



First Aid Policy

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Related school policies

- Health and Safety Policy
- Risk Assessment Policy
- Supporting Pupils with Medical Conditions and Medication Procedures
- Safeguarding and Child Protection Policy
- Educational Visits Policy
- Infection Prevention and Control Procedures
- Behaviour and Restrictive Intervention Procedures
- Data Protection and Records Management Policy

1. Statement of intent

1.1 Jasmine Hall School is committed to timely and competent first aid for employees, pupils and visitors. This policy covers Croft House, Cedar House, Markeaton House, school transport and school activities off site. Provision is informed by a suitable and sufficient first aid needs assessment and the individual needs of our pupils.

1.2 All staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury, and ensure this policy is followed in relation to the administration of first aid. Staff will use their best endeavours at all times to secure the welfare of pupils.

1.3 Anyone on school premises is expected to take reasonable care for their own and others' safety, according to their age, needs and understanding. Jasmine Hall will take reasonably practicable precautions to protect staff, pupils and visitors.

2. Legal framework

2.1 This policy has regard to 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; Education (Independent School Standards) Regulations 2014, as amended, particularly paragraphs 11, 13, 16 and 24; Equality Act 2010; and UK GDPR and Data Protection Act 2018, as amended. Human Medicines Regulations 2012 and relevant amendments apply to medicines. Road Vehicles (Construction and Use) Regulations 1986 apply where relevant to school transport.

2.2 The School Premises (England) Regulations 2012 apply to maintained schools; Jasmine Hall's medical accommodation duties arise under the Independent School Standards. EYFS requirements apply only if relevant early years provision is established, rather than to our current 11–18 age range.

2.3 The policy is informed by DfE First aid in schools, early years and further education (2022), HSE First aid at work guidance L74 (2024), DfE guidance on school AEDs, KCSIE 2026, Independent School Standards guidance April 2026 and Ofsted's September 2026 independent school inspection toolkit.

2.4 DfE Supporting pupils at school with medical conditions is used as good practice for Jasmine Hall. The section 100 Children and Families Act 2014 medical-conditions duty and the July 2026 Allergy safety in schools statutory guidance currently target maintained schools, academies and PRUs. DfE states that the new allergy guidance is not currently statutory for independent special schools and intends further regulatory requirements. Jasmine Hall adopts appropriate allergy safeguards as school procedures while meeting its existing independent-school, health and safety and equality duties. Future requirements will be checked when commenced.

3. Aims and first aid needs assessment

3.1 This policy ensures the school provides adequate and effective first aid for pupils, staff, and visitors, and promotes infection control. For pupils with complex medical or care needs, including those with Education, Health and Care Plans (EHCPs), first aid arrangements are informed by individual healthcare plans and risk assessments.

3.2 The Headteacher and appointed person review the first aid needs assessment at least annually and when staffing, sites, pupil needs or activities change. It considers site layout, simultaneous incidents, absence cover, specialist care, access to ambulances and

foreseeable hazards, including life-threatening bleeding where relevant. Staff wellbeing and mental health support arrangements are considered alongside physical first aid.

First aid box contents

The following original stock list is retained as a starting point. It is not a statutory fixed minimum: actual stock and quantities are determined by the needs assessment. Medicines are kept separately from first aid dressings.

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- Two sterile eye pads
- Four individually wrapped triangular bandages (preferably sterile)
- Six safety pins
- Six medium-sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings
- Two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings
- Three pairs of disposable gloves
- Equivalent or additional items are acceptable

The appointed person arranges regular stock and expiry checks and replenishment after use. Gloves should be suitable for the users and pupils, and alternatives to latex provided where needed. Kits are clearly marked and readily available.

4. Roles and responsibilities

4.1 The proprietor and employer retain responsibility for meeting their respective legal duties, providing resources and overseeing first aid arrangements. The school's governance arrangements support this oversight. The Headteacher implements this policy, checks provision at each site and ensures staff know how to summon help and locate equipment.

4.2 A central register records first aid qualifications, relevant specialist training, expiry dates and cover arrangements. The Headteacher reports at least annually to the proprietor and those responsible for governance on provision, incidents, training and outstanding actions.

4.3 The appointed person organises equipment, stock checks, training records and emergency cover. This role does not itself qualify someone to deliver first aid. All staff know the emergency arrangements, report incidents and follow training and individual plans. Agency and temporary staff receive a practical briefing before supervising pupils.

5. First aiders and equipment

5.1 Qualified first aiders provide immediate care within their training and summon professional assistance when needed. Sufficient trained cover is arranged at each occupied site throughout the school day, including arrival, breaks, departures, staff absence and school activities. Training must be suitable for pupils aged 11–18 and their needs, including child resuscitation where relevant. EYFS paediatric first aid staffing rules do not automatically apply to Jasmine Hall's secondary and post-16 provision; cover is determined by the needs assessment.

5.2 The current first aid appointed person is: David Torrance.

5.3 First aiders hold a current appropriate certificate. Renewal is arranged before expiry; annual refresher training is encouraged. Additional training and assessed competence are

arranged for pupil-specific procedures, and basic first aid certification is not treated as sufficient for all specialist medical tasks.

First aid box locations

- Croft House – First Aid Room
- Cedar House – Reception Office, First Aid Room
- Markeaton House – Science Lab, Kitchen
- All School Vehicles

These locations are retained from the existing policy and are checked by the appointed person at each review. Location information for any AED and emergency medication is displayed and included in induction; this policy does not assume an AED is installed at every site. Where provided, AEDs are accessible, checked and maintained according to manufacturer instructions.

6. Emergency procedure in the event of an accident illness or injury

6.1 Staff assess immediate danger, summon help and contact emergency services when needed. Sensory, communication or emotional needs can affect how a pupil shows pain or illness. Staff use accessible communication, reassurance and knowledge of the pupil, without allowing these considerations to delay emergency care.

6.2 Call 999 immediately for a life-threatening emergency or serious concern, including unconsciousness, abnormal breathing, suspected anaphylaxis or severe bleeding. Do not wait for a first aider or Headteacher to authorise the call. Follow dispatcher instructions and provide the site address, access details and casualty information.

6.3 A staff member stays with the casualty; another meets the ambulance and manages access and other pupils. If the person is unresponsive and not breathing normally, begin CPR and obtain an AED if available, following training and dispatcher prompts. Do not delay CPR while waiting for equipment.

6.4 The Headteacher or senior staff member coordinates parent contact and staffing. A suitable staff member accompanies a pupil to hospital where needed until a parent or responsible adult takes over, with appropriate supervision maintained at school. Share relevant medical information and record the handover.

6.5 Staff report unexplained injuries, disclosures, self-harm or concerns about neglect or abuse to the DSL under the Safeguarding Policy. First aid and safeguarding action proceed together. Injuries after any restrictive intervention are assessed promptly and medical help obtained where required.

7. Body fluid spillage

7.1 Staff follow infection control procedures using gloves and clean-up kits, disposing of waste safely.

Clean up procedure

- Gloves to be worn at all times
- Use the Body Fluid clean-up kit and follow the instructions provided
- Contaminated clothing should be hygienically bagged for return home. It must not be rinsed by hand.
- The area should be cordoned off until cleaned

- Dispose of contaminated materials using the designated clinical waste arrangements and local infection control instructions. Do not place sharps or significant infectious waste in ordinary bins or improvise disposal by sealing it in a glove. If a suitable container is unavailable, isolate the waste safely and seek advice from the appointed person or site lead.

Use appropriate protective equipment, cover cuts, wash hands after removing gloves and clean contaminated surfaces using approved products and instructions. Avoid mixing cleaning chemicals. Sharps are handled only by trained staff using suitable equipment and a sharps container; needlestick or exposure incidents require prompt medical advice and reporting.

8. Reporting to parents and record keeping

8.1 Parents or carers are informed promptly of accidents, injuries and illness affecting their child, with urgent contact for significant injuries and any deterioration. For head injuries, staff give verbal notification as soon as practicable and written information about the incident, symptoms to watch for and when to seek medical help. Staff follow clinical or emergency-service advice about observation and escalation; a head injury must not be treated as resolved merely because there is no visible mark.

8.2 Records include the date, time and location; person affected; injury or illness; first aid or medication provided and by whom; outcome and referral; parent notification; and any follow-up actions. Records are completed promptly, stored securely and retained under the Records Management Policy. Necessary information is shared with staff and professionals who need it to protect the person.

8.3 All accidents and near misses are reported internally, but not all are RIDDOR-reportable. The Headteacher ensures the employer's responsible person assesses the criteria, records the decision and makes any required HSE report. For pupils and other non-workers, a work-related accident causing death or direct transfer from the scene to hospital for treatment is reportable; diagnostic tests alone are not treatment. Employees have separate specified-injury, over-seven-day incapacity, disease and dangerous-occurrence criteria.

8.4 Reportable deaths, specified injuries and dangerous occurrences require notification without delay and the report within 10 days. Over-seven-day employee incapacity is reported within 15 days; reportable occupational disease is reported on receipt of diagnosis. RIDDOR records are kept for at least three years from the record date, with longer retention where required by the school's schedule. Serious safeguarding concerns are also escalated through the appropriate route.

8.5 Incidents and near misses are reviewed for patterns, equipment or training gaps and necessary changes to risk assessments. Allergy incidents include the trigger if known, symptoms, treatment and timing, emergency response and learning; an unknown cause is recorded as unknown rather than assumed.

9. Visits and events off site

9.1 Trip leaders assess first aid and medical requirements before off-site activities, including access to emergency help, pupil needs, staff competence, transport, activities and distance from medical services. Appropriate first aid cover is arranged for every school visit, including a suitably trained first aider where required by the first aid needs assessment and visit risk assessment. Each school vehicle carries an appropriate kit. Provision at the school sites must remain sufficient when trained staff leave on a visit.

9.2 The leader confirms healthcare plans, emergency medicines, trained cover, communications and emergency contacts are available throughout the visit, including transport. Caterers and activity providers receive necessary allergy information securely. Pupils are supported to participate through reasonable adjustments; a medical condition or missing parent volunteer is not an automatic reason to exclude a pupil.

Vehicle and off site kit contents

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage that is not less than 7.5cm wide
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15x20cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of non-rusted blunt-ended scissors

This original vehicle list is a baseline and is adapted to the vehicle's legal requirements and the visit's needs assessment. Include suitable disposable gloves, guidance and additional items identified by the assessment. Check quantities, packaging and expiry before departure.

10. Storage and administration of medication

10.1 Medication is clearly labelled, stored under the required conditions and administered under the school's medical conditions and medication procedures. General medicines are stored securely with authorised access; emergency medicines such as adrenaline devices and reliever inhalers must be immediately accessible and must not be locked away so that treatment is delayed. Expired or unused medicines are returned to parents or disposed of through an authorised route, with a record.

10.2 Planned medicines are accepted and administered with the required written agreement, original labelled container, instructions and administration record. Staff check the pupil, medicine, dose, route and time, and document refusals, missed doses or errors and the action taken. Do not give aspirin to under-16s unless prescribed. Do not give another person's prescribed medicine.

10.3 Controlled drugs are stored securely with access limited to authorised staff and an accurate record. Refrigerated medicines are kept within their specified temperature range. Staff follow individual plans and manufacturer or clinician instructions; pupils' supported self-management is agreed individually, including safe access on visits.

11. Illnesses and allergies

11.1 A pupil who becomes unwell is supervised in suitable medical accommodation while parents are contacted. Staff follow the individual healthcare plan (IHP), clinical advice and emergency procedures. A pupil must not be left alone or required to walk to the first aid room during a serious allergic reaction or other emergency.

11.2 Allergy information is obtained from families, pupils and relevant professionals and shared securely with staff who need it, including catering, supply and transport staff. Pupils at risk of anaphylaxis have a clinically informed action plan and, where needed, an IHP. Plans record triggers, symptoms, device and dose, access arrangements, emergency steps, staff

training and arrangements for lessons, meals and visits. They are reviewed at least annually and after a change or incident.

11.3 Allergy prevention includes checking ingredients and supplier changes, providing accurate allergen information, preventing cross-contact in food preparation, hand and surface cleaning and assessing cooking, science, crafts, celebrations and off-site activities. A food restriction does not guarantee an allergen-free environment. Staff address allergy-related bullying and include pupils safely.

11.4 The school provides annual allergy awareness and emergency-response training for staff supervising pupils, including induction for new and temporary staff and relevant caterers, drivers and volunteers. Staff with responsibility for an individual receive the necessary practical device training. Training covers recognition, prompt treatment, emergency calls and incident reporting.

11.5 The Headteacher and appointed person arrange readily accessible spare adrenaline auto-injectors as a school safety procedure, with clinical or pharmacy advice on the appropriate doses and quantities across all three sites. Devices are kept in pairs, checked regularly for expiry and damage, and replaced after use. Locations and any gaps in provision are recorded and escalated promptly; this wording does not certify that stock is already in place.

11.6 For suspected anaphylaxis, bring the person's prescribed adrenaline device to them and use it immediately following the device instructions and training. Use a spare device where needed under the emergency protocol. Call 999 and state suspected anaphylaxis; do not delay adrenaline while waiting for the call or a parent. Lay the person flat with legs raised; if breathing is difficult, allow them to sit with legs outstretched, following clinical advice. Do not let them stand or walk.

11.7 If symptoms do not improve after five minutes, give a second adrenaline auto-injector following the emergency plan and dispatcher advice. Monitor breathing, provide CPR if needed and arrange ambulance transfer even if symptoms improve. Antihistamines do not replace adrenaline for anaphylaxis. Record device, dose and time and provide this information to ambulance staff.

11.8 Other conditions, including asthma, epilepsy, diabetes and complex medical needs, are managed through individual plans and appropriate staff training. An emergency school salbutamol inhaler, where provided, is used only under the applicable eligibility and written-consent arrangements; the lifesaving emergency rules for adrenaline must not be assumed to apply identically to every medicine.

12. Consent

12.1 On admission, parents provide medical information, emergency contacts and consent for planned medication and treatment. These details are updated when needs change and checked at least annually. Staff explain care accessibly, seek the pupil's agreement where possible and respect privacy. An emergency call or immediately necessary action to save life must not be delayed while staff seek a consent form or contact a parent. Staff follow emergency-service advice and the relevant legal and clinical arrangements.

13. First aid room

13.1 The proprietor ensures suitable accommodation for medical examination and treatment and the short-term care of sick or injured pupils, including a washing facility and nearby toilet,

under paragraph 24 of the Independent School Standards. The school provides a first aid room with an examination couch. It is accessible, hygienic and available when needed; any other use must not compromise medical use. Privacy and appropriate supervision are maintained.

14. Monitoring and review

14.1 The Headteacher reviews this policy annually with the appointed person, proprietor and those responsible for governance, and sooner after significant incidents, changes to provision or new requirements. Staff receive induction and updates. The next scheduled review is September 2027; the proprietor records approval of this version.

14.2 Monitoring checks that procedures work in practice, including site and visit cover, actual equipment and medicine availability, staff competence, parent communication, individual adjustments and completion of follow-up actions.

Source references

Independent School Standards guidance April 2026

<https://www.gov.uk/government/publications/regulating-independent-schools>

KCSIE 2026

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

Ofsted independent school inspection toolkit September 2026

<https://www.gov.uk/government/publications/independent-school-inspection-toolkit-operating-guide-and-information>

DfE First aid in schools

<https://www.gov.uk/government/publications/first-aid-in-schools>

HSE First aid at work L74

<https://www.hse.gov.uk/pubns/books/l74.htm>

HSE Incident reporting in schools

<https://www.hse.gov.uk/pubns/edis1.htm>

DfE Allergy safety in schools July 2026

<https://www.gov.uk/government/publications/allergy-safety-in-schools>

DfE Supporting pupils with medical conditions

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

NHS Anaphylaxis

<https://www.nhs.uk/conditions/anaphylaxis/>

DfE Automated external defibrillators guidance

<https://www.gov.uk/government/publications/automated-external-defibrillators-aeds-in-schools>

DfE School food standards allergy guide September 2026

<https://www.gov.uk/government/publications/school-food-standards-allergy-guide>