First Aid Policy

Purpose and scope

Eden Springs Girls Secondary will make appropriate first-aid arrangements for pupils, staff, contractors and visitors. Arrangements will be based on a documented first-aid needs assessment and will cover the school day, activities on the premises, educational visits, sports and other off-site school activities.

This policy should be read alongside the Health and Safety Policy, Child Protection and Safeguarding Policy, Supporting Pupils with Medical Conditions Policy, Medicines Policy, Allergy and Anaphylaxis Policy, Educational Visits Policy, Accident Reporting Procedure, and relevant emergency/fire procedures.

KCSIE 2026 is statutory safeguarding guidance, in force from 1 September 2026. It informs how staff respond to injuries, disclosures and safeguarding concerns; it does not replace first-aid legislation or clinical advice.

Aims and key principles

- Provide prompt, appropriate first aid and summon professional medical help when needed.
- Maintain adequate and appropriate first-aid equipment, facilities and trained personnel, based on the school's first-aid needs assessment.
- Protect pupils' safety, dignity, privacy and welfare while ensuring that urgent treatment is not delayed.
- Recognise that injuries, illness, changes in behaviour or disclosures may indicate a safeguarding concern.
- Keep accurate, confidential records and notify parents/carers appropriately.
- Ensure staff know how to summon a first aider, call emergency services and report safeguarding concerns.

Legal framework and guidance

The school will follow applicable legislation and current guidance, including:

- Health and Safety at Work etc. Act 1974.
- Health and Safety (First-Aid) Regulations 1981 and current HSE guidance.
- Management of Health and Safety at Work Regulations 1999.
- Keeping Children Safe in Education 2026 (KCSIE 2026).
- Supporting pupils with medical conditions at school and applicable medicines, asthma and allergy guidance.
- UK GDPR and Data Protection Act 2018 when recording and sharing personal information.

The school will review this policy when relevant legislation, statutory guidance, HSE/DfE advice or local safeguarding procedures change.

Roles and responsibilities

Proprietors

- Ensure suitable arrangements, resources and oversight are in place for first aid and health and safety.

Headteacher

- Ensure a suitable first-aid needs assessment is completed, implemented and reviewed.
- Ensure there are enough trained first aiders/appointed persons to cover the school's operating hours, foreseeable absences and activities.
- Ensure staff know the location of first-aid equipment, who the first aiders are, and how to obtain help.
- Ensure serious incidents are investigated and reportable incidents are notified to the relevant authority where required.

First Aid Lead

- Maintain the first-aider list, training/certificate records, first-aid kit checks and replenishment arrangements.
- Ensure first-aid supplies and facilities are accessible, suitable and checked at a frequency set by the school.
- Help ensure that first-aid arrangements cover breaks, playgrounds, PE, clubs, trips and other off-site activities.

All staff

- Take reasonable care, summon a trained first aider when needed, and act within their level of training and competence.
- Call 999 where there is a serious or life-threatening emergency; do not delay emergency assistance while seeking internal permission.
- Report accidents, injuries, medication errors and safeguarding concerns promptly.
- Follow pupils' healthcare plans and the school's medicines and safeguarding procedures.

First-aid needs assessment, staffing and training

The school will maintain a written first-aid needs assessment that considers the number and age of pupils and staff, site layout, hazards, accident history, activities, off-site visits, staff absences, lone working where relevant, and the needs of visitors and pupils with medical conditions.

The school will provide adequate and appropriate first-aid personnel, equipment and facilities in accordance with the assessment. The policy's previous blanket requirement for a qualified first aider to be present at all times will be implemented through the assessment and a documented cover plan; the school must ensure that suitable cover is available whenever required.

- First-aid certificates will be monitored and renewed before expiry. Workplace first-aid certificates are generally valid for three years; refresher training is recommended by HSE.

- Staff will receive induction on how to summon first aid, the location of kits, emergency procedures and relevant safeguarding reporting routes.
- Training requirements for staff administering medicines or emergency medication will be identified separately and recorded.
- The school will maintain a current list of first aiders and make it available to staff in an accessible location.

First-aid equipment and facilities

The school's first-aid boxes are located in the First Aid Room. The First Aid Lead or nominated person will check supplies regularly, replenish used or expired items, and record checks.

- First-aid kits will be appropriate to the risks identified in the needs assessment and readily accessible to staff.
- Portable kits will be taken on educational visits and other activities where indicated by the risk assessment.
- Staff must report missing, damaged or depleted supplies promptly.
- Medicines and first-aid supplies are different: emergency medication must be stored in accordance with the relevant healthcare plan and policy and must remain readily accessible when needed. It must not be locked away in a way that delays urgent treatment.

The school will identify a suitable space for first aid and treatment of sick or injured pupils, with due regard to privacy, hygiene and access. The first-aid needs assessment will determine the facilities required.

Responding to an accident or sudden illness

- Assess the situation, make the area safe if possible, and obtain a trained first aider.
- For a life-threatening or serious emergency, call 999 immediately. Examples include unconsciousness, serious breathing difficulty, suspected anaphylaxis, seizure requiring emergency assistance, severe bleeding, suspected serious head/neck/spinal injury, or another condition the responder reasonably believes requires urgent emergency care.
- Provide first aid within the responder's training and follow emergency-service instructions. Do not move an injured person unnecessarily where a serious injury is suspected, unless there is an immediate danger.
- Contact parents/carers as soon as reasonably practicable when a students has a significant injury, becomes unwell, receives first aid beyond routine minor treatment, or emergency services are contacted.
- Inform the Headteacher or designated senior member of staff about significant incidents.
- A member of staff may accompany a pupil to hospital where appropriate and safe to do so, but this must not leave other pupils inadequately supervised. The school will arrange appropriate staffing and contact parents/carers.
- If a student is in immediate danger, staff must contact emergency services and take appropriate protective action without delay.

Minor injuries and accident records

All first-aid treatment and accidents involving pupils, staff or visitors must be recorded using the school's approved accident/first-aid recording system. Minor pupil accidents

should be communicated to parents/carers in a proportionate way, including a note or direct contact where appropriate.

Records should be completed as soon as practicable and include, as relevant:

- the name of the injured person, date, time and location;
- what happened, including a factual description of the injury or symptoms;
- the part of the body affected and side of the body where relevant;
- first aid given, by whom, and any advice or emergency action;
- witnesses, parent/carer contact and the outcome; and
- any safeguarding concern, referral, decision and rationale, recorded in the appropriate safeguarding system.

Records must distinguish observed facts from reported information or opinion. Photographs should not be taken on personal devices. Any photograph or other sensitive record must only be made where there is a legitimate need, authorisation and secure handling.

Safeguarding and KCSIE 2026

All staff must maintain a child-centred approach and remember that safeguarding is everyone's responsibility. In line with KCSIE 2026, staff must act immediately on safeguarding concerns, report them to the DSL or deputy without delay, and follow the school's Child Protection and Safeguarding Policy. If a child is in immediate danger, call 999.

- Staff should be alert to injuries that are unexplained, inconsistent with the explanation given, repeated, unusual in pattern or location, or otherwise concerning. No single injury or location proves abuse; concerns must be considered in context and referred rather than investigated by first-aid staff.
- If a pupil discloses abuse or harm, listen calmly, take the student seriously, do not promise secrecy, avoid leading questions, record the pupil's words as accurately as possible, and report immediately to the DSL/deputy.
- Staff must not conduct their own safeguarding investigation or delay reporting while trying to establish what happened.
- A safeguarding record should include a summary of the concern, actions taken, decisions made, the rationale and outcomes. Information must be shared securely with those who need it to protect the pupil; data protection is not a barrier to necessary safeguarding information sharing.
- If the concern involves the DSL, staff should follow the school's safeguarding policy for reporting to the appropriate alternative person or external agency.
- Staff concerns or allegations about an adult's conduct must be reported and managed under KCSIE 2026 and the school's procedures.

The DSL/deputy will determine any safeguarding referral or further action. First-aid staff should record and report concerns, not make a judgement that abuse has or has not occurred.

Intimate or personal care during first aid

- Explain to the pupil, in age-appropriate language, what needs to be done and why, wherever the circumstances allow.
- Respect the pupil's privacy and dignity and expose only the area necessary for treatment.
- Where first aid requires touching a sensitive area or removing clothing, another adult should be present where practicable, consistent with the pupil's needs and the urgency of treatment.
- Do not delay emergency or life-saving treatment in order to obtain a second adult. Seek help as soon as possible and document the circumstances.
- Record the treatment given, the reason it was necessary, who was present and any relevant safeguarding concern.
- Follow the school's intimate care and safeguarding procedures for any continuing personal-care needs.

Major incidents, hospital treatment and RIDDOR

Where a pupil or adult requires urgent medical attention, staff must call 999 when appropriate and notify the Headteacher as soon as practicable. Parents/carers should be contacted promptly for pupil incidents. The school will ensure the injured student is supervised and supported until responsibility is safely transferred to a parent/carer or healthcare professional.

The Headteacher or delegated competent person will determine whether an incident must be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), and will make any required report within the relevant timeframe. A hospital visit alone does not automatically mean every pupil accident is RIDDOR-reportable; the legal criteria must be checked.

Serious incidents will be investigated proportionately to identify causes and prevent recurrence. Staff must preserve relevant records and report hazards or near misses.

Medicines and medical conditions

The school will administer medicines only under its Medicines Policy and Supporting Pupils with Medical Conditions Policy. Parental consent and appropriate instructions will be obtained where required. Staff must only administer medicines for which they have appropriate authorisation, training and clear instructions.

- Medicine administration must be recorded, including the medicine, dose, time, person administering it and any relevant outcome or error.
- Medicines must be labelled and stored securely at the temperature and conditions required by the manufacturer, while remaining accessible when prompt use is necessary.
- Individual healthcare plans will be maintained where required for pupils with medical conditions, with input from parents/carers and healthcare professionals as appropriate. Plans should identify symptoms, treatment, emergency action, medication location, trained staff and arrangements for trips.
- Staff must not assume a new injury, disclosure or change in behaviour is explained by a known medical condition. Any safeguarding concern must still be referred to the DSL.

- Medication errors, missed doses, adverse reactions or concerns about a pupil's condition must be reported promptly to the appropriate senior member of staff and parent/carer, and medical advice sought where necessary.

Asthma

- Parents/carers should provide information about the student's asthma and prescribed reliever inhaler, together with the school's required consent/medical information.
- Relevant inhalers must accompany the child on trips, at break times and during activities where needed.
- Expiry dates and supplies will be checked regularly. Spare/emergency inhalers may be held and used only in accordance with applicable law, the school's asthma policy, required consent and staff training.
- If the child has severe breathing difficulty or does not respond to their reliever medication as set out in their plan, follow the plan and call 999 where indicated. Do not delay emergency help.

Anaphylaxis and severe allergies

- Parents/carers should provide details of known severe allergies, prescribed adrenaline auto-injectors and a completed healthcare plan/consent information.
- Prescribed auto-injectors must be labelled, in date, stored as directed and accessible without avoidable delay. Relevant medication must accompany the pupil on trips and activities.
- Staff who may need to respond must know how to recognise anaphylaxis, where medication is kept and how to follow the pupil's plan; appropriate training must be provided.
- The school may hold spare/emergency adrenaline auto-injectors where permitted and must follow current law and DfE allergy guidance, including requirements on storage, consent, training and recording.
- Suspected anaphylaxis is a medical emergency: use the prescribed/emergency auto-injector in accordance with the pupil's plan and staff training, call 999, and follow the emergency operator's instructions. Do not wait to see whether symptoms improve.

Refer to the school's Allergy and Anaphylaxis Policy for detailed arrangements.

Staff accidents and mental health

Accidents and injuries involving staff must be recorded in the staff accident record and appropriate first aid provided. The first-aid needs assessment should consider workplace hazards and whether staff may need support in a mental-health emergency. Confidential information will be handled appropriately and shared only where necessary.

Educational visits and activities off site

- The visit leader must check that first-aid provision is appropriate to the activity, location, duration, group size, known medical needs and risks.
- A suitable first-aid kit and required pupil medication/healthcare plans must accompany the group.
- The visit leader must know how to contact emergency services, parents/carers and the school, and how to obtain medical assistance.
- Staff must consider first-aid arrangements for travel, sports, clubs, remote locations and activities outside normal school hours.
- Incidents on visits must be recorded and reported to the school in accordance with the accident-reporting and safeguarding procedures.

Infection prevention and hygiene

- Staff should wash or sanitise hands before and after providing first aid where practicable and use disposable gloves or other appropriate protective equipment when exposure to blood or body fluids is possible.
- Dispose of contaminated materials safely and clean affected surfaces in accordance with school procedures.
- Staff should not put themselves at unreasonable risk. Follow emergency-service or relevant public-health advice where there is a risk of exposure to infectious disease.
- First aid must not be withheld because of infection concerns; use appropriate precautions and seek professional advice where needed.

Confidentiality and data protection

First-aid and medical records are confidential personal information. They must be stored securely and accessed only by staff who need the information for care, safeguarding or their role. Relevant information must be shared with emergency services, parents/carers and appropriate professionals where necessary and lawful.

Confidentiality must not prevent necessary safeguarding action. Significant safeguarding information should be recorded in the designated safeguarding system, not solely in a general accident book.

Monitoring and review

The Headteacher and First Aid Lead will monitor first-aid provision, training expiry dates, equipment checks, accident patterns and any concerns raised. The first-aid needs assessment and this policy will be reviewed at least annually and after a significant incident, material change to school activities, or change in relevant guidance.