



# First Aid Statement & Policy

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## **Statement of intent**

Tulip Academy is committed to providing emergency First Aid provision in order to deal with accidents and incidents affecting staff, pupils 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, pupils and visitors.

The school will take every reasonable precaution to ensure the safety and wellbeing of all staff, pupils and visitors. Details of such precautions are noted in the following policies:

- Health and Safety Policy
- Behavioural Policy
- Child Protection and Safeguarding Policy
- Lone Working Policy
- Supporting Pupils with Medical Conditions Policy
- Educational Visits and School Trips Policy

The school's administrative team/or individual/group determined by the Head Teacher has overall responsibility for ensuring that the school has adequate and appropriate First Aid equipment, facilities and personnel, and for ensuring that the correct First Aid procedures are followed.

## **1. Legal framework**

- 1.1 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 Management of Health and Safety at Work Regulations 1999
  - DfE (2015) 'Supporting pupils at school with medical conditions'
  - DfE (2000) 'Guidance on First Aid for Schools'
  - DfE (2018) 'Automated external defibrillators (AEDs)'

## **2. Aims**

- 2.1 All staff will read and be aware of this policy, know who to contact in the event of any illness, accident or injury, and ensure that this policy is followed.
- 2.2 Staff will always use their best endeavours to secure the welfare of pupils.
- 2.3 Anyone on the school premises is expected to take reasonable care for their own and other's safety.
- 2.4 The aims of this policy are to:
- Ensure that the school has adequate, safe and effective First Aid provision for every pupil, 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 pupils 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.

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- 2.5 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.
- 2.6 To achieve the aims of this policy, the school will have suitably stocked First Aid boxes in line with the assessment of needs. Where there is no special risk identified, a minimum provision of First Aid items will be as follows:
- A leaflet giving general advice on First Aid
  - 20 individually wrapped sterile adhesive dressings, of assorted sizes
  - 2 sterile eye pads
  - 4 individually wrapped triangular bandages, preferably sterile
  - 6 safety pins
  - 6 medium-sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings
  - 2 large-sized (approximately 18cm x 18cm) individually wrapped sterile unmedicated wound dressings
  - 1 pair of disposable gloves
  - Equivalent or additional items are acceptable
  - All First Aid containers will be identified by a white cross on a green background
- 2.7 The lead First Aider is responsible for examining the contents of First Aid boxes, including any mobile First Aid boxes for offsite use – these will be frequently checked and restocked as soon as possible after use. Items will be safely discarded after the expiry date has passed.
- 2.8 First Aid boxes are in the following areas:
- The school office
  - Corridor leading to the playground (outside Apples class)
  - Corridor leading to the playground (outside Pineapples class)
  - Medical room
  - Swimming pool
  - Kitchen
  - Plums class
  - Trip leads will collect and take a first aid box on **all** trips
- 3. First Aiders**
- 3.1 The main duties of First Aiders will be to administer immediate First Aid to pupils, staff or visitors, and to ensure that an ambulance or other professional medical help is called, when necessary.
- 3.2 First Aiders will ensure that their First Aid certificates are kept up to date through liaison with the Head Teacher or member of staff with responsibility for CPD.
- 3.3 Each lead First Aider or person appointed by the Head Teacher will be responsible for ensuring all First Aid kits are properly stocked and maintained. The First Aid appointed person(s) will be responsible for maintaining supplies.

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3.4 The current First Aid appointed person(s) is/are:

Name	Contact	Location	Date of First Aid qualification
Olivia Lloyd-Casey (Lead First Aider)	Olivia.Casey@tulip-cit.co.uk	Office	September 2023
Toni Wand (Paediatric)	Toni.Wand@tulip-cit.co.uk	Office	October 2024
Abbie Winspear (Paediatric)	Abbie.Winspear@tulip-cit.co.uk	Apples class	December 2023
Charley Newson (Paediatric)	Charley.Newson@tulip-cit.co.uk	Apples class	January 2025
Sarah Ward (Paediatric)	Sarah.Ward@tulip-cit.co.uk	Apricots class	January 2026
Ciara Shlackman	Ciara.Shlackman@tulip-cit.co.uk	Grapes class	January 2026
Jayne Marshall	Jayne.Marshall@tulip-cit.co.uk	Pineapples class	January 2026
Karen King	Karen.King@tulip-cit.co.uk	Admin office	September 2023
Lily Carter	Lily.Carter@tulip-cit.co.uk	Apricots class	January 2026
Nafiza Sarowar	Nafiza.Sarowar@tulip-cit.co.uk	Apples class	January 2026
Phoebe Long	Phoebe.Long@tulip-cit.co.uk	Mangos class	January 2026
Tessa Bristow	Tessa.Bristow@tulip-cit.co.uk	Pears class	September 2023
Lyn Stokes	Lyn.Stokes@tulip-cit.co.uk	Kitchen/Site	September 2025
Karen Antcliffe	Karen.Antcliffe@tulip-cit.co.uk	Cherry Class	
Rebecca Le Sage	Rebecca.LeSage@tulip-cit.co.uk	Elder Class	
Daiva Gajauskaite	Daiva.Gajauskaite@tulip-cit.co.uk	Chestnut Class	
Charlotte Evans	Charlotte.Evans@tulip-cit.co.uk	Cedar Class	
Laura Newton	Laura.Newton@tulip-cit.co.uk	Hazel Class	
Maicie Myers	Maicie.Myers@tulip-cit.co.uk	Ash Class	
Dominic Mason	Dominic.Mason@tulip-cit.co.uk	SLT Office	
Katie Grimston	Katie.Grimston@tulip-cit.co.uk	Cover Supervisor	
Lorraine Derrick	Lorraine.Derrick@tulip-cit.co.uk	Post 16	
Jan Richardson	Jan.Richardson@tulip-cit.co.uk	Cookery	

### 4. Automated external defibrillators (AEDs)

- 4.1 A defibrillator must be available for easy access in or near the school office.
- 4.2 Where the use of the AED is required, individuals will follow the step-by-step instructions displayed on the device.

- 4.3 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.
- 4.4 Use of the AED will be promoted to pupils during PSHE lessons.
- 4.5 Staff trained to use the AEDs include the paediatric and other named first aiders above. During the event of an AED needing to be used, staff will inform the office via the communication device (radio or phone). The office staff will confirm message received via communication device (radio or phone) and highlight the area of school needing medical attention. The office staff member will take the AED to that area and hand over to the person leading on the medical support. The AED is checked monthly. The lead AED reporting and recording is conducted by the lead overseeing the AED.

## **5. Emergency procedures**

- 5.1 If an accident, 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.
- 5.2 If called, a First Aider will assess the situation and take charge of First Aider administration.
- 5.3 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.
- 5.4 Where an initial assessment by the First Aider indicates a moderate to serious injury has been sustained, one or more of the following actions will be taken:
- Administer emergency help and First Aid to all injured persons. The purpose of this is to keep the victim(s) alive and, if possible, comfortable, before professional medical help can be called. In some situations, immediate action can prevent the accident from becoming increasingly serious, or from involving more victims.
  - Call an ambulance or a doctor, if this is appropriate – after receiving a parent's clear instruction, take the victim(s) to a doctor or to a hospital. Moving the victim(s) to medical help is only advisable if the person doing the moving has sufficient knowledge and skill to move the victim(s) without making the injury worse.
  - Ensure that no further injury can result from the accident, either by making the scene of the accident safe, or (if they are fit to be moved) by removing injured persons from the scene.
  - See to any pupils who may have witnessed the accident or its aftermath and who may be worried, or traumatised, despite not being directly involved. They will need to be escorted from the scene of the accident and comforted. Younger or more vulnerable pupils may need parental support to be called immediately.
- 5.5 Once the above action has been taken, the incident will be reported promptly to:
- The Head Teacher or most senior member of staff available
  - The victim(s)'s parents.

## **6. Reporting to parents**

- 6.1 In the event of incident or injury to a pupil, at least one of the pupil's parents/carers will be informed as soon as practicable.
- 6.2 Parents/carers will be informed in writing of any injury to the head, whether minor or major, and be given guidance on the action to take if symptoms develop.
- 6.3 Parents/carers will be informed in writing of any accident, whether minor or major, and be given guidance on the action to take if symptoms develop.
- 6.4 In the event of a serious injury or an incident requiring emergency medical treatment, the school will telephone the pupil's parents as soon as possible.
- 6.5 A list of emergency contacts will be kept at the school office.

## **7. Offsite visits and events**

- 7.1 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.
- 7.2 For more information about the school's educational visits requirements, please see the Educational Visits and School Trips Policy.

## **8. Storage of medication**

- 8.1 Medicines will always be stored securely and appropriately in accordance with individual product instructions, save where individual pupils have been given responsibility for keeping such equipment with them.
- 8.2 All 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.
- 8.3 All medicines will be returned to the parent/carer for safe disposal when they are no longer required or have expired.
- 8.4 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.
- 8.5 Parents/carers 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/carers in this regard.

## **9. Illnesses**

- 9.1 When a pupil becomes ill during the school day, the parents/carers will be contacted and asked to pick their child up as soon as possible.
- 9.2 A quiet area will be set aside for withdrawal and for pupils to rest while they wait for their parents to pick them up. Pupils will be monitored during this time.

## **10. Allergens**

10.1 Where a pupil has an allergy, this will be addressed via the Trust's Supporting Pupils with Medical Conditions Policy

## **11. Consent**

11.1 Parents/carers 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

11.2 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 pupil in mind – guidelines will be issued to staff in this regard.

## **12. Monitoring and review**

12.1 This policy is reviewed annually by the school and any changes communicated to all members of staff.

12.2 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.

### **Appendix 1**

#### **Bumps to the Head Policy**

Minor head injuries often cause bumps or bruises. If the person is awake (conscious) and with no deep cuts, it's unlikely there will be any serious damage.

Other symptoms of a minor head injury may include:

- a mild headache
- nausea (feeling sick)
- mild dizziness
- mild blurred vision

It is important that the pupil is closely monitored, until such times as they are ready to re-join their class.

If these symptoms get significantly worse or if there are other, more serious symptoms (detailed below), go straight to the accident and emergency (A&E) department of the nearest hospital or call 999 to request an ambulance.

Where possible the pupil should also be seen by one of the appointed First Aiders who will decide if any further action needs to be taken.

- unconsciousness, either briefly or for a longer period of time
- difficulty staying awake or still being sleepy several hours after the injury
- clear fluid leaking from the nose or ears – this could be cerebrospinal fluid, which normally surrounds the brain
- bleeding from one or both ears

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- bruising behind one or both ears
- any sign of skull damage or a penetrating head injury
- difficulty speaking, such as slurred speech
- difficulty understanding what people say
- reading or writing problems
- balance problems or difficulty walking
- loss of power or sensation in part of the body, such as weakness or loss of feeling in an arm or leg
- general weakness
- vision problems, such as significantly blurred or double vision
- having a seizure or fit (when your body suddenly moves uncontrollably)
- memory loss (amnesia), such as not being able to remember what happened before or after the injury
- a persistent headache
- vomiting since the injury
- irritability or unusual behaviour

### Recording and Reporting

1. Record the head injury of a child on CPOMS and use the bump to the head form in the Library Tab of CPOMS.
2. All first aid incidents should be recorded on the first aid incident area on CPOMS.
3. Parents/carers will be informed in by phone call of any injury to the head, whether minor or major, and be given guidance on the action to take if symptoms develop or informed of ambulance/hospital visit.

### Appendix 2

Accident or injury reporting form

#### Report of an Accident or Injury

To the Parent/Carer of:	
Date of accident / injury	
Time of accident / injury	
Brief description of what happened:	
Member of staff / First Aider who dealt with the injury	
Action taken by member of staff/ First Aider:	

Please ensure that you monitor the injury that your child has sustained. If you have any queries regarding the accident, please contact your child's class teacher in the first instance.

**IF YOUR CHILD NEEDS FURTHER MEDICAL TREATMENT AS A RESULT OF THE INJURY, PLEASE INFORM SCHOOL AS SOON AS POSSIBLE.**

### **Appendix 3 – Seizure procedures**

- An Individual Healthcare Plan (IHP) is in place for every pupil diagnosed with epilepsy, outlining seizure types, triggers, emergency plans, and medication requirements.
- Staff receive appropriate training on epilepsy awareness, seizure first aid, and (where applicable) administering emergency medicines.
- Procedures align with current clinical guidance for managing epilepsy in school settings.

#### **Seizure procedures:**

Stay calm, stay with the pupil, and note the time the seizure starts. Timing is critical because seizures lasting longer than 5 minutes require emergency action.

#### **Protect from injury:**

- Remove objects that might cause harm.
- Cushion their head using a rolled-up jumper or clothing.
- Do not restrain them.
- Do not put anything in their mouth.

#### **After the seizure stops:**

- Check breathing.
- Place the pupil in the recovery position to aid breathing and prevent aspiration (if possible)
- Allow them to rest quietly and reassure them.
- Monitor signs for oxygen recovery (blue lips, pale fingers tips)

#### **When to call 999:**

- The seizure lasts longer than 5 minutes or longer than is normal for that pupil.
- The pupil has repeated seizures without regaining awareness.
- It is the first seizure the pupil has ever had.
- Breathing does not return to normal after the seizure.
- The pupil is injured during the seizure.

If stated in the IHP, staff trained in emergency medication may need to administer prescribed emergency medication before calling 999.

As for absences and focal seizures, this is a bit more challenging. As these are generally quick recovery times an ambulance may not be warranted.

- Record every episode with a good history of precipitating factors and pass this on to parents.
- Again, if the seizure(s) lasts over 10 minutes or you are significantly concerned, there is no harm calling the ambulance.

#### **Maintain privacy and dignity**

Move other pupils away and support the child discretely.

## **Appendix 4 – Mental Health**

Tulip Academy is committed to promoting positive mental health and wellbeing for all pupils, staff, and visitors. Mental health first aid is an integral part of our whole-school approach to safeguarding, inclusion, and pastoral support. We recognise that children and young people may experience mental health challenges, and early identification and timely support can significantly improve outcomes.

This section outlines the procedures for responding to mental health concerns as part of our first aid provision.

### **2. Aims**

- To ensure pupils experiencing mental health difficulties receive immediate, safe, and supportive responses.
- To provide staff with clear procedures for identifying and responding to mental health first aid needs.
- To promote a school culture where mental health is understood, valued, and supported.
- To ensure working partnerships with parents/carers and external agencies.
- To ensure compliance with current safeguarding legislation and national guidance.

### **3. Definition of Mental Health First Aid**

Mental health first aid is the initial support provided to a pupil or adult experiencing a mental health crisis, distress, or concern, until appropriate professional help is accessed.

This may include:

- Emotional support
- De-escalation and grounding strategies
- Ensuring physical safety
- Signposting or referral to designated staff
- Contacting emergency services if required

### **4. Roles and Responsibilities**

#### **4.1 Governing Body**

- Ensures appropriate policies and training are in place.
- Monitors the effectiveness of the school's wellbeing provision.

#### **4.2 Headteacher**

- Ensures adequate staffing, training and resources.
- Oversees implementation of mental health procedures.

#### **4.3 Designated Mental Health Lead**

- Coordinates whole-school approach to mental health.
- Supports staff with concerns or interventions.
- Liaises with external agencies (CAMHS, Social Care, etc.).

#### **4.4 Mental Health First Aiders (MHFAs)**

- Provide immediate support to individuals in crisis.
- Monitor and evaluate risk (self-harm, suicidal ideation, emotional distress).
- Record and report incidents in line with safeguarding procedures.
- Refer pupils appropriately to DSLs or external services

#### **4.5 All Staff**

- Recognise early warning signs.
- Follow reporting systems (e.g. CPOMS).
- Provide supportive, non-judgemental interactions.

### **5. Recognising Signs of Mental Health Needs**

Staff may notice:

#### **Emotional Signs**

- Persistent sadness or anxiety
- Irritability or anger
- Withdrawal from peers

#### **Behavioural Signs**

- Changes in attendance or punctuality
- Risk-taking behaviours
- Self-harm indicators (visible or disclosed)

#### **Cognitive Signs**

- Difficulty concentrating
- Neglecting work
- Negative self-perception

#### **Physical Signs**

- Frequent unexplained illnesses
- Changes in sleep or appetite
- Fatigue

Staff must treat all concerns seriously and alert the Mental Health Lead or DSL.

## **6. Responding to a Mental Health First Aid Incident**

### **6.1 Immediate Actions**

1. Stay calm and supportive.
2. Move the pupil to a safe, quiet space.
3. Use active listening and non-judgemental language.
4. Assess immediate risk:
  - Is the pupil safe right now?
  - Are there concerns about self-harm or harm to others?
5. Never leave a pupil in crisis unattended.

### **6.2 Referral and Follow-Up**

- Inform the Mental Health Lead and/or Designated Safeguarding Lead.
- Record concerns clearly and promptly.
- Contact parents/carers unless doing so presents a safeguarding risk.
- Consider internal support (e.g. ELSA, MHST, counsellor).
- Refer to external services if required (GP, CAMHS, Early Help)

### **6.3 Emergency Situations**

If a pupil is in immediate danger or has harmed themselves:

- Call 999.
- Notify the DSL/Headteacher.
- Follow safeguarding procedures.

## **7. Confidentiality**

Information is shared on a need-to-know basis following safeguarding legislation. Pupils are informed that staff cannot keep information confidential if it involves risk of harm.

## **8. Training**

- Designated staff receive accredited Mental Health First Aid training.
- The Mental Health Lead receives enhanced training.
- All staff receive annual awareness training and regular refresher updates.

## **9. Record Keeping**

All mental health concerns must be recorded using the school's safeguarding/incident systems (e.g. CPOMS).

Records should include:

- Nature of concern
- Actions taken
- Advice given
- Follow-up arrangements

#### **10. Promotion of Positive Mental Health**

The school will:

- Teach emotional literacy and resilience through the curriculum.
- Use targeted interventions for pupils needing additional support.
- Foster an inclusive and supportive environment.