FIRST AID POLICY

Holiday Clubs, Wraparound Care and Childcare Provision

Policy Statement

AJB Sports in Education is committed to protecting the health, safety and welfare of children, staff and visitors. Appropriate first aid will be available so that illness, injury and medical emergencies can be responded to promptly and safely.

This policy applies to AJB Holiday Clubs, Football Academies, Activity Clubs, HAF programmes, Breakfast Clubs, After-School Care, Wraparound Care, sports camps and other childcare provision operated by AJB Sports in Education.

This policy should be read alongside AJB's Safeguarding & Child Protection Policy, Health & Safety arrangements, Head Injury documentation, Medication procedures, Allergy/Anaphylaxis procedures, Site Risk Assessments and relevant emergency procedures.

1. Responsibilities

AJB management is responsible for ensuring appropriate first-aid arrangements are planned, implemented and reviewed. The Person in Charge / Provision Lead is responsible for confirming that first-aid arrangements are operational at the site and that staff know how to obtain help.

All staff must:

- Take reasonable steps to protect children from avoidable harm.
- Know who the available first aider(s) are and where first-aid equipment is kept.
- Act within their training and competence.
- Call emergency services without delay where an urgent medical emergency exists.
- Record and report accidents, injuries and first-aid treatment as required.
- Inform the Person in Charge of significant incidents or concerns.

2. First-Aid Provision and Qualified Staff

AJB will assess first-aid needs with regard to the age and needs of children, staffing, activities, premises and location. Appropriate first-aid cover must be available whenever provision is operating.

Where EYFS requirements apply, AJB will ensure the required paediatric first-aid cover is maintained. At least one person with a current full paediatric first-aid certificate must be

available on the premises and must accompany children on outings where the EYFS requirement applies.

Training and certificate expiry dates will be monitored through AJB's staff training records. Staff must not present themselves as qualified beyond the scope or validity of their training.

3. First-Aid Equipment

An accessible and appropriately stocked first-aid kit must be available at each provision. Site induction should identify its location.

The Person in Charge or delegated staff member should ensure that:

- First-aid supplies are checked regularly and replenished when used or expired.
- First-aid equipment is accessible to staff but stored appropriately.
- Any additional equipment required by a site risk assessment or individual child's needs is available.
- Staff know the location of any AED available on site.
- Emergency medication is accessible in accordance with the child's healthcare arrangements and AJB procedures.

4. Assessing an Injury or Illness

Staff should remain calm, make the immediate area safe, assess the child or adult and seek a qualified first aider where appropriate.

If there is any doubt about the seriousness of a condition, staff should seek appropriate medical advice or emergency assistance rather than delay necessary treatment.

URGENT MEDICAL EMERGENCY: CALL 999 -> PROVIDE FIRST AID WITHIN COMPETENCE -> CONTACT PARENT/CARER

5. Minor Accidents and Injuries

Minor injuries should be treated appropriately by a competent member of staff. Treatment should be proportionate to the injury and recorded in accordance with AJB procedures.

Parents/carers should be informed of an accident or injury sustained by their child and any first-aid treatment given on the same day, or as soon as reasonably practicable.

Where an injury appears minor but symptoms change, worsen or cause concern, staff should escalate the response and seek medical assistance.

6. Head Injuries

All head injuries must be treated with particular care because symptoms may not always be immediately apparent.

Staff should:

- Assess the child and provide appropriate first aid.
- Monitor the child for concerning or changing symptoms.
- Follow AJB's Head Injury procedure and complete the required record.
- Inform the parent/carer in accordance with AJB procedures.
- Seek urgent medical assistance where symptoms, mechanism of injury or the child's condition indicate this is necessary.

A child who loses consciousness, has a seizure, has difficulty remaining awake, develops significant confusion, has repeated vomiting, has breathing difficulties, or otherwise appears seriously unwell following a head injury requires urgent medical assessment.

Staff should not diagnose concussion or other medical conditions; concerns should be escalated to appropriate healthcare professionals.

7. Serious Injury or Medical Emergency

Where a child or adult appears seriously injured or unwell, staff must prioritise emergency action.

- Call 999 where urgent medical assistance is required.
- Give first aid within the limits of training and competence.
- Ensure the rest of the group remains safely supervised.
- Send an appropriate adult to meet/direct emergency services where practicable.
- Provide emergency services with relevant medical information known to AJB.
- Contact the parent/carer as soon as reasonably possible after emergency action has begun.
- Inform AJB management.
- Preserve relevant information and complete incident records.

Parental permission is not required before calling 999. Staff must not delay emergency treatment while attempting to contact a parent/carer.

8. Children Becoming Unwell

If a child becomes unwell, staff should assess their immediate needs, provide a safe place to rest under appropriate supervision, and contact the parent/carer where collection or further medical assessment is required.

If symptoms indicate an emergency, staff must call 999. Infection-control and exclusion arrangements should be followed where relevant.

9. Medication and Emergency Medication

Medication must be managed in accordance with AJB's Medication procedures and any agreed healthcare plan.

Staff must not guess when administering medication. Written authorisation/instructions, the correct child, medication, dose, route and timing must be checked as required by AJB procedures.

Emergency medication such as adrenaline auto-injectors or prescribed inhalers must be stored so that it can be accessed promptly by appropriate staff when required.

Administration, refusal, omission or emergency use of medication must be recorded as required.

10. Allergic Reactions and Anaphylaxis

Known allergies should be identified before attendance wherever reasonably possible, and relevant staff must have access to the information needed to keep the child safe.

Where an allergic reaction is suspected, staff should follow the child's individual plan and emergency medication instructions where applicable. Severe or rapidly developing symptoms require immediate emergency action.

SUSPECTED ANAPHYLAXIS: FOLLOW THE CHILD'S EMERGENCY PLAN / MEDICATION INSTRUCTIONS AND CALL 999 WITHOUT DELAY.

11. Asthma, Diabetes, Epilepsy and Other Medical Conditions

Where a child has a known medical condition that may require support during AJB provision, appropriate information and medication arrangements should be agreed with the parent/carer before attendance where possible.

Staff should follow any individual healthcare or support plan and seek emergency medical help if the child's condition becomes serious or does not respond as expected to their prescribed emergency arrangements.

12. Blood, Bodily Fluids and Infection Control

Staff should use appropriate hygiene precautions when dealing with blood, vomit, urine, faeces or other bodily fluids.

- Use disposable gloves/PPE where appropriate.
- Wash hands thoroughly before and after providing care.
- Dispose of contaminated materials safely.
- Keep children away from contaminated areas until cleaned.
- Follow school/site arrangements for cleaning significant contamination.
- Cover staff cuts or broken skin appropriately.

Any significant exposure incident should be reported to AJB management and appropriate medical advice sought.

13. Accident and First-Aid Records

AJB will maintain written records of accidents, injuries and first-aid treatment as required. Records should be factual, legible and completed promptly.

Records should include, as appropriate:

- Child/person's name.
- Date, time and location.
- What happened and the injury/illness observed.
- First aid or treatment provided.
- Name of the person providing first aid.
- Parent/carer communication.
- Any escalation, medical advice, ambulance attendance or hospital transfer.
- Any follow-up or management action required.

Accident and medical information must be stored securely and shared only where there is a legitimate need to know.

14. Parent / Carer Communication

Parents/carers should be informed of accidents or injuries and first-aid treatment on the same day, or as soon as reasonably practicable. Significant incidents should be communicated promptly.

Where a child is transferred to hospital or requires urgent medical assessment, AJB will contact the parent/carer as soon as reasonably possible while ensuring emergency action is not delayed.

15. Ofsted and Other Statutory Notifications

Where AJB is operating registered provision and a statutory notification requirement applies, AJB management will notify Ofsted or the relevant registration body of serious accidents, illness, injury or death and the action taken within the required timescale.

For registered early-years provision, applicable notifications of a serious accident, illness or injury to, or death of, a child while in AJB's care must be made as soon as reasonably practicable and in any event within 14 days.

AJB will also make any other notifications required by safeguarding, health and safety or registration requirements.

16. RIDDOR

AJB will assess significant workplace incidents to determine whether they are reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

Not every accident is reportable. Reportability depends on matters including whether the incident was work-related, who was injured and the nature/outcome of the injury.

Examples that may require a RIDDOR report include work-related deaths, specified injuries to workers, over-seven-day incapacitation of workers, and certain work-related injuries to non-workers where the person is taken directly from the scene to hospital for treatment.

The legally responsible person for the relevant incident/premises must make any required report. Where AJB operates on school premises, AJB management should liaise with the school to establish reporting responsibility rather than assume that both organisations should submit duplicate reports.

17. Off-Site Activities and Outings

Where AJB undertakes an off-site activity or outing, first-aid arrangements must be considered within the activity risk assessment.

- Appropriate first-aid cover must accompany the group.
- Relevant emergency medication must travel with the child/group.
- Emergency contact and relevant medical information must be accessible.
- A suitable first-aid kit should be taken.
- Staff must know how emergency services can access the location.

18. Site-Specific Arrangements

Each AJB setting must identify first-aid arrangements through its Site Information / Risk Assessment and staff site induction. This should include:

- First-aid kit location.
- Available qualified first aider(s).
- AED location where one is available.
- Emergency medication arrangements.

- How to summon emergency assistance.
- Access arrangements for ambulances/emergency services.
- School/site reporting or communication requirements.

19. Staff Accidents and Injuries

Staff accidents and injuries must also be recorded and escalated appropriately. AJB management will consider whether medical assessment, occupational health support, risk-control changes or statutory reporting are required.

20. Reviewing Incidents and Preventing Recurrence

Significant or repeated incidents should be reviewed to determine whether further action is required.

Possible actions include:

- Updating a site or activity risk assessment.
- Changing equipment, room layout or supervision.
- Updating an individual healthcare/support plan.
- Briefing or retraining staff.
- Changing food/allergy arrangements.
- Working with the school or parent/carer.
- Reviewing the relevant AJB policy or procedure.

21. Training and Competency

AJB will maintain appropriate first-aid training records and monitor renewal dates. Staff should receive induction on the practical first-aid arrangements at each site.

Staff must work within their level of training and competence. First-aid training does not replace professional medical assessment where this is needed.

22. Confidentiality and Safeguarding

Medical and accident information is confidential and should be handled in accordance with AJB's Data Protection and Confidentiality policies.

An injury may also raise a safeguarding concern. Where the explanation for an injury is inconsistent, concerning, unexplained or otherwise gives rise to a safeguarding concern, staff must follow AJB's Safeguarding & Child Protection Policy in addition to providing appropriate first aid.

First-aid records must never be used as a substitute for a safeguarding Cause for Concern record where safeguarding action is required.

23. Policy Review

This policy will be reviewed at least annually or sooner where:

- Relevant legislation or statutory guidance changes.
- EYFS, Ofsted or health and safety requirements change.
- A serious or repeated incident identifies a need for review.
- AJB materially changes its childcare provision.
- Internal monitoring identifies a weakness in first-aid arrangements.

Policy Sign-Off

Policy Owner	**AJB Sports in Education**
Version	September 2026
Policy Review Date	
Next Review Date	
Approved / Signed By	
Position	
Signature	
Date	

Staff Quick Reference

1. MAKE SAFE 2. ASSESS 3. FIRST AID 4. 999 IF URGENT 5. PARENT/CARER 6. RECORD & ESCALATE

If you are unsure whether an injury or illness is serious, seek appropriate medical advice or emergency assistance. Never delay a 999 call while trying to obtain parental permission.