule):** ☐ Yes ☐ No
- **Risk Assessment completed on return:** ☐ Yes ☐ No

Reporting & Follow-Up

- **Reported to senior staff:** ☐ Yes ☐ No
- **Name of staff member informed:** _____
- **Further monitoring required:** ☐ Yes ☐ No
- **Details:** _____

8. Record Completed By

- **Name:** _____
- **Role:** _____
- **Signature:** _____
- **Date:** _____

.

Appendix 5: First aid training log

Name	Role	Type of certification	Expiry date
Hannah Pelling	Medical & First Aid Officer	FAA Level 3 Award in Emergency First Aid at Work	15.04.2027
Charlotte Ryan	Director of Safeguarding	FAA Level 3 Award in Emergency First Aid at Work	30.08.2026
Phil Hanes	Technology Teacher	FAA Level 3 Award in Emergency First Aid at Work	30.08.2026
Dawn King	HOY	FAA Level 3 Award in Emergency First Aid at Work	19.12.2025
Dru Elliott	DHOY	FAA Level 3 Award in Emergency First Aid at Work	19.12.2025
Harry Butler	HOY	FAA Level 3 Award in Emergency First Aid at Work	19.12.2025
Lauren Dellar	PE Teacher	FAA Level 3 Award in Emergency First Aid at Work	25.08.2028
Michael Logan	Site Manager	FAA Level 3 Award in Emergency First Aid at Work	19.12.2025
Sally Vardon	Science Technician	FAA Level 3 Award in Emergency First Aid at Work	19.12.2025
Sophie Owen	PE Teacher	FAA Level 3 Award in Emergency First Aid at Work	19.12.2025
Angela Kerwin	Food Technician	FAA Level 3 Award in Emergency First Aid at Work	15.04.2027
Ann Lane	Science Technician	FAA Level 3 Award in Emergency First Aid at Work	15.04.2027
Caroline Forster	Office Administrator	FAA Level 3 Award in Emergency First Aid at Work	15.04.2027
Faye Qualters	Office Manager	FAA Level 3 Award in Emergency First Aid at Work	15.04.2027

Keith Peart	Site Assistant	FAA Level 3 Award in Emergency First Aid at Work	15.04.2027
Linda Mackie	Admin Officer	FAA Level 3 Award in Emergency First Aid at Work	15.04.2027
Lisa O'Keefe	Office Administrator	FAA Level 3 Award in Emergency First Aid at Work	15.04.2027
Shelley Muscatt	Attendance Assistant	FAA Level 3 Award in Emergency First Aid at Work	15.04.2027
Tracey Wilson	Attendance Team Lead	FAA Level 3 Award in Emergency First Aid at Work	15.04.2027
Conlan Lothian Junior	Cover Supervisor	Emergency Paedeatric First Aid	20.02.2026
Dulcie Davies	Science Teacher	FAA Level 3 Award in Emergency First Aid at Work	25.08.2028
Kezia Staines	Geography Teacher	FAA Level 3 Award in Emergency First Aid at Work	25.08.2028
Savannah Curioni	Maths Teacher	FAA Level 3 Award in Emergency First Aid at Work	25.08.2028
Louis Hubbard	Teaching Assistant	FAA Level 3 Award in Emergency First Aid at Work	25.08.2028
Emily Walker	English Teacher	FAA Level 3 Award in Emergency First Aid at Work	25.08.2028
Larissa Oliver	Art & DT Technician	FAA Level 3 Award in Emergency First Aid at Work	25.08.2028
Carolyn Chamberlain	Head's PA	FAA Level 3 Award in Emergency First Aid at Work	25.08.2028
Maya Afreh	English Teacher	FAA Level 3 Award in Emergency First Aid at Work	25.08.2028

Appendix 6: Model Head Injury Letter/Slip

Dear [Parent/Carer name]

Your child [insert name] received a bump on their head today whilst attending school.

[Description of how the head injury occurred] A School First Aider assessed your child.

Although no problems were detected at the time, we request that you observe your child for the next 24 hours for any of the following symptoms:

- Blurred vision
- Drowsiness
- Nausea or vomiting
- Severe headache
- Confusion
- Slurred speech
- Unresponsiveness
- Clumsy, staggering, or dizziness
- Bleeding from ears or nose

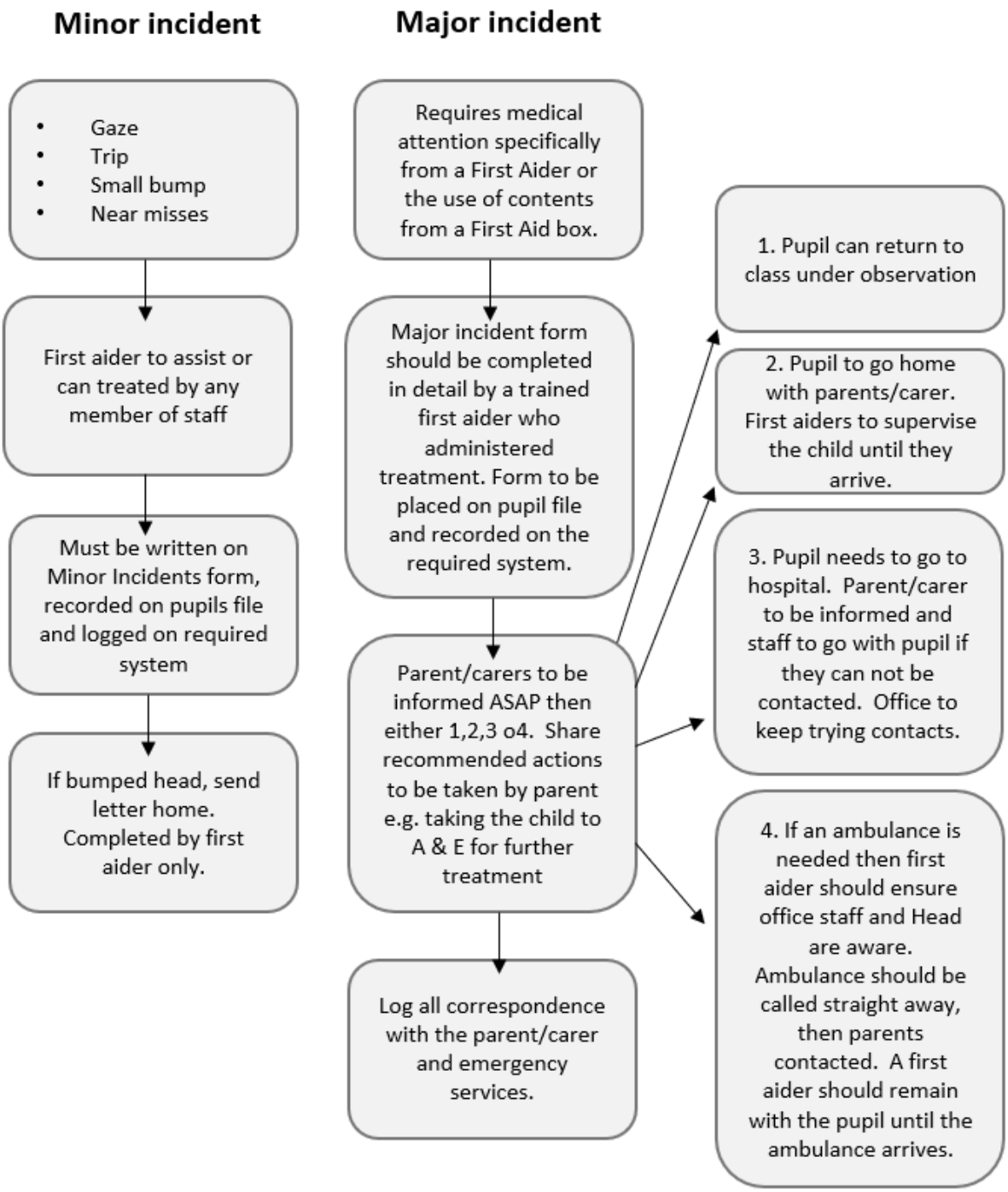
Contact your GP or the nearest Accident and Emergency Department if you notice any of the above symptoms.

On your child's return to school, please inform us whether signs of concussion occurred, so that we can provide appropriate support.

Yours sincerely,

[signatory's name and position]

Appendix 7 Flowchart of action



Appendix 8 Head Bump/Head injury Procedure

Immediate Action:

If a pupil sustains a bump or blow to the head:

- Stay calm and **reassure the pupil**
- **Do not move the pupil** if there is any concern about neck or spinal injury
- A qualified first aider should assess the pupil immediately

***Initial* Assessment *(First Aider)*:**

Check for:

- Loss of consciousness (even briefly)
- Dizziness or confusion
- Headache or pain
- Visible injury (swelling, cut, bruise)
- Nausea or vomiting
- Behaviour different from normal

Minor Head Bump (No Red Flags)

If the pupil:

- Did **not** lose consciousness
- Is alert and responsive
- Has no vomiting, dizziness, or worsening pain

Action:

- Apply a **cold compress/ice pack**
- Allow the pupil to rest and remain under observation
- Keep the pupil out of vigorous activity for the rest of the day
- Inform parents/carers the same day via a telephone call and an email, this can be sent via Arbor using appendix 6: Model Head Injury Letter that can be found within the First Aid Policy
- The incident should be logged on Arbor

Head Injury Requiring Parent Contact

Contact parents/carers immediately if the pupil has:

- A bump causing noticeable swelling
- A headache that persists

- Any vomiting
- Appears drowsy or unwell
- Complains of dizziness or blurred vision

The pupil should be collected and monitored at home.

Serious Head Injury – Call 999

Call **999 immediately** if the pupil:

- Loses consciousness
- Has repeated vomiting
- Has a seizure
- Has unequal pupils
- Is confused, disorientated, or hard to wake
- Has bleeding that won't stop
- Has suspected neck or spinal injury

Do not give food or drink. Do not allow the pupil to sleep.

The Principal or in their absence a senior member of staff should be informed if 999 is called.

Monitoring in School

For minor bumps:

- Observe the child regularly for the remainder of the day
- First aider to inform the pupils teacher
- Watch for delayed symptoms (headache, vomiting, behaviour changes)
- Record all checks in the accident log
- Ensure the wristband is still being worn

Recording

Complete an **accident/incident form** including:

- Time and location of injury
- How it occurred
- Symptoms observed
- Action taken
- Name of first aider

Communication With Parents

Parents/carers should be:

- Informed **the same day** for all head bumps
- Given advice on **what to monitor for over the next 24–48 hours**
- Advised to seek medical attention if symptoms worsen

Staff Guidance

- **Do not administer Calpol or ibuprofen** for head injuries in school
- When in doubt, **contact parents**

Appendix 9 Temperature Check Flowchart

Temperature Check Flowchart

Step 1: Child appears unwell

Step 2: Observe symptoms

- Feeling unwell
- Flushed face
- Shivering
- Headache or body aches

Step 3: Temperature check needed?

- Only if symptoms suggest fever
- Parental consent must be in place

➡️ **YES**

- Wash hands / use PPE if required
- Use **non-contact or temporal thermometer**
- Take temperature **privately**
- Record reading and symptoms in first-aid log

➡️ **NO**

- Continue to observe and comfort child
- Reassess if symptoms worsen

Step 4: Interpret temperature reading

- **Normal (<38°C / 100.4°F)**
  - Allow rest and continue monitoring
  - No further action unless symptoms develop
- **High (≥38°C / 100.4°F)**
  - Contact parents/carers to collect child
  - Keep child in a safe, supervised area away from others
  - Record all actions

⬇️

Step 5: Severe symptoms present?

- Difficulty breathing, confusion, persistent vomiting, seizures

➡️ **YES**

- Call **999** immediately
- Administer first aid as appropriate

➡️ **NO**

- Continue to monitor child until collected
- Provide parents with advice for home monitoring

Important Notes:

- Do **not** give medication to reduce temperature without parental consent
- Follow school first-aid and infection control procedure
- Document all steps for safeguarding and accountability

Appendix 10 Staff Checklist: Administering Calpol (Paracetamol) in School

Before Administration

☐ Written parental consent received and signed

☐ Medication supplied by parent/carer

☐ Medication in original container

☐ Child’s name clearly labelled on bottle

☐ Reason for medication confirmed

☐ Time and dose of last administration checked

Dosage and Safety

☐ Correct dose confirmed for child’s age

☐ Maximum daily dose not exceeded

☐ No known allergy or contraindication

☐ Staff member confident to administer

☐ Second adult available to witness (where possible)

Administration

☐ Dose measured accurately using supplied syringe/spoon

☐ Medication administered calmly and safely

Recording and Follow-Up

☐ Date and time recorded

☐ Dose recorded

☐ Reason for administration recorded

☐ Staff name/signature recorded

☐ Parent/carer informed the same day

Do NOT Administer If:

☐ No written consent

☐ Child is too unwell to stay in school

☐ Dosage or timing is unclear

☐ Maximum dose has already been given

Orion Education

Appendix 11 Plan-Do-Review Template Form

Plan (What we intend to do)	Do (What we did)	Review (How effective was it?)	Evidence (Logs, reports, feedback)	Actions / Next Steps