



First Aid and Self Harm Policy

Date plan last reviewed: September 2026

Signatories

Head of School	Mrs C Brown	
Chair of Governors	Mrs J Arthurs	

Review

Dated	September 2026
Next review	September 2027

This policy should be read in conjunction with the school's 'Managing Medicines – supporting pupils with medical needs' Policy
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Part 1 – First Aid at The Academy of Woodlands

1. Rationale

- To ensure an effective response to injuries and sudden illness in pupils and staff.
- A separate policy is in place for the administration of medication- 'Managing medicines – supporting pupils with medical needs'
- To provide excellent first aid provision and medical care for pupils and school personnel

2. Aims and Objectives

- To have in place qualified first aid personnel who are aware of hygiene and infection control procedures
- To have in place essential first aid equipment.
- To have in place excellent lines of communication with the emergency services and other external agencies.

- To have in place staff qualified as a Paediatric and/or First Aider 'In The Workplace' across the school including in the areas of administration, teaching assistants, nursery, sports team and the Arts/Sports Centre
- To provide First Aid equipment and provision in accordance with Health & Safety recommendations
- To ensure that all staff are aware of the appointed First Aiders
- To ensure all staff are aware of correct reporting and recording procedures relating to accidents

3. Responsibilities

The governing body:

- has nominated a member of staff to take charge of first aid arrangements: this is Sarah Palmer
- delegated powers and responsibilities to the Head Teacher to ensure the school complies with The Health and Safety (First Aid) Regulations 1981 and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR),
- nominated a link governor, to visit the school regularly, to liaise with the nominated person and to report back to the GB
- has responsibility for the effective implementation, monitoring and evaluation of this policy

The Headteacher/DSL will:

- ensure the school complies with The Health and Safety (First Aid) Regulations 1981 and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR),
- ensure that the nominated person is suitably trained in first aid and administering medicines, has sufficient time to undertake their role and an adequate budget to purchase first aid equipment, ensure all school personnel are aware of first aid arrangements
- ensure the required number of school personnel are trained in first aid arrangements and hold a valid certificate of competence
- conduct with the Health and Safety coordinator annual risk assessments
- monitor and evaluate this policy
- ensure Health Care Plans are completed with parents and all staff are aware

The SEND Administrator person will:

- organise and maintain resources in medical room
- ensure that there are adequate stocks of first aid equipment
- maintain first aid containers at appropriate locations around the school,
- ensure all accidents and injuries are recorded and reported
- inform parents of serious accidents especially head injuries and of any first aid administered,
- keep up to date with new developments and resources
- review and monitor medicines in school and ensure paperwork up to date – asthma lists etc
- work with SENDCo to ensure Health Care Plans records posters are up to date

Those staff members either Paediatric and/or First Aid at work trained should:

- ensure first aid provision is available for staff, visitors and children during school opening hours
- be available to attend school trips providing first aid cover
- ensure first aid records are kept and accidents and injuries are reported
- assist in organisation of and maintain the medical room
- undertake training in first aid, administration of medicines and awareness of medical problems in pupils
- correct storage of medicine in a secure location in the medical room (including refrigeration),
- keep a record of medicine administered as appropriate
- ensure that the children take their medicine to any out of school activity (this will usually be held by the teacher in charge)

School Personnel- non first aid trained should:

- be aware of first aid arrangements,
- be aware of pupils with known medical problems
- report any concerns they have on the medical welfare of any pupil
- ensure a qualified first aider is notified of any medical emergencies
- ensure a suitably qualified first aider attends any visits or excursions taking place off sit

Parents and Carers are responsible for:

- Alerting school when a health care plan may be required
- Personally handing all medicines to the office and collecting at the end of the day.
- Completing medication forms (one for each type of medicine)
- Ensuring that medicine is correctly labelled with the child's name, medicine name, dosage required and frequency of administration, cautionary advice, expiry date, storage information and written instructions
- Supplying medicine in the original container and disposing of out of date medication
- Informing the school whether any adverse effect may result from failure to receive the medicine or possible side effects of its administration

Pupils:

Pupils should report all accidents/illness to an adult immediately where possible.

4. First Aid Procedures

First Aiders carry out initial first aid procedures to any accident/injury occurring within the school. An ambulance/emergency services may be called to assist with the health and safety of pupils where first aid procedures have been exhausted and further medical attention is deemed necessary by the school.

Typical first aid procedures are listed here as examples but these are not an exhaustive list and first aiders will use their training and judgement in individual circumstances to care for children.

Allergies: Where the school has been made aware of any known allergies, the school will have a health care plan in place to address this. In the case of a suspected allergic reaction that is unknown to us – if the reaction was mild then parents would be called to ask advice or to come in and assess the child. If the child is experiencing severe reactions including (but

not limited to) breathing difficulties an ambulance would be called straight away and if necessary, emergency anaphylactic medication will be administered by a trained member of staff. For ongoing mild allergies it may be deemed appropriate by the school to accept a medical consent form to administer over the counter medication for allergies.

Breaks/Fractures: When presented with a suspected break, reassure and make the child as comfortable as possible. Request assistance to make call to parent/carer to discuss action - requesting an ambulance if the parent cannot get to school or waiting for parent to come to school to check child.

When presented with an obvious break, reassure and make child as comfortable as possible. Request assistance to make call to an ambulance and parent/carer so that First Aider can remain with the child at all times. Member of staff to accompany child to hospital, if parent not able to be present.

Bruising: Cold pack applied immediately then monitor for swelling and movement. Return to class when recovered.

Chickenpox: If a first aider suspects chickenpox then parents will be asked to collect their child as soon as possible. Whilst waiting for collection the child would be able to wait in a quiet room with adult supervision and made comfortable.

Cuts: Clean wound, check severity. Make decision to either protect with plaster or leave to dry and heal openly, depending on the location of the injury. Check if there is a record of any allergy to plasters for the child. Call parent/carer if it is felt that cut may need hospital treatment.

Fever: If child presents with a temperature of over 38°C, child or parents will be asked about how they feel, have they had any medication at home as well as observing their general demeanour and presentation. A repeated temperature reading may be taken after 15 minutes to see if procedures such as removing excess clothing, giving cool drinks, and allowing them to rest brings their temperature down. It is at the discretion of the school to make a decision about whether the child is presenting with a fever meaning that the parents/carers will be asked to collect their child to take home.

Grazes: Clean wound, check severity. Make decision whether to protect with plaster or gauze pad to prevent further friction from clothing depending on the location of the injury. If injury is extensive call parent/carer.

Hayfever: Letter sent home to request parents/carers to ensure children who suffer, have medication before coming to school. If this has not taken place, and we have no medication in school, parent called. If the Hayfever is severe, then treat by staying inside to prevent further irritation.

Head Injuries: Enquire about cause whilst checking head for swelling or cuts. Treat with cool pack/ice pack for swelling and address the cut if present.

First Aider to complete an IRIS 'School Accident / Illness Report' and a Head Injury Slip which is given to the class adult (Teacher/TA). Child will need to be monitored in class through the course of the day. The slip will need to go home to the parent/carer.

All head injuries should be followed up with a phonecall home.

Observing for any changes – nausea, dizziness, drowsiness. If any of these symptoms occur then observer needs to contact the office immediately for a call to be made to parent / carer to come into school.

Headaches: Temperature to be checked and time in the quiet environment of the medical area if necessary. Return to class when they feel able. If pain persists and child not able to cope in class, call parent/carer to request pain relief to be brought to school. Parent/carer will then take decision to take child home if necessary.

Nose Bleeds: Give instruction to child/adult support to help them stem bleeding. When flow has subsided, assist with cleaning. Return to class when bleed stops. If this does not happen or the nosebleeds continue, call to parent/carer.

Sickness/Diarrhoea: Call parent immediately after attending to child to collect. Assist with cleaning and changing of clothes. Instruct parent/carer that child should be kept at home and not brought back into Nursery or school until 48 hours after their symptoms have disappeared.

Sprains/Strains: Elevate limb and apply cool pack. Bandage for support, if needed and rest until child feels recovered enough to return to class. If this is not the case, call parent/carer to advise of incident and discuss collection from school.

5. Recording Accidents and Injuries

Accidents/injury requiring first aid to pupils should be recorded on IRIS and if necessary, reported to parents via the first aider. All head bumps/injuries will result in parents/carers being informed either via phone call or text, depending on the severity of the injury.

Accidents to staff must be reported using IRIS and a member of SLT informed.

All serious accidents, resulting in a person being taken to hospital, must be reported to the Headteacher or Deputy Headteacher.

The Headteacher or Deputy Headteacher must be informed if it is felt necessary to send or take a person home due to illness or injury.

6. Storage

There is a designated room for First Aid located by the Main Reception. All treatments must be in accordance with medical guidelines recommendations. Names of qualified First Aiders will be displayed in the First Aid Room.

6a. First Aid Boxes are located in:

- Designated First Aid Room

Children requiring First Aid treatment should be dealt with initially by the member of staff involved. Depending on the nature of the concern e.g. where there is doubt or in more serious circumstances:

In class:

- a message should be sent by reliable means to either the school office or direct to a qualified First Aider for them to attend the classroom

6b. Play/Lunchtime:

- the child can be sent to the first aid shed and accompanied by either an adult or peer (depending on the severity of the concern)

7. Emergency Medical Treatment Onsite

- The Academy of Woodlands have invested in an emergency adrenaline pen device which is stored centrally in the school. KITT Medical ensure in date EpiPens are on site at all times for administration to children and adults. <https://kittmedical.com/for-schools>.

The Academy of Woodlands holds:

KittMedical , 2 x 300mcg and 2 x 150 mcg

These are located in:

The end of the green mile corridor, opposite the Forest School Display Board.

They are stored in orange colour containers and labelled 'Anaphylaxis Kitt'

One key is located in the break glass above the Kitt (pictured across).

One key is located under the key safe in the main school office (pictured below).



7a. Automated External Defibrillator

- A cardiac arrest is a life-threatening emergency where a person's heart has suddenly stopped pumping blood around the body. The person will be unconscious, unresponsive and will not be breathing normally or not breathing at all. It is essential to call 999 immediately for an ambulance.
- While waiting for the ambulance, anyone can help to save the person's life by delivering CPR and using a defibrillator. CPR can help to circulate oxygen to the body's vital organs, which will help prevent further deterioration so that defibrillation can be administered.
- Located: Designated First Aid Room and the Arts and Sports Centre.



7b. First Aid Kit

A typical First Aid Kit should consist of the following items;

- 2 small (eye pad) bandages
- 6 medium bandages
- 2 large bandages
- 2 triangular bandages
- 6 safety pins
- 3 pairs of disposable gloves
- 6 antiseptic wipes
- 1 leaflet containing general First Aid advice
- 20 plasters of assorted sizes

Some of the First Aid Kits are required to contain alternative or additional items. Stock levels should be monitored regularly and re-ordered as required. Any items which have passed their expiry date should be discarded safely. The location of all First Aid Kits should be designated with a green cross.

8. Dealing with body fluids

In order to maintain protection from disease, all body fluids should be considered infected. To prevent contact with body fluids the following guidelines should be followed:

- When dealing with any body fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of the following body fluids must be cleaned up immediately.

Bodily fluids include: • Blood, Faeces, Nasal and eye discharges, Saliva, Vomit

Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution. Never use a mop for cleaning up blood and body fluid spillages.

All contaminated material should be disposed of in a yellow clinical waste bag then placed in the waste bin in the first aid room. Avoid getting any body fluids in your eyes, nose, and mouth or on any open sores. If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

9. Infectious Diseases

If a child is suspected of having an infectious disease advice should be sought from the parent/carers GP and/or NHS service. Parents/Carers can follow the links below to gain information from government guidelines so to reduce the transmission of infectious diseases to other pupils and staff. www.gov.uk/government/publications/health-protection-in-schools-and-other-childcarefacilities/managing-specific-infectious-diseases-a-to-z www.nhs.uk/live-well/is-my-child-too-ill-for-school/

10. Good Hygiene Practice

10a. Handwashing

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings. There are anti-bacterial dispensers in each classroom.

10b. Coughing and sneezing

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

10c. Personal protective equipment (PPE)

Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

11. Rashes and Skin Infections

Children with rashes should be considered infectious and assessed by their doctor.

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	See: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x2 doses). See: <i>Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). See: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child

12. Diarrhea and Vomiting Illness

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

13. Respiratory infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	<i>See: Vulnerable Children</i>
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary

14. Other Infections

Please refer to guidance at [A to Z of infectious diseases in children and young people's settings - GOV.UK](#)

* Denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy. Outbreaks: if an outbreak of infectious disease is suspected, please contact your local PHE centre.

Part 2 - Arts and Sports Centre

1. Visitors and Clients to the Arts and Sports Centre

Accident reporting and procedures are in place for all visitors/clients of the school.

There are first aid facilities at both the Arts Centre reception and Sports Centre reception. These facilities include AED Defibrillators at both receptions.

All incidents requiring first aid should be reported to the nearest reception area immediately. Visitors/Clients requiring first aid treatment should be dealt with initially by a first aid qualified member of staff. If the injury is of serious concern the person involved will be advised to seek further medical assistance. If necessary, an ambulance will be called at the earliest possible stage.

An 'Incident, Accident or Dangerous & Occurrence & Initial Management Investigation Report' should be completed for all accidents/injuries to clients/visitors of the Arts & Sports Centre. These will be stored in lockable units at both the Arts & Sports Centre reception and retained for 10 years

Part 3 - Self Harm

1. What is Self - Harm?

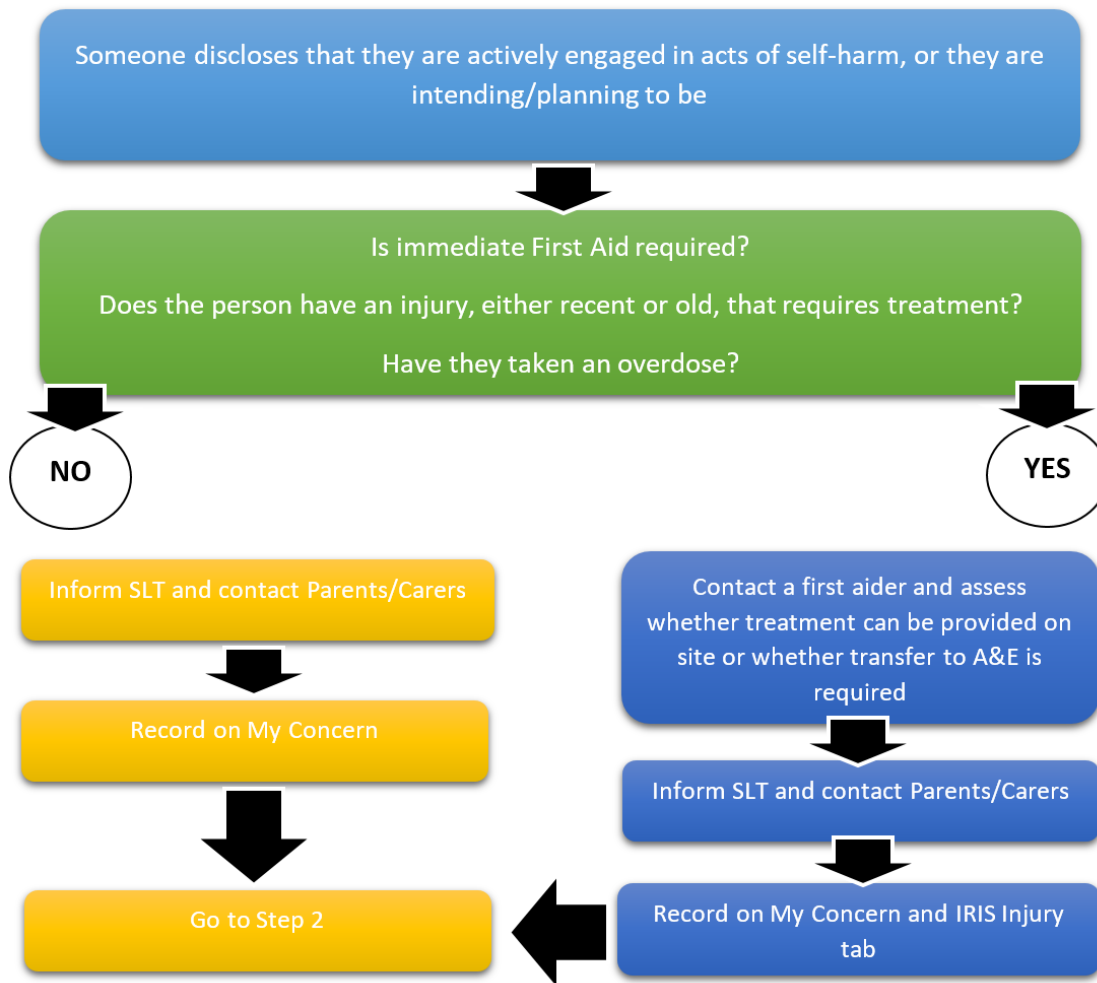
Self-harm is an umbrella term to describe a wide range of behaviours. These are split into 2 sub-categories:

Self-injury: Harming or injuring oneself e.g. cutting, burning, burning the skin, drinking or eating poisons and other acts of self-mutilation.

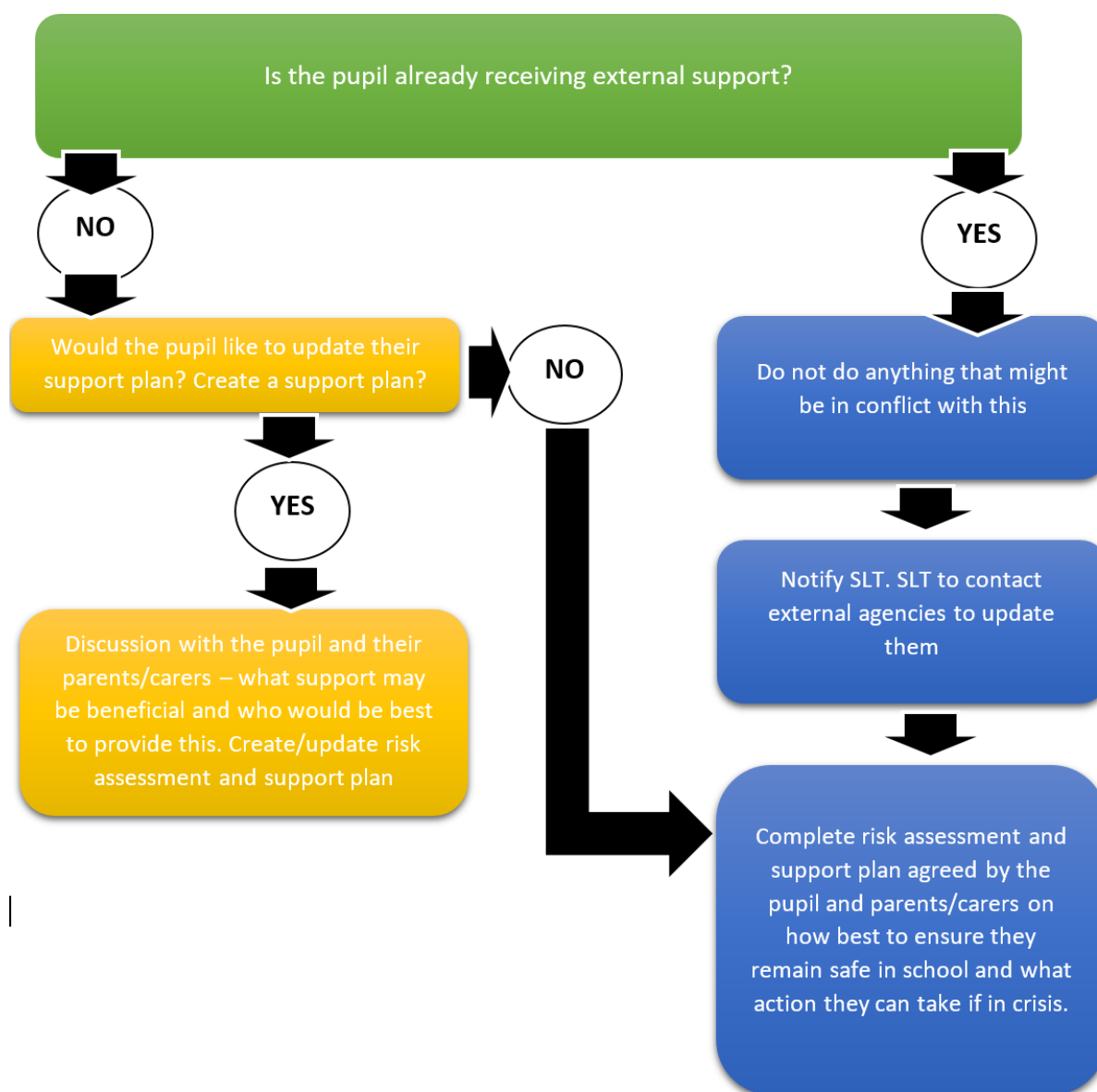
Harmful Behaviours: Behaviours which could result in long-term harm e.g. over/ under eating, drug misuse, binge drinking, and smoking.

2. Decision making around self-injurious behaviours

STEP 1



STEP 2



3. Who informs parents/ carers and when will this happen?

SLT should be notified after following procedure (shown in the flowcharts). It will be SLT's decision as to when and how parents/carers are informed. This will be done with sensitivity and the meeting will be used to inform Support Plans and Risk Assessments used in school.

4. Preventative Strategies

Pupils who present with self-harming behaviours and who are at risk of self-harm will have an individual risk assessment which will contribute to the information within a written support plan. The support plan is individualised to the pupil and includes personalised preventative

measures specific to the presenting behaviour. This support plan will be reviewed as appropriate if behaviours change.

A trauma informed approach will be utilised by staff to offer alternative strategies to lessen pupils' social defence systems. At times, staff will make use of dynamic risk assessments in emergency situation

5. Recording of self-harm incidents/injury

Staff are to record all incidents of self-harm on MyConcern and the actual injury on IRIS under the accident/injury tab. These forms can then be printed for parents' reference if required.