

Love Music
Make Music



First Aid Policy and Procedures

For

BEAT Music Academies and Activities

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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 trustees 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 advice from the Department for Education [Statutory framework for the early years foundation stage for group and school providers \(publishing.service.gov.uk\)](#) 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 School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils.

2.1. Mental Health First Aid:

Employers are now encouraged to incorporate mental health support into their first aid needs assessments. This means training staff to recognise and respond to mental health issues such as anxiety, depression, and other crises. Organisations are advised to either provide mental health first aid training or ensure their existing first aiders can offer initial support and guide colleagues to professional help if needed.

3. Roles and Responsibilities

3.1. Appointed Person(s) and First Aiders

BEAT currently have five trained first aiders. They are responsible for:

- Taking charge when someone is injured or becomes ill.
- 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.

First aiders are trained and qualified to carry out the role (see section 7) 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.
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- Keeping their contact details up to date

BEAT's first aiders are listed in appendix 1. Their names will also be displayed prominently around our Music Academies.

3.2. The Trustees

The Trustees delegates operational matters and day-to-day tasks to the CEO and staff members.

3.3. The CEO

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

- Ensuring that an appropriate number of trained first aid personnel are always available.
- 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.
- 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 that adequate space is available for catering to the medical needs of pupils.
- Reporting specified incidents to the HSE when necessary (see section 6)

3.4. Staff

BEAT staff are responsible for:

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

4. First Aid Procedures

4.1. Procedures in the Event of an Injury

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.
- 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 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 the BEAT activity, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents.
- If emergency services are called, the Head of Academy or if not available the relevant member of staff will contact parents immediately.
- The relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.

4.2. Outside event procedures

When taking pupils to outside events, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Access to parents' contact details

Risk assessments will be completed by the lead member of staff prior to any educational visit that necessitates taking pupils off BEAT sites.

There will always be at least one first aider with a current paediatric first aid certificate on any trips and visits.

5. First Aid Equipment

A typical first aid kit will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- 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 main BEAT office
- At every Music Academy in the relevant storage cupboards
- In the Main room at the Finches

6. Record-Keeping and Reporting

6.1. First Aid and Accident Record Book

- A minor accident form is completed if the injury needs only very minor first aid- a wipe, cold compress, plaster or ice pack for a short time. For children in Reception and Key Stage 1 a note is sent home to inform parents. For Key Stage 2 children, a note is sent home if there has been a slight head injury
- An AIRS 1 accident form (Accident/Near Miss/Violence at Work Reporting Form (1.05)) will be completed by the relevant member of staff on the same day or as soon as possible after a major incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident.
- Records held in the first aid and accident book will be retained by BEAT for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979.

6.2. Reporting to the HSE

The CEO will keep a record of any accident which results in a reportable occurrence as defined in the Reportable Injury Disease or Dangerous Occurrence Regulations (RIDDOR) 2013 legislation (regulations 4, 5, 6 and 7).

The CEO will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight.
 - Any crush injury to the head or torso causing damage to the brain or internal organs.
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment.
 - Any loss of consciousness caused by head injury or asphyxia.
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.

- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment.
 - The accidental release of a biological agent likely to cause severe human illness.
 - The accidental release or escape of any substance that may cause a serious injury or damage to health.
 - An electrical short circuit or overload causing a fire or explosion.

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm) <http://www.hse.gov.uk/riddor/report.htm>

6.3. Notifying Parents

The relevant member of staff will 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.

6.4. Reporting to Child Protection Agencies

The CEO will also notify local authority child protection agencies (MASH team) of any serious accident or injury to, or the death of, a pupil while in BEAT's care.

7. Training

BEAT values the work carried out by voluntary First Aiders and encourages all staff to undertake first aid training if they so wish.

All First Aiders must have completed a training course and must hold a valid certificate of competence to show this. BEAT will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 1).

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 by the CEO in conjunction with the Trustees every 2 years. At every review, the policy will be approved by the full trustees' board.

9. Links with Other Policies

This First Aid Policy is linked to the

- Health and Safety Policy
- Risk Assessment Policy

Appendix 1: List of Trained First Aiders

Staff Member's Name	Role	Date attended Emergency First Aid at Work (school)	Date for Training to be updated
Sharon Broughall	CEO	03/01/23	02/01/26
Kerry Reid	Director of Standards and Excellence	29/03/21	02/01/25
Sophie Boden	Head of BMAW/BMAC	13/05/24	12/05/27
Chands Lalli	Finance Officer	03/01/23	02/01/26
Peter Yarde- Martin	BEAT Tutor	03/01/23	02/01/26
Elliot Thomas	BEAT Tutor	03/01/23	02/01/26
Richard Vidler	Lead String Tutor	10/01/22	09/01/25

Appendix 3: Guidance to Staff On Particular Medical Conditions

(i) Allergic reactions

Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation
- Nausea
- Stomach-ache
- Diarrhoea
- Vomiting
- Mild swelling of face/lips

If the pupil has a care plan, follow the guidance provided and agreed by parents. Administer the prescribed dose of antihistamine and/or inhaler to a child who displays these mild symptoms only. Make a note of the type of medication, dose given, date, and time the medication was administered. Complete and sign the appropriate medication forms, as detailed in the policy. Observe the child closely for 30 minutes to ensure symptoms subside. Inform parents.

(ii) Anaphylaxis Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or a feeling of a lump in the throat.
- Coughing/Choking
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty in breathing
- Difficulty speaking
- Sudden feeling of weakness caused by a fall in blood pressure – floppiness.
- Collapse and unconsciousness

When someone develops an anaphylactic reaction the onset is usually sudden, with the following signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

Action to be taken:

1. Send someone to call for a paramedic ambulance and inform parents.
2. Arrange to meet parents at the hospital.
3. Send for the named emergency box.
4. Reassure the pupil help is on the way.
5. Lie the pupil flat with legs raised. If breathing is difficult sit the pupil up.

6. Remove the Epi-pen from the carton and pull off the grey safety cap.
7. Place the black tip on the pupil's thigh at right angles to the leg (there is no need to remove clothing).
8. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10seconds.
9. Remove the Epi-pen from the thigh and note the time.
10. Massage the injection area for several seconds.
11. Place the used EpiPen safely to one side for the paramedic.
12. If the pupil has collapsed lay him/her in the recovery position.
13. Ensure the paramedic ambulance has been called.
14. Stay with the pupil.

Steps 4-8 maybe repeated if no improvement in 5 minutes with a second Epi-pen if you have been instructed to do so by a doctor/ambulance control.

REMEMBER Epi-pens are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the Epi-pen the pupil must be taken to hospital for further checks.

(iii) Asthma Management

The trust recognises that asthma is a serious but controllable condition and welcomes any pupil with asthma. The trust ensures that all pupils with asthma can and do fully participate in all BEAT activities.

Trigger factors

- Change in weather conditions.
- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air pollutants
- Emotional situations
- Excitement/Stress

Generic Emergency Inhalers

Pupils should at all times carry their own inhalers and spacers.

A list of children who have been diagnosed with asthma and where parents have given permission for emergency treatment, can be found in the medical form folders and with the Head of Academies.

Recognising an asthma attack

- Pupil unable to continue an activity.
- Difficulty in breathing
- Chest may feel tight.
- Possible wheeze


- Difficulty speaking
- Increased anxiety
- Coughing, sometimes persistently

Action to be taken

1. Ensure that prescribed reliever medication (usually blue) is taken promptly.
2. Reassure the pupil.
3. Encourage the pupil to adopt a position which is best for them-usually sitting upright.
4. Wait five minutes. If symptoms disappear the pupil can resume normal activities.
5. If symptoms have improved but not completely disappeared, inform parents and give another dose of their inhaler and call the first aider.
6. Loosen any tight clothing.
7. If there is no improvement in 5-10 minutes continue to make sure the pupil takes one puff of their reliever inhaler every minute for five minutes or until symptoms improve.
8. Call an ambulance.
9. Accompany pupil to hospital and await the arrival of a parent.

Document History

Date	Reason for Change	Change Controller
October 2020	New	SB
October 2022	Reviewed and Updated	SB & PSW
October 2024	New Format; Updated and Reviewed	SB & PSW

Signed  Chair of Trustees

Name Martin Baker

Date 9 December 2024

Signed  Chief Executive

Name Sharon Broughall

Date 9 December 2024