

FIRST AID POLICY



At each of our campuses, at least two staff members, usually the Campus Manager and the Activity Manager, are First Aid trained, and there are at least three suitably equipped First Aid boxes. These First Aid boxes are placed in various locations on campus.

Furthermore, it is essential that within each group of students, at least one Group Leader is first aid trained.

Campus Managers are provided with details of the nearest Medical Centre and Hospital, and all excursion walking tours include information about the nearest A&E.

This information is also displayed on the PLUS app for the Group Leaders' and students' information.

If emergency treatment is required, staff should not feel restrained from acting immediately to prevent harm even if this involves body contact. However:

- Any procedure used must have a First Aid purpose only and should not involve more contact than is necessary.
- If the injured student is conscious, consent must be granted.
- Any procedure should be undertaken by a person of the same gender as the student whenever possible.
- Ensure that there are other students or adults present, taking into account the student's requirement for dignity and privacy.
- In case of an incident, this must be logged in the incident report form on the next page of this policy.

Due to the ongoing global pandemic, it is essential that staff bear in mind if there is indeed an absolute necessity for First Aid. If medical attention is needed this must be prioritised over social distancing.

FIRST AID POLICY



ACCIDENT REGISTER

Name of the person injured _____

Please indicate if the person injured is:

Student

Group Leader

Member of staff

Injury reported to (Full Name and Position) _____

Date of Injury _____

Time of Injury _____

Please use the space below to describe in detail the injury you are reporting:

Date _____

Signature _____

FOR OFFICE USE ONLY.....

Received by _____ Date _____

FIRST AID POLICY



ACTION TAKEN

Please use the space below to describe in detail the actions taken following the injury being reported:

Date _____

Signature _____

WITNESS

Name and Surname _____

Address _____

Phone Number _____

If you wish to make any further notes or comments concerning the accident, please use the space below:

Date _____

Signature _____