



LEICESTER THERAPEUTIC SCHOOL

BUILDING FOUNDATIONS THROUGH NURTURE AND MINDSET

First Aid Policy

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Linked Policies	Safeguarding & Child Protection Policy Positive Behaviour Policy SEND Information Report Health & Safety Policy Risk Assessment Policy Educational Visits Policy Data Protection Policy
ISS Regulatory Requirements	Part 3 – Welfare, health and safety of pupils (paragraphs 11, 13 and 16) Part 5 – Premises and accommodation (paragraph 24) Part 8 – Leadership and management (paragraph 34)

Safeguarding at Leicester Therapeutic School

At Leicester Therapeutic School, we are committed to providing an environment in which students feel safe and secure to access their education. All stakeholders are responsible for ensuring the safety and well-being of children. Safeguarding is everyone's responsibility, and all staff are encouraged to maintain an "it could happen here" attitude. We recognise our responsibility to safeguard all who access school and promote the welfare of all our pupils by protecting them from physical, sexual and emotional abuse, neglect and bullying. Leicester Therapeutic School is dedicated to creating a strong safeguarding culture, and that the safety and well-being of children is the central thread that embeds itself through all aspects of the school. If a person is concerned about anything they read, witness or hear with regard to the school, they should contact the school's designated safeguarding lead immediately or Headteacher. Safeguarding, and the safety and well-being of all pupils at Leicester Therapeutic School is carefully considered and a central theme through all school policies.

Special Educational Needs & Disabilities (SEND) at Leicester Therapeutic School

At Leicester Therapeutic School, we are passionate about providing an inclusive education to children with special educational needs. We recognise and celebrate the individuality of our pupils and use personalised approaches, allowing pupils with SEND to feel supported during the school day. We strive to provide pupils with the same opportunities and experiences that pupils would have received at a mainstream school, believing passionately that in the right environment, with the right support, pupils will flourish in education. We do this by focusing on providing a SEND-friendly environment, an adapted curriculum and a strong focus on developing pupils' personal, social and emotional development. The special educational needs and disabilities of all pupils at Leicester Therapeutic School are carefully considered and a central theme through all school policies. For more information, please read the school's SEND Information Report.

1. Policy Aims

The aims of our first aid policy are to:

- Ensure the health and safety of pupils, staff, volunteers and visitors by providing timely and competent first aid.
- Ensure that first aid provision reflects the age, SEND, medical needs, activities and risks of the school community and is available whenever people are on site or taking part in school activities off site.
- Provide a clear framework for responding to illness, injury and medical emergencies, notifying parents/carers, recording incidents and learning from accidents and near misses.

2. Legislation and guidance

This policy is based on current Department for Education (DfE) guidance on first aid in schools and relevant Health and Safety Executive (HSE) guidance. Leicester Therapeutic School will comply with applicable legislation and keep arrangements under review.

- The Health and Safety at Work etc. Act 1974 and the Health and Safety (First-Aid) Regulations 1981, which require employers to provide adequate and appropriate first aid equipment, facilities and personnel for employees.
- The Management of Health and Safety at Work Regulations 1999, which require suitable risk assessment and effective arrangements for health and safety.
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), which require specified work-related incidents to be reported to the HSE.
- The Social Security (Claims and Payments) Regulations 1979, together with other applicable record-keeping requirements.
- The Education (Independent School Standards) Regulations 2014, including Part 3 paragraph 13 on timely and competent first aid and Part 5 paragraph 24 on suitable medical accommodation.
- The Equality Act 2010, DfE guidance First aid in schools, early years and further education, current guidance on supporting pupils with medical conditions, and relevant DfE guidance on automated external defibrillators (AEDs). The July 2026 Allergy safety in schools guidance is not currently statutory for independent special schools, but Leicester Therapeutic School will have regard to its principles as good practice.

3. Roles and responsibilities

Appointed person(s) and first aiders:

The school's appointed persons include:

- Amy Vickerman – Headteacher
- Helen Dixon – Class Teacher
- Sarah Daughton – Inclusion Practitioner
- Jignesh Chouhan – Premises Officer

The Headteacher will ensure that a first aid needs assessment is completed and reviewed so that sufficient trained personnel, equipment and facilities are available at all times. Provision will take account of staff

absence, the age and needs of pupils, SEND and medical needs, the layout of the premises, off-site activities and any identified hazards. Medication administration is separate from first aid and will only be undertaken by staff who have received the training required for the pupil or medicine concerned.

Appointed Persons and First Aiders

Appointed persons are responsible for:

- Taking charge of first aid arrangements when someone is injured or becomes ill, including summoning an appropriately trained first aider where required.
- Ensuring first aid equipment and facilities are appropriately located, checked regularly, replenished after use and that expired items are removed safely.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.

Qualified first aiders have completed appropriate training delivered by a competent provider and hold a valid certificate. They are responsible for:

- Acting as first responders to incidents, assessing the casualty and providing immediate and appropriate first aid within the limits of their training, including following a pupil's Individual Healthcare Plan (IHP) or emergency plan where relevant.
- Deciding, with appropriate senior staff and parents/carers, whether a pupil is well enough to remain in school or needs further medical assessment or collection.
- Ensuring first aid treatment and the outcome are recorded on Medical Tracker on the same day, or as soon as reasonably practicable after the incident.
- Escalating concerns promptly and ensuring relevant emergency and parent/carer contact information is available.

The Governing Board

The Proprietor and Governing Board have overall responsibility for health and safety governance and for ensuring that the school has effective first aid arrangements. Operational responsibility is delegated to the Headteacher and relevant staff.

The Headteacher

The Headteacher is responsible for implementing this policy, including:

- Ensuring the first aid needs assessment identifies sufficient appointed persons and/or trained first aiders to provide prompt cover throughout the school day and during school activities, including foreseeable staff absence.
- Ensuring first aiders receive training appropriate to the school's needs, maintain valid certificates and receive any additional condition-specific or paediatric content identified by the first aid needs assessment.
- Ensuring all staff know how to obtain first aid assistance, where equipment and facilities are located, and what to do in a medical emergency.
- Ensuring suitable risk assessments, Individual Healthcare Plans and emergency arrangements are in place for pupils with identified medical needs.

- Reviewing first aid provision following significant incidents, changes to staffing, pupil needs, premises or activities, and using accident and near-miss information to identify trends.
- Ensuring suitable accommodation is readily available for medical examination and treatment and for the short-term care of sick or injured pupils, with a washbasin and access to a nearby toilet, in accordance with the Independent School Standards.
- Ensuring that reportable incidents are notified to the HSE under RIDDOR and that other notifications are made where legally required.

Staff

School staff are responsible for:

- Following the school's first aid and emergency procedures and acting within the limits of their training and competence.
- Knowing how to contact an appointed person or first aider urgently and where first aid equipment, the medical room and emergency medication are located.
- Ensuring any first aid they administer or incident they witness is recorded using the appropriate school system, and reporting hazards and near misses.
- Informing the Headteacher or line manager of any health condition or support need that may be relevant to their own safety at work.

4. Medical Emergencies

Medical emergencies include, but are not limited to:

- Severe bleeding, a serious wound or suspected major injury.
- Anaphylaxis, severe asthma or other serious breathing difficulty.
- A prolonged or otherwise serious seizure; suspected fracture; serious head, neck or spinal injury; or loss of consciousness.
- Cardiac arrest, collapse, choking, severe burns, poisoning, or any sudden illness or injury where there is concern for life or serious harm.

Procedure:

Call 999 immediately where a medical emergency is suspected. Do not delay an emergency call while trying to contact a parent/carer or senior leader.

Provide first aid within the responder's training, follow the pupil's IHP/emergency plan where applicable, use an AED where available and indicated, and send a member of staff to meet and direct the emergency services.

Inform a senior leader and parent/carer as soon as practicable without delaying treatment, ensure the pupil is appropriately supervised, and make an accurate record of the incident, treatment and outcome.

5. First aid procedures

In-school procedures

In the event of an accident, injury or sudden illness:

- The closest member of staff will make the area safe where possible, assess whether urgent help is needed and summon a qualified first aider or emergency services as appropriate.
- The first aider will assess the casualty, provide first aid within their competence and decide whether further assistance or emergency medical care is required. They will remain with the casualty until appropriate help or supervision is in place.
- A casualty with a suspected serious head, neck or spinal injury will not be moved unless there is an immediate danger or movement is necessary to maintain the airway or provide life-saving treatment, in accordance with first aid training.
- If a pupil is too unwell to remain in school, parents/carers will be contacted and asked to collect them. Staff will advise parents/carers of the first aid given and any recommended next steps, without diagnosing medical conditions.
- If emergency services are called, parents/carers will be informed as soon as practicable. A suitable member of staff will remain with the pupil and, where appropriate, accompany them until responsibility is transferred to the parent/carer or medical professionals.
- The first aider or staff member dealing with the incident will make a record on Medical Tracker on the same day, or as soon as reasonably practicable, including the injury/illness, treatment and immediate outcome.
- Spillages of blood, vomit, urine, faeces or other bodily fluids will be managed using appropriate PPE and the school's body-fluid spill kit/approved cleaning products. The area will be isolated as necessary and cleaned and disinfected in accordance with infection-control procedures. Sawdust will not be used.

Off-site procedures

Before taking pupils off site, the visit leader will assess the first aid provision required for the activity, location, travel arrangements and individual pupil needs. Staff will take:

- A suitably stocked travelling first aid kit based on the visit risk assessment and first aid needs assessment.
- Where no special risk is identified, the DfE/HSE suggested minimum travelling provision is:
- A leaflet giving general advice on first aid.
- 6 individually wrapped sterile adhesive dressings.
- 1 large sterile unmedicated dressing.
- 2 individually wrapped triangular bandages, preferably sterile.
- 2 safety pins.
- Individually wrapped moist cleansing wipes.
- 2 pairs of disposable gloves.
- Any additional equipment identified by the risk assessment, including items needed because of the activity, location, weather or known medical needs.
- Accessible information about pupils' medical needs, allergies and relevant Individual Healthcare Plans/emergency plans.

- Required emergency medication carried and stored in accordance with the school's medication arrangements; routine medication is not kept in a first aid kit.
- Current parent/carer and school emergency contact details.
- A charged means of communication and details of the destination and emergency arrangements.
- A trained first aider whose competence is appropriate to the pupils and visit risks, as identified by the risk assessment.
- Appropriate arrangements for safely transporting, storing and administering any pupil medication required during the visit.
- A record of any first aid given off site, with parents/carers informed and school records updated on return or sooner where necessary.
- The trip leader will review provision before departure and replace any used or expired items promptly.
- Educational visit arrangements must also comply with the school's Educational Visits Policy.
- When transporting pupils using a minibus or other vehicle to which specific vehicle first aid requirements apply, the school will ensure that a suitable, clearly marked first aid box is readily available and maintained in good condition. For minibuses and relevant larger vehicles this will contain, as applicable:
 - a. 10 antiseptic wipes, foil packed.
 - b. 1 conforming disposable bandage (not less than 7.5 cm wide).
 - c. 2 triangular bandages.
 - d. 1 packet of 24 assorted adhesive dressings.
 - e. 3 large sterile unmedicated ambulance dressings (not less than 15 cm × 20 cm).
 - f. 2 sterile eye pads, with attachments.
 - g. 12 assorted safety pins.
 - h. 1 pair of rustless blunt-ended scissors.

Risk assessments will be completed before educational visits and will include first aid cover, access to emergency assistance, known medical needs and any additional equipment or controls required.

There will be at least one suitably trained first aider on school trips and visits where the risk assessment identifies this is required; Leicester Therapeutic School's normal expectation is that a first aider accompanies all pupil visits. IHPs and emergency medication will be incorporated into the visit planning and risk assessment.

6. First Aid Equipment

The number and contents of first aid containers will be determined by the school's first aid needs assessment. There is no mandatory universal list. Where no special risk is identified, the DfE/HSE suggested minimum provision for an on-site first aid container includes:

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

- Additional items identified by the first aid needs assessment for the school's pupils, staff, activities and hazards.
- First aid containers will be clearly identified, easily accessible and, where possible, located near hand-washing facilities.
- The appointed person/first aider responsible for each kit will check it frequently, restock it promptly after use and safely remove expired items.
- Medication will not be stored in first aid containers. Emergency medication will be stored and accessed in accordance with pupils' IHPs and the school's medication procedures.
- Cold packs and other supplementary first aid items will be stored and used in accordance with manufacturer instructions and the school's risk assessment.
- Where an AED is provided, it will be readily accessible, checked and maintained in accordance with manufacturer instructions and staff will know its location.
- The school will review the number and location of kits when the first aid needs assessment or school arrangements change.

First Aid Kit Locations

- Medical room.
- Staff room.
- Occupational Therapy room.

Additional medical and first aid supplies are stored in the medical room. The locations of first aid facilities and trained personnel will be made known to staff and displayed or communicated appropriately.

7. Record-keeping and reporting

First aid and accident records

- Staff accidents and relevant near misses will be recorded on the school's BrightSafe system in accordance with the Health & Safety Policy.
- Pupil first aid incidents, accidents and relevant near misses will be recorded on the school's Tracker. Safeguarding information arising from an incident will also be recorded on the school's safeguarding system where appropriate.
- Staff will receive instruction on the school's recording and reporting arrangements and must make records promptly and accurately.
- A first aid record will be made on the same day, or as soon as reasonably practicable, and should include the date, time and place; the name of the injured or ill person; details of the injury or illness; first aid provided; what happened immediately afterwards; and the name of the person dealing with the incident.
- Records will be sufficiently detailed to support communication with parents/carers, identify trends, inform risk assessment and first aid needs assessment, and demonstrate appropriate action.
- First aid, accident and related records will be retained and securely disposed of in accordance with the school's Data Retention Policy and applicable legal requirements.

Reporting to the HSE

- The Headteacher, as the school's nominated responsible person for this purpose, will ensure that incidents reportable under RIDDOR are notified to the HSE and that an appropriate record is kept.

- Fatalities, specified injuries and dangerous occurrences must be notified without delay. A worker's over-seven-day incapacitation must be reported within 15 days of the accident. Other reportable events will be notified within the timescales set by RIDDOR.

Workers: examples of reportable events include:

Only incidents meeting the RIDDOR criteria are reportable. The following summary is not exhaustive:

- A work-related death.
- Specified injuries to workers, including:
 - 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 or scalding covering more than 10% of the body or causing significant damage to the eyes, respiratory system or other vital organs.
 - Any scalping requiring hospital treatment.
 - Loss of consciousness caused by head injury or asphyxia.
 - Any injury arising from work in an enclosed space that leads to hypothermia or heat-induced illness, requires resuscitation or requires admission to hospital for more than 24 hours.
 - An injury to a worker which results in incapacity for more than seven consecutive days, not counting the day of the accident.
- A diagnosed occupational disease where the RIDDOR reporting conditions are met.
- Specified dangerous occurrences, even where no injury results, where the event falls within the RIDDOR categories.
 - a) Examples can include certain failures of lifting equipment.
 - b) Certain accidental releases of biological agents.
 - c) Certain escapes or releases of substances that could cause serious injury or damage to health.
 - d) Certain electrical short circuits or overloads causing fire or explosion.
- RIDDOR has specific definitions and thresholds. Staff must report incidents internally; the Headteacher will determine, taking competent advice where necessary, whether an external HSE report is required.
- Routine minor injuries, illnesses and near misses are recorded and reviewed internally but are not automatically reportable under RIDDOR.
- Where there is uncertainty, the school will consult current HSE RIDDOR guidance before submitting a report.
- Records of reportable events will be kept in accordance with RIDDOR and the school's Data Retention Policy.
- Pupils, visitors and other people who are not at work:
 - a) A work-related accident is reportable where it results in death, or where an injured non-worker is taken directly from the scene of the accident to hospital for treatment of that injury.
 - b) Hospital attendance for diagnostic tests or precautionary checks alone does not constitute treatment for RIDDOR purposes.
 - c) The accident must arise out of or be connected with a work activity. Examples include failures in how an activity was organised, the way equipment or substances were used, or the condition of the premises.
 - d) Most accidents involving pupils at school or on school trips are not reportable to the HSE. They must still be recorded and reviewed under the school's internal procedures.

RIDDOR reporting for pupils and other non-workers is based on the work-related accident and outcome, not simply on the severity of the injury or the fact that a hospital was attended.

Examples of work-related factors include:

- A failure in the way a school activity was organised, such as inadequate supervision.
- The way equipment or substances were used, or the condition of the premises.

The Headteacher will use the current HSE guidance to decide whether a report is required and will seek competent health and safety advice where the position is unclear.

- HSE reports will only be made by or on behalf of the person with the legal responsibility to report under RIDDOR.
- Staff must not submit an external RIDDOR report independently unless authorised to do so.
- Any RIDDOR report and supporting evidence will be retained securely.

Information and reporting forms are available through the HSE RIDDOR service.

How to make a RIDDOR report – HSE.

8. Notifying Parents

Parents/carers will be informed of any accident or injury sustained by their child, and any first aid treatment given, on the same day or as soon as reasonably practicable. Notification may be by email, secure school messaging system or telephone depending on the circumstances. If emergency services are called, parents/carers will be contacted as soon as practicable. For any head injury, parents/carers will be notified by telephone and given appropriate advice about signs or symptoms that require medical attention. Serious or worsening symptoms will be treated as a medical emergency and staff will seek urgent professional help rather than waiting for collection.

9. Training

- The first aid needs assessment will determine the type and level of training required. Staff may undertake first aid training where appropriate, but the school will ensure that sufficient trained personnel are available to meet identified needs.
- First aiders will complete appropriate training delivered by a competent provider and hold a valid certificate. Training will reflect the age and needs of pupils and may include paediatric content and condition-specific emergency training such as anaphylaxis, asthma, epilepsy or diabetes where identified by the school's risk assessments and IHPs.
- First aid certificates are usually valid for three years. The school will arrange retraining before expiry. Annual refresher training is strongly recommended to maintain basic skills and keep staff up to date, and additional briefings or training will be provided following significant changes or identified learning needs.

10. Monitoring Arrangements

This policy will be reviewed by the Headteacher at least annually and sooner if legislation or guidance changes, the first aid needs assessment identifies a change, or a significant incident indicates that arrangements should be reviewed.

At every formal review, the policy will be presented to the Governing Board for approval and the implementation of first aid arrangements will be monitored through health and safety oversight.