

First Aid Policy

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Equality and Inclusion Statement

Apex Specialist Education and all learning centres are committed to equality, inclusion, belonging and respect. This statement applies to every school policy and guides our work across all learning centres.

We promote equality of opportunity, value diversity and work to eliminate discrimination, harassment and victimisation. In accordance with the Equality Act 2010 and the Special Educational Needs and Disability Code of Practice, we provide an inclusive education that enables all pupils to participate fully, overcome barriers, develop their potential and achieve positive outcomes.

We recognise diversity as a strength to be respected, celebrated and reflected throughout school life. We strive to ensure everyone feels safe, valued, represented and that they belong. This commitment informs our governance, leadership, safeguarding, curriculum, provision and practice.

Our Commitment:

We are committed to:

- Eliminating discrimination, harassment, victimisation and other conduct prohibited by the Equality Act 2010.
- Advancing equality of opportunity between people who share a protected characteristic and those who do not.
- Fostering good relations between people who share a protected characteristic and those who do not.

Putting our Commitment into Practice:

The Proprietor, Governing Board and Leadership Team will:

- Consider equality implications and the impact of decisions, policies and practice on people with protected characteristics.
- Embed equality, accessibility and inclusion in the development and review of curriculum, provision and policies.
- Identify and seek to reduce or remove barriers to participation, learning, attendance, wellbeing and engagement.
- Promote belonging, positive relationships and high aspirations, particularly for pupils experiencing disadvantage or additional barriers.
- Respond to prejudice-based and discriminatory behaviour, including through safeguarding procedures where relevant.
- Monitor the implementation and impact of equality and inclusion across all learning centres.

Our commitment encompasses the protected characteristics identified in the Equality Act 2010: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

All members of our school community share responsibility for upholding equality, inclusion, belonging and respect in their conduct, relationships and implementation of school policies.

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1. Purpose and Scope

The school will provide prompt, appropriate first aid for pupils, employees and visitors at all three centres and during school activities elsewhere. Arrangements must reflect pupils' SEND, communication and medical needs, the activities undertaken and the time needed for emergency services to arrive.

This policy implements paragraph 13 of the Independent School Standards and supports the school's health and safety arrangements. It is read with the Supporting Pupils with Medical Conditions, Safeguarding and Child Protection, Risk Assessment, Restrictive Physical Intervention and educational visits policies. Medication and individual treatment instructions are governed by healthcare plans and the medical conditions policy.

The principal framework includes the Health and Safety at Work etc. Act 1974, Health and Safety (First-Aid) Regulations 1981, Management of Health and Safety at Work Regulations 1999, RIDDOR 2013 and current DfE and HSE guidance. The 1981 first aid regulations concern employees; the school's duties towards pupils also arise under the Independent School Standards and its wider duty of care.

2. Responsibilities

The proprietor, as employer, is responsible for adequate equipment, facilities, personnel, training and insurance. The Headteacher, Robert Cochrane, manages implementation and ensures that arrangements work during absence, breaks, visits and events.

Each centre leader must maintain an up to date first aid notice identifying available first aiders, how to summon help, equipment and treatment-space locations, and the precise site address and emergency access instructions. These details must be checked at the start of each term and whenever staffing or premises change.

First aiders assess and give assistance within their training, obtain medical help, record care and inform the appropriate leader. An appointed person may look after equipment and summon help but must not be treated as a qualified first aider unless trained and currently certified.

All staff must know how to obtain help, report accidents and hazards promptly, and follow relevant pupil plans. Anyone may call 999 where needed; no one must wait for the Headteacher, parental permission or a second opinion before obtaining urgent assistance.

Callan Glean, whole-school DSL, coordinates safeguarding concerns arising from injury or illness, supported by centre safeguarding leads. Concerns about an adult's conduct must follow the safeguarding policy's allegations or low-level concerns procedure, independently of medical treatment and accident reporting.

3. Needs Assessment and Staffing

The Headteacher will maintain a written first aid needs assessment for each centre and for off-site activities. It considers pupil and staff numbers, site layout, specific health conditions,

known risks, higher-risk activities, staff absences, lone working, transport and access to emergency services.

The school retains a minimum establishment of three staff with First Aid at Work qualifications across the school. This is a school commitment, not a national staffing ratio, and does not by itself establish adequate cover. Each occupied centre and every activity must have the appropriate trained cover identified by its needs assessment, including when a first aider accompanies a casualty to hospital.

A nominated appropriately qualified first aider must accompany each off-site activity. Outdoor and remote activities require additional competence where the risk assessment identifies it. Holiday work, contractors and special events must have suitable arrangements before they proceed.

The Headteacher must address gaps before activities begin, by providing cover, relocating or adjusting the activity. Staff must not assume that a first aider at a different centre is available quickly enough.

4. Training and Information

First aiders must hold a current certificate from a competent training provider. Select First Aid at Work, Emergency First Aid at Work and additional child-specific or specialist training according to assessed needs. Staff must be competent to respond to the age group served; a general course must not be assumed to cover all pupil-specific emergencies.

Maintain a training register with qualifications, completion and expiry dates, refreshers and specialist competencies. Arrange renewal before expiry and annual refresher training to maintain practical skills. Follow the provider's requirements and current recognised guidance.

All staff receive induction on obtaining help, emergency calls, incident records, infection control and pupil-specific information necessary for their role. Supply staff and visitors receive appropriate instructions. Pupils are told in an accessible way how to seek help.

5. Facilities and Equipment

Each centre must have readily accessible first aid supplies and suitable accommodation for medical examination and treatment, and short-term care of sick or injured pupils, meeting the Independent School Standards. This includes a washing facility and proximity to a toilet. Privacy and supervision must be balanced with safeguarding and the pupil's wishes.

Kits must be clearly identified and located according to the needs assessment, with additional supplies for higher-risk areas, visits and vehicles. They must be secure from misuse but available without delay. Emergency equipment and prescribed rescue medicines must not be inaccessible because the only key holder is absent.

The designated stock checker will record checks at least monthly and replenish immediately after use. Remove expired or damaged items and check seals, cleanliness and accessibility.

Kit contents follow assessed needs; a commercial British Standard kit is a useful starting point, not proof that every risk is covered.

Equipment may include sterile dressings, plasters, eye pads, bandages, non-latex gloves, a resuscitation barrier, scissors and other items justified by the assessment. Medicines are stored and administered under the medical conditions policy, not mixed into a general first aid box.

Vehicle kits must also meet applicable vehicle requirements. The visit or transport leader checks the kit and relevant emergency medication before departure. Where an automated external defibrillator is available, maintain batteries and pads, display its location and ensure staff know how to obtain it. Follow its prompts and emergency-dispatcher advice.

6. Responding to an Incident

Assess immediate danger and make the area safe without putting others at risk. Obtain a first aider, keep the casualty supervised and call for assistance. Do not move a casualty with a possible serious injury unless necessary to avoid immediate danger or directed by appropriate clinical advice.

The first aider assesses and assists within their competence and follows current training and emergency-dispatcher instructions. Where the situation is potentially life-threatening, call 999 immediately. Examples include unresponsiveness, serious breathing difficulty, suspected anaphylaxis, severe bleeding or significant deterioration. NHS 111 may help with urgent uncertainty that is not an emergency; it must not delay a 999 call.

When calling, give the exact centre or off-site location and access details, what happened, the casualty's age, responsiveness and breathing, known medical risks and treatment already given. Follow instructions and send an adult to guide responders. Another adult should collect relevant healthcare information, medication details and emergency contacts.

If alone, summon help using a phone or alarm if available and follow dispatcher instructions. Do not leave the casualty unnecessarily. Continue care until relieved by emergency personnel or another suitable responder, and provide a clear handover.

Explain actions to the pupil using their preferred communication, protect dignity and seek cooperation where possible. Necessary emergency treatment must not be delayed because a parent cannot be reached. Where a pupil refuses care, assess urgency, competence and safeguarding issues and obtain clinical advice; do not use force routinely to deliver treatment.

7. Pupil Medical Conditions and Head Injuries

Follow the individual healthcare plan for asthma, allergies, epilepsy, diabetes and other conditions. Staff administering rescue medication require the relevant training and must follow the agreed protocol. First aid training alone does not authorise every clinical procedure.

Where anaphylaxis is suspected, call 999 immediately and state “suspected anaphylaxis”. Give emergency treatment in accordance with staff training, the applicable emergency protocol and any available Individual Healthcare Plan. Follow ambulance instructions and the school’s Supporting Pupils with Medical Conditions Policy, including the requirements governing use of spare adrenaline auto-injectors. Do not leave the pupil alone or make them walk to obtain treatment. Do not delay emergency action while seeking parental permission or locating a healthcare plan. A first reaction may occur without a previously known allergy. Record the medicine, dose, time and response and provide this information to the ambulance crew.

For a head injury, assess promptly, monitor and seek medical advice according to symptoms and current first aid guidance. Notify parents on the same day even where the injury initially appears minor, explain what happened and pass on appropriate monitoring advice. Escalate immediately if concerning symptoms develop. Suspected concussion requires removal from sport and medical advice before return; do not allow a same-day return to sport simply because the pupil feels better.

Where injury follows physical intervention, provide welfare and medical checks even if there is no obvious injury and follow the intervention policy’s additional recording and parental-notification duties. An accident form does not replace a restraint record or safeguarding referral.

8. Contacting Families and Hospital Arrangements

Inform parents or carers promptly of significant injury, illness, emergency treatment, ambulance attendance or a need for collection. For minor treatment, ensure appropriate same-day information through the school’s agreed reporting arrangements. Record what information was provided, by whom and when, and follow up unsuccessful contact.

If informing a particular adult could put the child at risk, consult the DSL promptly and follow the safeguarding policy. This must not delay treatment or contact with appropriate safeguarding agencies.

A responsible adult must remain with a pupil awaiting collection or clinical transfer. Where a parent is unavailable, arrange an appropriate school adult to accompany or meet the pupil at hospital, taking necessary information and ensuring safe staffing remains at school. Follow ambulance-service instructions. A seriously ill or injured pupil must not be sent unaccompanied or transported in a private car as a substitute for emergency care.

9. Off-site activities

The visit leader must identify first aid cover, communication methods, the nearest appropriate help where relevant, emergency contacts, pupil plans and medication before departure. Adapt plans for poor phone coverage, remote locations or physical activities. Check arrangements provided by an external venue rather than assuming they replace the school’s responsibilities.

For an emergency, call the emergency services directly and give the exact location; then inform the school as soon as practicable. Do not wait for advice from the school before seeking urgent help. Ensure supervision of the rest of the group and preserve essential information for handover.

Record treatment as soon as practicable, normally the same day. An off-site incident must not wait up to 48 hours simply because the group is away. The school leader coordinates parental contact and subsequent reporting.

10. Hygiene and Infection Prevention

Use appropriate gloves and other protective equipment for contact with blood or body fluids, cover breaks in the skin and wash hands after care. Use non-latex alternatives where appropriate. Follow the school's infection prevention procedures and relevant public health advice.

Body-fluid spills must be managed promptly by trained staff using suitable materials. Keep pupils away from contaminated areas. Dispose of waste through the correct risk-assessed waste route; sharps require an approved sharps container and must not be placed in ordinary or loosely bagged waste. Staff must not handle discarded needles directly.

Obtain prompt medical advice after a needlestick injury, bite or significant exposure, and report the incident to a senior leader. Record and review the circumstances and any required occupational-health action.

11. Records and Safeguarding

Record every first aid attendance on the school's approved medical or first aid record as soon as practicable, normally on the same day. Accidents and health and safety incidents must also be recorded on BrightSafe in accordance with the Health and Safety Policy. Where medicine is administered, complete the medicine administration record immediately after administration, once urgent care permits, in accordance with the Supporting Pupils with Medical Conditions Policy. A first aid or accident record does not replace the medicine administration record. Entries must be factual, dated and attributable. Any delayed entry must identify when it was made and the actual time of the event. Cross-reference related records where appropriate and restrict access to those who need the information.

Include the person, date, time and location; circumstances and symptoms or injury; assessment and care; medication where relevant; the first aider; medical advice or emergency-service contact; subsequent supervision or transfer; and parental notification. Record reported information separately from direct observations and avoid diagnosing beyond competence.

Report unexplained injuries, inconsistent accounts, disclosures or other concerns about a child's safety immediately to the DSL or a deputy DSL, and record them on CPOMS in accordance with the Safeguarding and Child Protection Policy. Do not investigate suspected abuse as part of a first aid discussion.

Allegations or concerns about the conduct of staff, supply staff, volunteers or contractors must follow the separate allegations or low-level concerns procedures in the Safeguarding and Child Protection Policy. Robert Cochrane, Headteacher, is the usual case manager for allegations against staff. Where a concern involves the Headteacher, proprietor or a person with a conflict of interest, staff must use the alternative reporting route specified in that policy. Adult-conduct records must be held securely with restricted access under those procedures. Any related child-protection information must also be recorded appropriately on the child's safeguarding record.

Callan remains the whole-school DSL and coordinates safeguarding support for the child. Reporting or recording must not delay first aid or emergency treatment.

Keep records securely under the retention schedule. A senior leader reviews records weekly for missing information and emerging risks, and reviews serious incidents immediately. Personal information must not be displayed publicly in a shared accident book.

12. RIDDOR and other reporting

The proprietor must ensure a designated competent responsible person assesses whether an incident is reportable under RIDDOR. Inform the Headteacher promptly of serious injuries, hospital transfers, work-related violence, dangerous occurrences or possible occupational disease. Reporting does not depend on establishing blame.

Where an incident is reportable under RIDDOR, work-related deaths, specified injuries to workers, reportable injuries to pupils or other non-workers, and specified dangerous occurrences must be notified to the relevant enforcing authority without delay. The report must be received within 10 days of the incident. Work-related injuries preventing a worker from carrying out their normal duties for more than seven consecutive days, excluding the accident day but including rest days, must be reported within 15 days of the incident. Reportable occupational diseases must be reported as soon as the responsible person receives the relevant diagnosis.

For pupils and other non-workers, consider whether an accident arose out of or in connection with work and the person was taken directly to hospital for treatment. Attendance for examination or diagnostic tests alone is not treatment. Ordinary illness, every playground accident and every hospital visit are not automatically RIDDOR-reportable. Apply current HSE criteria and seek advice where uncertain.

Keep required RIDDOR records for at least three years and retain other records for the longer period required by the school's schedule or safeguarding needs. Over-three-day incapacity of workers must be recorded even where it does not reach the over-seven-day reporting threshold.

Other notifications to safeguarding agencies, insurers, placing authorities or regulators must be considered separately according to the circumstances and applicable requirements. A RIDDOR report does not replace them.

13. Review and improvement

Review first aid needs annually and after changes in pupils, staff, sites, activities or serious incidents. Governance receives assurance about cover, training, equipment checks, accidents, reporting and completed corrective actions. Parents can obtain a copy of this policy and raise concerns through the Complaints Policy.

14. References

Guidance and legislation checked 2026.

The July 2026 allergy guidance is used as relevant good practice. The school's existing independent-school welfare and safety duties continue to apply.

- [DfE First aid in schools early years and further education](#)
- [HSE First aid at work](#)
- [HSE RIDDOR reporting guidance](#)
- [HSE Incident reporting in schools](#)
- [DfE Allergy safety in schools July 2026](#)
- [Independent School Standards and April 2026 guidance](#)
- [Keeping children safe in education 2026](#)
- [Ofsted independent school inspection toolkit and operating guidance](#)

Appendix A Emergency prompt

Make safe — summon help — assess — call 999 if needed — follow first aid training and dispatcher advice — supervise — provide clinical handover — inform family and leaders — record — review.

The site emergency notice must state the full address and postcode, ambulance access point, first aiders and how to contact them, kit locations, treatment room and defibrillator location where provided.

Appendix B Monthly equipment check

Centre or vehicle and kit location: _____

Date and person checking: _____

Contents sufficient for assessed needs; items in date and sealed; gloves and barriers suitable; equipment clean; signage and access clear: _____

Items replaced and outstanding action with owner and deadline: _____

Check emergency medication separately under the medical conditions policy. Do not record identifiable medical details on a publicly displayed checklist.