First Aid Policy & Procedure

Education

This policy forms part of the Polaris Quality Management System (ISO 9001) and applies to all Polaris Education schools.

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1. Aims

- Ensure the health, safety and welfare of all pupils, staff, volunteers, contractors and visitors.
- Ensure that staff and governors understand their responsibilities in relation to first aid and health and safety.
- Provide a framework for responding to a first-aid incident, and for recording, reporting and reviewing the outcome.
- Ensure that first-aid provision reflects the additional, complex and fluctuating medical needs of pupils with special educational needs and disabilities (SEND), both on the school site and when pupils are off-site with staff.
- Provide and maintain on-site Automated External Defibrillators (AEDs)to all schools and the identified high-risk areas of Polaris estate.
- Ensure compliance with the Health and Safety at Work Act 1974, the Health and Safety (First-Aid) Regulations 1981 and all other relevant legal and regulatory requirements.

2. Legislation and guidance

This policy is based on the legislation and guidance set out below. Polaris Education schools are day schools rather than residential/boarding provision, so the National Minimum Standards for Residential Special Schools and related boarding welfare standards (Independent School Standards, paragraph 8) do not apply. Polaris Education also does not provide Early Years Foundation Stage (EYFS) provision, so the EYFS-specific paediatric first-aid requirements do not apply to this policy; where any Polaris service does deliver EYFS or residential/boarding provision, that setting's own policy addresses the separate statutory requirements that apply to it.

Source	What it requires of Polaris Education
Health and Safety at Work etc. Act 1974, ss.2 & 3	Duty to ensure the health, safety and welfare of employees (s.2) and of pupils, visitors and others affected by the school's activities (s.3), so far as is reasonably practicable.
Health and Safety (First-Aid) Regulations 1981	The primary statutory duty. Regulation 3 requires the employer to provide adequate and appropriate equipment, facilities and personnel to enable first aid to be given.
HSE INDG214 – First Aid at Work: your questions answered (2018 revision)	Sets out the needs-assessment methodology and the numerical baseline for first-aider provision that this policy applies.

HSE L74 – First Aid at Work: Guidance on Regulations (3rd edition, amended 2024)	Approved guidance to the 1981 Regulations. The 2024 amendment confirms that mental health should be considered as part of a first aid needs assessment, and updates guidance on life-threatening bleeding.
Management of Health and Safety at Work Regulations 1999, reg. 3	Requires a suitable and sufficient risk assessment, feeding into the first aid needs assessment.
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013	Sets out which accidents, injuries, diseases and dangerous occurrences must be reported to the HSE, the timescale for reporting, and record-retention requirements.
HSE EDIS1 – Incident reporting in schools	The schools-specific guide to applying RIDDOR.
Social Security (Claims and Payments) Regulations 1979, reg. 25	Sets the minimum retention period for accident records (3 years from the date of the last entry).
Control of Substances Hazardous to Health Regulations (CoSHH) 2002, reg. 10	Sets the retention period for records of exposure to hazardous substances (40 years) where relevant.
Education (Independent School Standards) Regulations 2014, Schedule, Part 3, paragraph 13	The core standard against which Polaris Education schools are inspected: an independent school meets the welfare, health and safety standard only if first aid is administered in a timely and competent manner through a written first aid policy that is effectively implemented.
Education (Independent School Standards) Regulations 2014 (as amended), Schedule, Part 3, paragraph 32(1)(b)(d)	Requires the school to make available to parents – on its website, or on request – particulars of its arrangements for meeting the first-aid standard (paragraph 13), alongside its arrangements for behaviour, anti-bullying and health and safety.
DfE non-statutory guidance – The Independent School Standards Guidance for Independent Schools (revised April 2026), Part 3	Departmental guidance on how inspectors interpret the ISS, including paragraph 13. It confirms that effective implementation of a first-aid policy requires adequate numbers of appropriately trained staff and proper equipment for off-site activities as well as on the school site – which directly underpins Section 4 of this policy. Schools should follow the department's separate first-aid advice as best practice unless there is good reason not to.

DfE non-statutory guidance – First aid in schools, early years and further education (updated February 2022)	Departmental advice on first-aid provision, needs assessment and training in schools. Polaris Education applies the school-age (non-EYFS) elements of this guidance, as the school does not provide Early Years Foundation Stage provision.
DfE statutory guidance – Supporting pupils at school with medical conditions	Requires the school to have arrangements to support pupils with medical conditions, including Individual Healthcare Plans (IHCPs), so pupils can access the same opportunities as their peers. This underpins Section 4 (needs assessment) and Section 5 (procedures) of this policy.
Human Medicines (Amendment) Regulations 2017	Allows schools to obtain and hold spare adrenaline auto-injectors (AAIs) for use in a medical emergency for any pupil with known anaphylaxis, with parental consent.
Equality Act 2010, s.20	The anticipatory duty to make reasonable adjustments, which informs how first-aid provision is tailored to pupils with SEND and disabilities.
DfE Automated External Defibrillator (AED) programme (2022–2023)	Every state-funded school in England has received funding for an on-site defibrillator. Polaris Education applies the same standard of AED provision across its schools.

> *Under paragraph 32(1)(b)(d) of the Independent School Standards, Polaris Education publishes a summary of its first-aid arrangements – covering how needs are assessed, the number and training of first-aiders, and equipment provision – on the school website and makes it available to parents on request, alongside its behaviour, anti-bullying and health and safety arrangements.*

3. Roles and responsibilities

3.1 Appointed person

The school's appointed person is the Head Teacher, who may delegate day-to-day operational responsibility to a Site Responsible Person (SRP) or Deputy Responsible Person. The appointed person is responsible for:

- Taking charge when someone is injured or becomes ill, where a first aider is not available.
- Ensuring there is an adequate supply of medical materials in first-aid kits and that these are replenished.

- Ensuring that an ambulance or other professional medical help is summoned when appropriate.

3.2 First-aiders

First-aiders are trained and qualified to carry out the role (see Section 7) and are responsible for:

- Acting as first responders to any incident; assessing the situation and providing immediate and appropriate treatment within their competence.
- Deciding whether emergency services, parents/carers or further assistance are needed.
- Sending a pupil home to recover where necessary, following discussion with parents/carers.
- Completing an accident report on the same day, or as soon as reasonably practicable, using the accident and incident recording system.
- Keeping their contact details and training records up to date.

3.3 The Proprietary Body / Polaris H and S Team

The Proprietary Body / Polaris Leadership Team has ultimate responsibility for health and safety, including first aid, but delegates day-to-day operational matters to the Head Teacher and school staff.

3.4 The Head Teacher

The Head Teacher is responsible for the implementation of this policy, including:

- Ensuring that a documented first-aid needs assessment is carried out and kept under review (see Section 4).
- Ensuring that an appropriate number of trained first-aiders is present on the school site at all times, sized to reflect the needs of the pupil cohort, including SEND-related medical needs.
- Ensuring that enough first-aiders are trained across the staff team that a first-aider is always available to accompany pupils on trips and off-site activities, without the number of first-aiders remaining on site falling below the minimum required level.
- Ensuring first-aiders hold an appropriate, current qualification and remain competent to perform their role.
- Ensuring all staff know first-aid procedures and who the current first-aiders are.
- Ensuring appropriate risk assessments, including Individual Healthcare Plans (IHCPs), are completed, shared and kept up to date.
- Ensuring adequate space is available to meet the medical and therapy needs of pupils.
- Reporting specified incidents to the HSE where required (see Section 8).

3.5 School staff

All school staff are responsible for:

- Following first-aid procedures and knowing who the current first-aiders are.
- Completing an accident report for any incident they attend to where a first-aider was not called.
- Informing the Head Teacher, or their line manager, of any specific health condition, allergy or first-aid need affecting themselves or a pupil in their care.
- Familiarising themselves with the content of a pupil's IHCP where they have responsibility for that pupil.

4. First-aid needs assessment and number of first-aiders

The Head Teacher (or delegated Site Responsible Person) carries out a documented first-aid needs assessment for the school. This is reviewed at least annually, and immediately after any incident, near-miss or material change (for example, a significant change in the pupil cohort, a new off-site activity, or a new build or room use).

4.1 Factors considered

The assessment applies the six factors set out in HSE guidance (INDG214), together with two additional factors that reflect the profile of a Polaris Education school:

#	Factor	What we consider
1	**Nature of the school and its hazards**	Type of site; activities carried out (sports, food, off-site learning, transport); higher-hazard areas such as kitchens, sensory rooms, PE areas, science labs practical spaces , pools or minibuses.
2	**Nature of the workforce**	Number and distribution of staff across the day; site layout; any staff with their own medical conditions or disabilities.
3	**Site organisation**	Number of buildings/floors; walking distance and travel time from a first-aider to any pupil (target under 3 minutes).
4	**History of accidents and incidents**	Review of the accident book, near-miss log and RIDDOR history over the last 3 years; recurring incident types trigger a review of provision.
5	**Off-site, travelling and lone-working staff**	School trips and visits, community-based learning, work experience placements and driver-only journeys, each

		requiring a portable first-aid kit and a means of communication.
6	**Shared or multi-occupied sites**	Where the school shares a site or contracts transport with another provider, first-aid arrangements are agreed in RA.
7	**Cohort vulnerability (SEND)**	Every pupil is a child or young person with special educational needs and/or a disability. Many pupils communication or behavioural needs, a small number have respiratory, cardiac, epileptic or diabetic needs. They require an Individual Healthcare Plan (IHCP) and/or emergency medication (e.g. Inhaler, AAI, buccal midazolam). This increases the required level and spread of first-aid provision compared with a mainstream school of the same size.
8	**Pupils being off the school site with staff**	Pupils may be off-site with staff for planned trips, community access, work experience, alternative provision or during an incident requiring collection/transport. A first-aider must be able to accompany pupils off-site without the on-site provision falling below the minimum required level (see Section 4.2).
9	**Cover for absence, breaks and shift patterns**	The minimum number of first-aiders must be met at all times, including during lunch and breaks, staff absence, annual leave, sickness and INSET/training days.

4.2 Setting the number of first-aiders

HSE guidance (INDG214) gives a numerical baseline for the minimum number of first-aiders based on staff headcount and workplace hazard level. Because this baseline is designed around an ordinary employee workforce, the Head Teacher uplifts the numerical outcome of the needs assessment to reflect the additional “persons at risk” represented by the pupil cohort, so that the school's provision is adequate and appropriate rather than the statutory minimum. In practice this means the school's first-aider register is sized so that:

- The minimum number of first-aiders identified by the needs assessment is present and available on the school site at all times pupils are present, including during lunch, breaks, staff absence, annual leave, sickness and training days.
- A first-aider is always available to accompany any pupil, or group of pupils, who leave the school site with staff – whether for a planned educational visit, community access, work experience, alternative provision, or in response to an incident – without reducing on-site cover below the minimum required level.

- There is enough flexibility in who holds a current first-aid qualification that the school is not reliant on a single named individual: a broad enough spread of trained staff, across teaching, support and site teams, means the most appropriate available member of staff – for example, a pupil's key worker or class team member – can accompany a trip while adequate cover remains on site.
- Cover accounts for the fact that some pupils require 1:1 or higher staffing ratios and that a first-aider accompanying a trip may also be providing that pupil-specific support, so cannot be assumed to be interchangeable with general on-site cover.

> *The specific minimum number of first-aiders for each Polaris Education site, and the current first-aider register, are maintained as part of the site's own needs assessment and are set out in the Polaris First Aid Procedure. This reflects the fact that the right number depends on each school's roll, site layout, staffing structure and the medical complexity of its pupil cohort, and is reviewed at least annually by the Head Teacher and countersigned by the H&S Compliance Manager.*

4.3 Individual Healthcare Plans (IHCPs)

Any pupil with an on-going medical condition that could require emergency intervention (for example, epilepsy, diabetes, asthma or known anaphylaxis) has an Individual Healthcare Plan, developed with parents/carers and, where appropriate, health professionals, in line with DfE statutory guidance on supporting pupils at school with medical conditions. The IHCP identifies the staff who are trained to respond, the emergency medication held (if any) and the trigger for calling 999. IHCPs are reviewed at least annually, or sooner if a pupil's needs change or following a significant medical incident and inform the first-aid needs assessment described above.

5. First-aid procedures

5.1 In-school procedure

In the event of an accident, injury or sudden illness:

- The closest member of staff assesses the seriousness of the situation and summons the nearest first-aider by voice, radio or phone; the first-aider should be able to reach the casualty within approximately 3 minutes.
- The first-aider assesses the casualty, provides first-aid treatment within their competence, and decides whether the casualty should be moved, placed in the recovery position, or whether further help (a colleague or the emergency services) is needed.
- Where the first-aider judges that a pupil is too unwell to remain in school, parents/carers are contacted and asked to collect their child; on arrival, the first-aider explains what happened and any first aid given.

- If emergency services are called, school administration contacts parents/carers immediately, and a member of staff is sent to meet the ambulance at the site entrance.
- The first-aider completes an accident report on the same day, or as soon as reasonably practicable.

5.2 When to call 999

Staff and first-aiders always call 999 without delay for any of the following, regardless of whether the casualty appears to recover: loss of consciousness of any duration; breathing difficulty; chest pain; suspected stroke (FAST test); severe or uncontrolled bleeding; anaphylaxis (even after an adrenaline auto-injector has been given); a seizure lasting more than 5 minutes, a first seizure, or a second seizure within an hour; suspected serious fracture, head, neck or spinal injury; a serious burn; a diabetic emergency not resolved by first-line treatment; or any casualty the first-aider judges to be seriously ill or injured. Full step-by-step protocols for anaphylaxis and seizure management are set out in the Polaris First Aid Procedure.

5.3 Off-site procedures – trips and visits

Risk assessments are completed prior to any educational visit or activity that takes pupils off the school premises. This risk assessment considers the medical needs of every pupil attending, informed by their IHCP where relevant.

A first-aider always accompanies pupils on every trip or visit off the school site. The school maintains enough trained first-aiders across the staff team, as described in Section 4.2, to give flexibility over which member of staff can leave the site with pupils, so that on-site provision is never reduced below the required minimum.

Staff taking pupils off the school premises will always have:

- A mobile phone with the school's and parents'/carers' contact details.
- A portable first-aid kit (contents in the Polaris First Aid Procedure).
- Information about the specific medical needs of the pupils attending, including relevant IHCPs.
- Any emergency medication required by a pupil – for example, an asthma inhaler, adrenaline auto-injector or buccal midazolam – administered only by a member of staff named and trained to do so on that pupil's IHCP.
- The site address/postcode and, where relevant, a What3Words location for the destination.

6. First-aid equipment and defibrillators (AEDs)

6.1 First-aid kits

First-aid kits are stocked in line with BS 8599-1 (Workplace First Aid Kits), scaled to the size and hazard profile of the school. A typical kit includes: a first-aid guidance leaflet; assorted plasters; sterile eye pads; triangular bandages; safety pins; medium and large sterile dressings; moist cleansing wipes; disposable gloves; adhesive tape; a foil blanket; burns dressings; a resuscitation face shield; sharps-safe scissors; and instant cold compresses. No medication is kept in first-aid kits; any prescribed or emergency medication for individual pupils is held separately in line with the school's medication protocol and the pupil's IHCP.

Kits are visually checked weekly and formally checked and restocked monthly. Kits are located in, as a minimum: the medical/welfare room, main reception, any kitchen, science or food-technology area, any sports hall, swimming pool or higher-hazard area, every school-transport vehicle, and as a portable kit for every off-site trip.

6.2 Automated External Defibrillators (AEDs)

Every Polaris Education school has at least one on-site AED, in line with the standard applied to state-funded schools in England. The AED is mounted in a visible, signposted location on a ground-floor circulation route, registered with The Circuit (the national defibrillator network) so that ambulance control can direct bystanders to it, and checked weekly (self-test) and monthly (pad expiry, battery status, cleanliness), with an annual service by the supplier. All staff are briefed on the AED's location and use at induction.

7. Training

First-aid training is delivered by a Polaris Health and Safety approved training provider. All employed staff are trained to recognise and respond to Allergy needs and basic first aid awareness. The school keeps a register of every trained first-aider, the course held, the certificate reference and the date the certificate expires.

7.1 Mandatory refresher and requalification dates

The table below sets out the statutory/mandatory validity period for each first-aid qualification used at Polaris Education – that is, the point at which a certificate expires, and full requalification is legally required for the holder to continue to count as a qualified first-aider.

Course	Mandatory refresher / requalification
First Aid at Work (FAW)	Certificate valid for 3 years. Full requalification is mandatory before expiry for the holder to continue to

	count towards the school's minimum first-aider provision.
Emergency First Aid at Work (EFAW)	Certificate valid for 3 years. Full requalification is mandatory before expiry.
Anaphylaxis / spare adrenaline auto-injector (AAI) administration	Certificate validity is set by the training provider (commonly 12 months). Retraining before the certificate expires is mandatory for any member of staff who may need to administer a spare AAI.
Site-specific medical training (e.g. buccal midazolam, gastrostomy/PEG, tracheostomy, catheterisation, oxygen)	Set by the prescribing clinician / community nursing team and recorded in the relevant pupil's IHCP; training must be refreshed whenever the IHCP specifies or the pupil's needs change and is mandatory for any named member of staff before they may carry out the procedure.

7.2 Good practice: more frequent refreshers

> *HSE guidance recommends annual refresher training between full requalification courses as good practice, to keep skills, knowledge and confidence current. This is not a legal requirement, but the Head Teacher is encouraged to build annual refreshers into the school's training plan, particularly given the complexity and range of medical needs across the pupil cohort. Where a pupil's condition or emergency medication changes, the relevant staff member's training is updated at that point, regardless of when their last refresher took place.*

7.3 Condition-specific training

Staff receive training in anaphylaxis and the administration of adrenaline auto-injectors in relation to any pupil who is admitted with, or is subsequently diagnosed as needing them for, a known allergy. Where a pupil requires seizure management, including buccal midazolam, or another site-specific medical procedure, only staff named and trained on that pupil's IHCP administer the relevant treatment, and that training is arranged with NHS community or school nursing colleagues before the pupil's IHCP is signed off.

8. Record-keeping and reporting

8.1 Accident and incident recording

- An accident report is completed by the first-aider, or the staff member who responded, on the same day or as soon as reasonably practicable after any incident resulting in injury or illness.

- As much detail as possible is recorded, including date, time, location, the person affected, the nature of the injury/illness, the first aid given, further action taken, and the names of the first-aider and any witnesses.
- A copy of every pupil accident report is added to the pupil's educational record.
- The Site Responsible Person countersigns every report.

8.2 Retention

- Pupil and non-employee accident records: retained for a minimum of 3 years from the date of the last entry, in line with regulation 25 of the Social Security (Claims and Payments) Regulations 1979; Polaris Education's standard practice is to retain these for 6 years to cover the civil-claim limitation period.
- Employee accident records: retained for a minimum of 6 years from the date of the last entry.
- RIDDOR-reportable event records: retained for at least 3 years from the date of the last entry, per RIDDOR 2013, regulation 12.

8.3 Reporting to the Health and Safety Executive (RIDDOR)

The Head Teacher (or delegated Site Responsible Person) notifies the H&S Compliance Manager of any incident that may be reportable under RIDDOR 2013 on the same day. The H&S Compliance Manager assesses reportability and, where required, reports to the HSE as soon as reasonably practicable and in any event within the statutory deadline: 10 days for a specified injury or dangerous occurrence, and 15 days for an over-7-day incapacity injury, disease, or death. Reportable events include:

- Death.
- Specified injuries: fractures (other than to fingers, thumbs or toes); amputations; permanent loss or reduction of sight; crush injuries to the head or torso causing damage to the brain or internal organs; serious burns (including scalding); scalping requiring hospital treatment; loss of consciousness caused by head injury or asphyxia; and other injuries arising from enclosed-space working leading to hypothermia, heat-induced illness, or requiring resuscitation or hospital admission for more than 24 hours.
- An injury that leaves an employee unable to carry out their normal duties for more than 7 consecutive days.
- An accident that leads to a person being taken to hospital.
- Occupational diseases with a written diagnosis linking the disease to occupational exposure (for example, occupational asthma, occupational dermatitis, hand-arm vibration syndrome).

- Near-miss events that did not result in injury but could have done – for example, the collapse of load-bearing lifting equipment or the accidental release of a biological or hazardous substance.

Guidance on making a RIDDOR report is available at www.hse.gov.uk/riddor/report.htm.

9. Notifying parents, Ofsted and other agencies

Parents/carers are informed of any accident, injury or illness sustained by their child, and of any first-aid treatment given, on the same day or as soon as reasonably practicable.

The Head Teacher notifies Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care, as soon as reasonably practicable and no later than 14 days after the incident.

The school also notifies the pupil's placing authority and, where the incident meets the safeguarding threshold, the relevant Local Authority Designated Officer and other relevant safeguarding agencies in accordance with local safeguarding procedures of any serious accident or injury to, or the death of, a pupil while in the school's care.

10. Monitoring arrangements

This policy is reviewed annually by the Head Teacher, in conjunction with the H&S Compliance Manager. It is also reviewed without delay following any significant first-aid incident, a change in relevant legislation or national guidance, or a material change to the pupil cohort or site.

Every significant first-aid incident (any incident where 999 was called, a casualty was taken to hospital, emergency medication or an AED was used, or the incident may be RIDDOR-reportable) triggers a post-incident review within 5 working days, to identify lessons learned, agree actions, and offer a welfare check to the first-aider, staff and any witnesses involved. Lessons are shared across Polaris Education where relevant.

Review Dates

Date	Version	Summary of Changes Made
August 2025	03	Routine Review
September 2025	04	Review
October 2026	05	Minor updates to legislation dates and specific policy references.

11. Links with other policies

This policy should be read alongside:

- Polaris central First Aid Procedure
- Health Safety and Risk Management Policy
- Polaris Accident and Incident Reporting Policy
- Medical Needs Policy
- Trauma Informed Relationship and Behaviour Policy