

THE MOUNT SCHOOL

FIRST AID POLICY

2026–2027

Version	2.0
Policy writer	Euan Burton-Smith
Last updated	August 2026
Effective from	1 September 2026
Review date	August 2027
Approval	Approved by Chris Sellers – Director / Proprietor

This revised policy is based on The Mount's 2025-2026 First Aid Policy. The detailed medication and allergy sections have been removed from this document and replaced by the separate Administration of Medication Policy and Allergy Safety Policy.

1. General statement

The Mount School will ensure that pupils, staff and visitors receive appropriate first-aid assistance in the event of illness or injury. First aiders are trained first aid personnel; they are not doctors or nurses.

First-aid provision is based on a documented assessment of first-aid needs, taking account of employees, pupils, visitors, EYFS children, the premises, activities, trips, operating hours and foreseeable risks.

First-aid equipment is located in the conservatory, staffroom, medical room, Nursery and Cedar Annexe, with additional portable kits for activities and trips. Locations and contents will be reviewed through the needs assessment rather than relying on a fixed list indefinitely.

2. Purpose

- provide effective and safe first-aid cover for pupils, staff and visitors;
- ensure staff know how to obtain emergency assistance and where first-aid equipment/AEDs are located;
- maintain suitable trained personnel, equipment and facilities;
- meet EYFS paediatric first-aid requirements;
- record and review accidents, injuries and significant first-aid events; and
- use incident information to reduce preventable risk.

3. Legal and guidance framework

- Health and Safety (First-Aid) Regulations 1981 and HSE guidance;
- Health and Safety at Work etc. Act 1974;
- DfE First aid in schools, early years and further education guidance;
- EYFS statutory framework for group and school-based providers applying from 1 September 2026;
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), where applicable;
- Education (School Premises) Regulations 2012 / Independent School Standards premises requirements as applicable; and
- The Mount's Health & Safety, Safeguarding, Medical Conditions, Medication and Allergy Safety policies.

The 1981 Regulations impose duties in relation to employees. HSE strongly recommends that schools include pupils and other non-employees within their first-aid needs assessment; The Mount does so.

4. First-aid personnel and terminology

For this policy, a 'first aider' is a person holding a current qualification appropriate to the role identified in the School's first-aid needs assessment, including First Aid at Work, Emergency First Aid at Work or Paediatric First Aid as relevant.

All staff should know how to summon help and provide immediate emergency assistance within their competence. A statement that all staff have 'basic first aid training' will only be used where current training records demonstrate this.

5. Paediatric First Aid and EYFS

At least one person with a current paediatric first-aid certificate that meets EYFS requirements will be on the premises and available at all times when EYFS children are present and will accompany EYFS children on outings, as required by the statutory framework.

The Nursery leadership, coordinated with the Headteacher, will maintain sufficient PFA cover for the operating day, breaks, absences and outings and ensure certificates are renewed within the required cycle.

Qualification-to-ratio requirements for newly qualified EYFS staff will follow the current EYFS framework and early-years qualification requirements rather than retaining historic 2016 wording if it changes.

6. Lead First Aider and coordination

The Lead First Aider is Natasha Slawson. The Lead First Aider coordinates first-aid arrangements, stock/equipment checks and incident monitoring.

Individual Healthcare Plans are governed by the Supporting Pupils with Medical Conditions Policy and coordinated by the designated medical lead with the Headteacher, SENDCO and DSL as relevant; they are not treated as solely a first-aid function.

7. Role of first aiders

- maintain current qualifications and attend casualties promptly when requested;
- assess the casualty and provide first aid within training and competence;
- call for additional first aid or emergency services when needed;
- use appropriate infection-control precautions for blood/body fluids;
- support colleagues and casualties following significant incidents;
- ensure relevant first-aid equipment is available and report depleted/damaged stock;
- ensure significant head injuries and other serious presentations receive appropriate clinical assessment/escalation;
- ensure parents/carers are informed promptly about head injuries and significant incidents;
- complete or contribute to the required first-aid/accident record; and
- dispose of contaminated materials safely and ensure affected areas are appropriately cleaned.

The previous policy required every 'significant head injury' to be sent to hospital. The revised approach is risk-based: 999 is called for emergency features; otherwise staff follow current head-injury first-aid guidance, the child's presentation and appropriate clinical advice. Parents are informed promptly and given clear monitoring/escalation information.

8. Role of Senior Leadership Team

- ensure first-aid cover is available throughout School operating hours;
- maintain and review the first-aid needs assessment;
- ensure sufficient appropriately qualified first aiders and EYFS PFA cover;
- provide suitable equipment, facilities and emergency arrangements;
- ensure new staff understand first-aid procedures and locations;
- review first-aid/accident data at least half-termly and act on patterns;
- ensure RIDDOR and other external reporting is considered accurately; and
- ensure serious incidents/near misses are reviewed and actions completed.

9. Role of all staff

- take reports of illness/injury seriously and establish relevant history where safe to do so;
- seek a first aider for injuries/illness requiring assessment;
- know how to summon emergency help and the location of first-aid resources;
- never move a casualty unnecessarily where spinal/serious injury is suspected unless immediate danger requires movement;
- provide emergency life-saving assistance within competence while help is summoned;
- ensure an injured child sent for first aid is appropriately accompanied/supervised;
- know essential medical/emergency information for pupils they supervise;
- take appropriate first-aid supplies and pupil-specific emergency medication on trips; and
- have regard to their own safety and the safety of other pupils.

The previous instruction that unqualified staff should 'never treat a casualty' is removed. Any staff member may need to call 999, use an AED, provide CPR or take other immediate life-saving action within their knowledge while trained help is on the way.

10. Role of office staff

- summon an appropriate first aider and give the casualty's precise location;
- support emergency-service and parent/carer contact;
- provide emergency contact/medical information to authorised staff where required;
- support incident logging on the School's current MIS for Forms I-VI; and
- assist with ambulance access and staff cover arrangements.

11. First-aid equipment and checks

The contents and number of first-aid kits will be determined by the needs assessment. HSE does not require schools to purchase a particular British Standard kit. Kits will contain appropriate supplies, be readily identifiable and checked routinely for stock, damage and expiry.

Medicines will not be stored in first-aid boxes. Emergency pupil medication is managed under the Medication/Medical Conditions/Allergy policies.

12. First-aid room / medical room

The School will maintain suitable accommodation for medical examination/treatment and short-term care of sick or injured pupils as required by the applicable premises standards. The room/space will be accessible, appropriately equipped and kept hygienic.

13. Automated External Defibrillator (AED)

The School will ensure staff know the location of any AED on site and that it can be accessed rapidly. AED status/pads/battery will be checked according to manufacturer arrangements. In suspected cardiac arrest, staff will call 999, start CPR and use the AED as soon as available, following its prompts.

14. Calling an ambulance and hospital transfer

999 will be called immediately for life-threatening or potentially life-threatening illness/injury. Staff will not delay an ambulance call while trying to contact parents.

Where a child is transported by ambulance, an appropriate member of staff will accompany or follow where necessary until a parent/carer assumes responsibility, subject to emergency-service direction and safe supervision of remaining pupils.

The accompanying adult need not be the first aider who provided treatment. Relevant medical/emergency information will accompany the child where available.

15. Head injuries

All head injuries will be assessed and recorded proportionately. Parents/carers will be informed promptly of head injuries in accordance with School/EYFS procedures. Staff will monitor for red-flag symptoms and call 999 or seek urgent clinical assessment where indicated.

Children returning to normal activity after a minor head injury will remain under appropriate observation and parents will receive information about symptoms requiring medical advice.

16. Infection control and body fluids

Staff will use gloves and other appropriate PPE where exposure to blood/body fluids is possible, cover cuts, wash hands and dispose of contaminated waste safely. Blood/body-fluid contamination of surfaces will be cleaned using the School's infection-control procedure.

17. Record keeping and parent notification

A record will be kept of accidents, injuries and first-aid treatment. School-age incidents will be recorded using the School's current accident/MIS arrangements. Nursery/EYFS incidents and treatment will be recorded and communicated through Family or the current approved system.

Parents/carers of EYFS children will be informed of any accident or injury sustained and first-aid treatment given on the same day or as soon as reasonably practicable, in accordance with the EYFS framework. Head injuries and serious incidents will also prompt direct contact.

18. RIDDOR and external notification

The Headteacher or delegated competent person will determine whether an incident is reportable under RIDDOR. Not every accident, ambulance attendance or hospital visit is RIDDOR-reportable; the statutory criteria and work/activity connection must be applied.

For EYFS, leaders will also consider Ofsted notification requirements for serious accidents, injuries, illness or other notifiable events within the statutory framework and required timescale.

19. Educational visits and off-site activities

Visit risk assessments will identify appropriate first-aid provision, trained staff, emergency contacts, pupil medical needs, access to emergency medication and likely emergency-service response. A suitable portable first-aid kit will accompany visits.

EYFS outings will include the required PFA-qualified person. Higher-risk/residential activities may require additional first-aid competence identified through risk assessment.

20. Medication and allergy - separate policies

Administration of medicines is governed by the Administration of Medication Policy and Supporting Pupils with Medical Conditions Policy. Allergy prevention, AAls, anaphylaxis, catering and near-miss arrangements are governed by the Allergy Safety Policy. First aiders must still know how to respond to medical emergencies within their training.

21. Serious incidents and post-incident support

Following a serious first-aid incident or significant near miss, leaders will review the chronology, response, equipment, communication, staffing/training, environment, risk assessment and any safeguarding implications. Actions will be assigned and followed through.

Pupils and staff who witness or respond to a distressing incident will be offered appropriate support.

22. Training and induction

New staff will be told how to summon first aid, where equipment/AEDs are located, who the relevant first aiders are and how incidents are recorded. Refresher information will be provided when arrangements change.

The School will maintain a training matrix showing qualifications and expiry dates and will plan renewal/cover before certificates expire.

23. Monitoring and review

The Lead First Aider and SLT will monitor first-aid provision and incident patterns. The policy and first-aid needs assessment will be reviewed at least annually and following significant changes to staffing, premises, pupil needs, activities, guidance or a serious incident.

Appendix A - Immediate first-aid response

- 1. Make the area safe and assess responsiveness/breathing.
- 2. Summon first-aid help; call 999 immediately where life-threatening illness/injury is suspected.
- 3. Start CPR/use AED or other emergency first aid within competence.
- 4. Follow pupil IHP/emergency medication protocol where relevant.
- 5. Do not delay emergency action while contacting parents.
- 6. Keep the casualty appropriately supervised and reassured.
- 7. Arrange ambulance access and relevant information.
- 8. Contact parent/carer.
- 9. Record treatment and complete required accident/incident documentation.
- 10. Escalate safeguarding, RIDDOR, Ofsted/EYFS or serious-incident review as applicable.

Appendix B - First-aid provision audit

First-aid needs assessment current

FAW/EFAW/PFA cover sufficient across operating hours

EYFS outing PFA arrangements

Training expiry matrix checked

First-aid kit locations/content checks

Medical room/facility suitable

AED accessible and checked

Trip kits and emergency arrangements

Accident/MIS/Famly recording sampled

Head-injury parent communication sampled

RIDDOR/ISI/Ofsted decision records checked

Actions/owner/deadline