ST EDMUND'S SCHOOL CANTERBURY

FIRST AID POLICY AND PROCEDURES

Policy Owner: Bursar

Operational Leads: Estates, Health and Safety and Fire Safety Manager, and Lead Nurse or Medical Centre Manager

Signed:…….

Reviewed: September 2026
Next review date: September 2027

First Aid Policy and Procedures

1. CONTEXT

The School will provide adequate and appropriate first-aid equipment, facilities and competent personnel so that employees, pupils, visitors and others receive immediate assistance if injured or taken ill. Arrangements are made in accordance with the Health and Safety at Work etc. Act 1974, the Health and Safety (First-Aid) Regulations 1981, the Management of Health and Safety at Work Regulations 1999, the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, the Education (Independent School Standards) Regulations 2014, the School Premises (England) Regulations 2012, the Human Medicines Regulations 2012, and the current Early Years Foundation Stage statutory framework, as applicable.

The School also makes arrangements to support pupils with medical conditions, having regard to section 100 of the Children and Families Act 2014 and relevant Department for Education guidance. The School recognises its duty of care to day and boarding pupils and will make suitable arrangements for visitors, contractors, hirers, school events and activities on and off site. This policy should be read with the School's medical, safeguarding, educational visits, health and safety, data protection and emergency planning policies.

Scope, Aims and Responsibilities

This policy applies throughout the School, including the Senior School and Junior School, with EYFS provision forming part of the Junior School, boarding houses, sports facilities, vehicles, educational visits, events, lettings and holiday activities. It applies whenever pupils or employees are present or School activities are taking place.

The Governing Body, acting on behalf of the proprietor, provides strategic oversight and ensures that appropriate resources are available. The Head is responsible for ensuring that this policy is implemented throughout the School.

The Bursar is the Policy Owner and provides senior management oversight. The Estates, Health and Safety and Fire Safety Manager coordinates the first-aid needs assessment, first-aid training matrix, accident reporting, proportionate investigations and decisions concerning external reporting, including RIDDOR.

The Lead Nurse or Medical Centre Manager provides clinical leadership, maintains clinical protocols and records, oversees individual healthcare arrangements and condition-specific training, and advises on first-aid and medical equipment.

Heads of Department, Housemasters, trip leaders and event leaders are responsible for implementing the arrangements applicable to their areas and activities and for identifying additional first-aid requirements. Delegation of these functions does not remove the overall responsibilities of the School as employer and proprietor.

All staff must summon appropriate help, act within their competence, follow emergency procedures, protect confidentiality and report accidents, treatment and concerns promptly. No person should delay urgent treatment while seeking internal authorisation.

2. PROVISION OF TRAINED/QUALIFIED STAFF

The current register of qualified first aiders, their qualification type, location and expiry date is maintained by the Estates and Health and Safety Manager and is available in the Health and Safety section of the School portal. Staff must know how to obtain assistance and must not rely solely on a static printed list.

The level and distribution of first-aid provision will be determined by a documented first-aid needs assessment rather than historic numerical ratios. The assessment will consider the nature and location of activities, pupil and workforce numbers, known medical needs, accident history, work patterns, staff absence, lone and remote working, boarding and overnight arrangements, hazardous departments, educational visits, sport, events, lettings, emergency-service response times and provision for non-employees.

The School will provide sufficient First Aid at Work, Emergency First Aid at Work and Paediatric First Aid qualified personnel to give effective cover whenever pupils or employees are present. The assessment will specify the minimum cover and distribution required for each part of the School, including boarding houses and out-of-hours activities. Cover must remain effective during breaks, absence, evenings, weekends and school holidays. Current staffing numbers are management information and should be recorded in the live training matrix rather than fixed in this policy.

Additional staff will receive training appropriate to foreseeable risks in areas such as laboratories, workshops, estates, grounds, kitchens, sport, swimming, theatre, boarding, transport and educational visits. The first-aid needs assessment will be reviewed at least annually and following a serious incident, significant site or organisational change, material changes in pupil or employee numbers, or evidence from accident trends that provision may no longer be adequate.

3. TRAINING

The School will maintain a planned programme of initial training, practical refresher training and requalification. Qualifications will be renewed within the period specified by the awarding body, normally three years for First Aid at Work, Emergency First Aid at Work and Paediatric First Aid. Training must be delivered by a competent provider

meeting current HSE requirements. Online awareness training may supplement, but does not replace, an appropriate practical first-aid qualification.

First Aid at Work

Nominated staff will undertake the full First Aid at Work course where required by the first-aid needs assessment. Requalification must be completed before the existing certificate expires. The School will ensure an appropriate distribution across boarding, teaching, support and higher-risk functions rather than relying on a single overall number.

Emergency First Aider at Work

Nominated teaching and business services staff will undertake Emergency First Aid at Work training where identified by the needs assessment. Priority areas include boarding, educational visits, science, technology and workshops, sport, estates, grounds, catering, reception, events and transport. Activity-specific training will be provided where the general qualification does not address the foreseeable risk.
Staff may complete the School's approved first-aid awareness course to improve confidence, but it does not qualify a person as a first aider or appointed person and must not be counted when determining qualified cover.

The Estates and Health and Safety Manager will maintain the central training matrix, including qualification type, provider, issue and expiry dates, refresher training and relevant specialist competence. Staff who join with an existing certificate, or complete training externally, must provide evidence for verification before it is counted as School provision. The Lead Nurse or Medical Centre Manager will maintain records of clinical and condition-specific training.

For EYFS provision, the School will comply with the current statutory framework for group and school-based providers. At least one person holding a current and suitable Paediatric First Aid certificate must be on the premises and available whenever EYFS children are present and must accompany EYFS children on outings. Cover must take account of breaks and foreseeable absence. Further requirements are set out in the EYFS section below.

Specialist and refresher training

The needs assessment will determine any additional training required, including anaphylaxis and adrenaline auto-injectors, asthma and emergency inhalers, epilepsy and rescue medication, diabetes and hypoglycaemia, head injuries and concussion, CPR and AED use, life-threatening bleeding, sports and outdoor first aid, swimming emergencies, infection control, bodily-fluid exposure and administration of medicines. The School will facilitate appropriate refresher training between formal requalification dates.

Paediatric First Aid Training

Within Junior School appropriate numbers of staff are Paediatric First Aid trained.

4. FACILITIES AND EQUIPMENT

Locations of first-aid boxes and emergency equipment are maintained in the Health and Safety section of the School portal and must be clearly signed. Staff must know the nearest location relevant to their work and how to obtain additional equipment.

Medical Centre and Cover

The Medical Centre is staffed during term time from 07.30 to 19.30 Monday to Friday. The Lead Nurse or Medical Centre Manager must ensure that contingency arrangements cover breaks, absence and emergencies elsewhere on site. Current opening hours and contact arrangements will be communicated to staff and boarding houses.

Outside Medical Centre opening hours, trained boarding staff will provide immediate first aid and use the agreed escalation pathway. Staff must call 999 for a life-threatening or serious emergency; use NHS 111 or another appropriate urgent service where immediate emergency attendance is not required; inform the designated senior leader and parents or guardians as soon as practicable; arrange an appropriate adult to accompany a pupil to hospital; maintain supervision of remaining boarders; record all advice, treatment and medication; and hand over to the Medical Centre at the next available opportunity. Each boarding house must have access to pupil healthcare plans, emergency medicines and current contact details.

First Aid boxes

The Medical Centre supplies First Aid boxes and contents to all Houses and Departments. The contents of the First Aid boxes are subject to HSE recommendations, and a half termly audit of contents and reordering opportunity is carried out by the Medical Centre (as well as, of course, the option to replace any used item at any time, or subsequent to a reported accident).

The contents of First Aid boxes should be used solely for the purpose of ensuring that the patient is protected, prior to receiving assessment and appropriate treatment from qualified staff and, if appropriate, the emergency services and/or the school doctor.

A child's inhaler, antihistamine, adrenaline auto-injectors and other emergency medicines must be readily accessible in accordance with the individual healthcare plan, not locked away in an emergency, and stored safely so they are not accessible to other children. Medicines and a copy of the relevant healthcare or allergy action plan must accompany the child when moving to another area or going off site. Children who are competent to carry their own medicine should be supported to do so where agreed in their plan.

Every administration or supervised use of medicine must be recorded at the time in the approved medical record, including the medicine, dose, time, reason and person administering or supervising it. Parents or guardians must be informed in accordance with the appropriate Policy and immediately where emergency medicine is used or there is material concern.

The Medical Centre, laboratories, design and technology areas, Art and the Estates Workshop will have eyewash provision where required by COSHH and local risk

assessment. Equipment must be unobstructed, clearly signed, inspected at a defined frequency and, where bottled, sealed and in date. Eye contamination must be irrigated immediately and referred for medical assessment in accordance with the relevant safety data and emergency procedure.

5. EYE WASH STATIONS

Eye wash stations are provided in identified higher-risk areas in accordance with risk assessment requirements and departmental procedures.

6. FIRST-AIDER SAFETY, INFECTION PREVENTION AND BODILY FLUIDS

First-aid kits will include suitable disposable gloves and resuscitation barrier equipment where required by the needs assessment. Additional personal protective equipment must be available where splashing is foreseeable. Staff must follow hand-hygiene, bodily-fluid spill, clinical-waste, sharps and exposure procedures; avoid direct contact with blood or bodily fluids; report bites, sharps injuries and significant exposures immediately; and obtain prompt medical advice where indicated.

7. SPECIALIST REQUIREMENTS

Heads of Department, Housemasters, trip leaders and event leaders must notify the Estates and Health and Safety Manager and the Lead Nurse or Medical Centre Manager of specialist risks or equipment needs. These must be addressed through risk assessment before the activity begins.

School emergency adrenaline auto-injector and emergency salbutamol inhaler kits will be located, supplied, stored, checked, used and replaced in accordance with the School's Anaphylaxis and Asthma protocols and current government guidance. Locations must be clearly signed and readily accessible. The register of eligible pupils, consent and healthcare-plan information must be maintained where required. Use must be recorded and parents or guardians informed promptly.

Automated external defibrillators (AEDs) are located as shown on the School portal and site emergency information. The first-aid needs assessment will determine the number and distribution required. AEDs must be accessible during relevant opening and activity hours, clearly signed and subject to recorded checks of readiness, pads, battery and any paediatric capability. Following use, the device must be taken out of service until checked, data managed appropriately and consumables replaced.

8. PROCEDURES

On discovering an accident or sudden illness, staff must make the area safe without placing themselves or others at unnecessary risk; assess the casualty; provide first aid within their competence; summon assistance; and remain with the casualty unless leaving is essential to obtain urgent help. Emergency treatment must not be delayed while contacting the

Medical Centre or a manager. Call 999 immediately for a life-threatening or serious condition, including severe breathing difficulty, suspected anaphylaxis, loss or alteration of consciousness, suspected stroke, severe chest pain, prolonged or repeated seizure, major bleeding, severe trauma, or any condition that reasonably requires urgent hospital treatment. State the exact location and nature of the emergency. Send a person to meet and direct the ambulance, arrange access through the appropriate gate, retrieve the AED or emergency medicine where relevant, and commence CPR if required. The School will maintain tested emergency-call arrangements, including contingencies for loss of power, telephone or IT systems.

Handover, hospital attendance and post-incident action

A member of staff who knows the circumstances should provide a clear handover to ambulance or healthcare personnel. A pupil attending hospital must be accompanied by an appropriate adult unless transferred in circumstances where this is not possible, and the School must preserve appropriate supervision for other pupils. Parents or guardians and the designated senior leader must be informed as soon as practicable. Following a serious incident, records must be completed, relevant evidence retained, risk assessments reviewed and a proportionate debrief and welfare support arranged.

9. INSURANCE

The School maintains appropriate insurance arrangements. Members of staff who act in good faith, reasonably, within their competence and in accordance with training and School procedures will normally be acting on behalf of the School. Staff must not undertake treatment beyond their competence, except that they should take reasonable emergency action necessary to preserve life while awaiting professional assistance. Any concern about an incident or potential claim must be referred promptly to the Bursar and insurers in accordance with School procedure.

10. REPORTING

All accidents, injuries, near misses and first-aid treatment involving a pupil, employee, visitor, contractor or other person must be recorded promptly in the appropriate system. Accident reports must normally be entered in Safesmart on the same day or as soon as reasonably practicable. Clinical records and accident reports serve different purposes; unnecessary duplication of sensitive information must be avoided. The Estates and Health and Safety Manager will review reports, determine the level of investigation, identify trends and escalate significant findings to senior leadership and governors as appropriate.

The Estates and Health and Safety Manager, acting on behalf of the responsible person, will determine and make any report required under RIDDOR. A pupil, visitor or other person not at work is reportable only where the accident arose out of or in connection with work and resulted in the person being taken directly from the scene to hospital for treatment of the injury. Diagnostic tests and examinations alone do not constitute treatment. Employee deaths, specified injuries, over-seven-day incapacities, reportable occupational diseases and dangerous occurrences will be handled in accordance with the Regulations and applicable reporting timescales. Records of reportable events will be retained as required.

Contractors must notify the School immediately of any serious accident, dangerous occurrence or reportable event connected with work on School premises and cooperate with the School's investigation. The contractor's employer will normally be responsible for reporting its employees under RIDDOR; responsibility for a self-employed person will be determined under the Regulations. A copy or reference for any relevant report must be provided where legally and contractually appropriate.

All Medical Centre consultations will be recorded in the approved clinical record in accordance with professional standards. Records will include relevant assessment, advice, intervention and medication. A separate Safesmart report must be completed where the event is an accident, reportable near miss or otherwise meets the School's reporting criteria. Illness, routine treatment and medication must not automatically be categorised as accidents.

Parents or guardians will be contacted promptly where an ambulance is called, hospital or urgent treatment is required, emergency medicine is used, there is loss or alteration of consciousness, suspected fracture, significant bleeding or burn, seizure of concern, serious dental injury, suspected head, neck or spinal injury, significant allergic or asthma symptoms, or any other material concern. Same-day notification will be made for EYFS accidents and injuries, head impacts in accordance with the Head Injury Policy, administration of medicines where required, and other treatment specified in School procedures. Communication must be recorded. Secure electronic communication should be used where practicable rather than relying solely on paper slips.

Parents or guardians of EYFS children will be informed of any accident or injury and any first-aid treatment on the same day, or as soon as reasonably practicable. The record and notification arrangements must comply with the current EYFS statutory framework.

Junior School accident records, including EYFS records, must be completed promptly, reviewed by the Head of Junior School or delegated manager and transferred securely to the Estates and Health and Safety Manager where a Safesmart report is required. Parent acknowledgement may be obtained electronically or in writing. Medical Centre staff and teaching staff must coordinate communication so that parents are informed without duplication or omission.

RECORDS, CONFIDENTIALITY AND INFORMATION SHARING

Medical and accident information is confidential special-category personal data. It will be recorded in approved systems, accessed only by those with a legitimate role, retained in accordance with the School's retention schedule and protected under the UK GDPR, Data Protection Act 2018 and School policies. Relevant information may be shared with nursing, boarding, pastoral, safeguarding, teaching, catering, sports, trip or emergency personnel where necessary to protect health, safety or welfare. The School will record significant disclosures and avoid unnecessary clinical detail in general accident reports.

Parents or guardians must provide accurate and current medical information when a pupil joins the School and notify the Medical Centre promptly of changes. Information will be available only to staff who need it to safeguard and support the pupil. Staff medical information will be obtained and held confidentially by Human Resources or occupational

health only where lawful and necessary, including for workplace adjustments or emergency arrangements; health questions must not be used unlawfully in recruitment.

11. PUPILS & STAFF WITH SPECIAL CIRCUMSTANCES

Medical information for all pupils is provided by parents / guardians on entry to the school. Medical information is updated onto the pupil's individual file where it is accessible to school staff on a need to know basis.

Where lawful and necessary, staff may be asked to provide relevant health information for occupational health, workplace adjustments, emergency planning or safeguarding purposes. Such information will be handled confidentially.

Any member of staff can administer an adrenaline auto-injector (AAI). However, there is no legal requirement for staff at St Edmunds School to administer an adrenaline auto-injector; staff are expected to act reasonably in an emergency, including summoning assistance, calling 999 where appropriate and remaining with the pupil.

Training for adrenaline pens is available in the Medical Centre for staff and pupils. Staff are encouraged to familiarise themselves with these emergency life saving devices.

12. SPORTS TEAMS

There are portable First Aid kits/Sports bags and ice-packs available for use by home/away sports teams.

It is the responsibility of the Sports Staff to ensure that the First Aid bags are used for First Aid purposes only, that they contain only First Aid items and are kept clean.

13. MINIBUSES

Each School minibus and the School car contain a relevant First Aid Kit.

14. TRIPS

For trips abroad, the Medical Centre will provide suitable First Aid kits, and lockable medication bags.

15. EARLY YEARS FOUNDATION STAGE (EYFS)

All newly qualified entrants to the early years workforce who have completed a level 2 and/or level 3 qualification must also have either a full PFA or an emergency PFA certificate.

At least one person who has a current paediatric first aid (PFA) certificate must be present on the premises and available at all times when the children are present, and must accompany the children on outings.

16. HEALTH CARE PLANS

St Edmunds School recognises that some pupils may have particular medical conditions that require support so that they can attend school regularly and take part in school activities for example, asthma, epilepsy or diabetes.

Individual Healthcare Plans will be prepared where required for pupils with medical conditions requiring support during school time and will be reviewed periodically by the Medical Centre in consultation with parents, guardians and relevant staff.

- Plans are developed with input from the parent/carer.
- Plans are reviewed as necessary by the Medical Centre with input from the parent/carer.
- Parents/carers are expected to inform the school of any change in their child's condition or medication requirements.
- Parents/carers are expected to supply the school with any life-saving prescription medication their child may require.
- Relevant staff are briefed on the pupil's medical requirements and administration of any medication.

To be read in conjunction with other relevant School medical policies:

- Anaphylaxis Policy
- Administration and Handling of Medicines Policy and Procedures.
- Pupils with Chronic Illnesses Policy
- Diabetes Policy
- Epilepsy Policy
- Head Injury Policy

Reviewed by AJK September 2026

Next review date: September 2027