First Aid Policy

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2. Aims

The aims of the First Aid Policy are to:

- Ensure the health and safety of all students, staff and visitors.
- Ensure that all staff and other members of the school community are aware of their responsibilities with regards to first aid health and safety.
- Provide a framework for responding to an incident and recording and reporting the outcomes.

3. Legislation and Guidance

The policy is based on advice from the Department for Education on first aid in schools and health and safety in schools, and the following legislation:

- The Department for Education guidance on First Aid in Schools (last updated 12 December 2024) which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and by qualified first aid personnel.
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE) and set out the timeframe for this and how long records of such accidents must be kept.
- The Department for Education guidance: The Independent School Standards
- Guidance for independent schools (April 2019), which require that suitable space is provided to cater for the medical and therapy needs of students.

4. Roles and Responsibilities

The role of the first aider is to provide care after an accident or injury including preserving life, minimising further injury and making the patient as comfortable as possible until professional help is available.

This document sets out the procedures to be followed for the provision of first aid at Bedford Modern School (hereafter referred to as 'the School') when the School is open during term time, when holiday courses are running and when the School is open to staff and visitors during the holidays. It also gives general guidance for the provision of first aid for students and staff on sports fixtures and visits away from the School.

The School's Medical Department is lead by Registered Nurses and staffed throughout the school day, together with teaching and support staff who are trained first aiders, situated throughout school. On occasion, the school will use bank nurses and/or trained first aiders/paramedics from an external agency to supplement staffing as needed in the Medical Department or across the school site.

The Nurses are responsible for:

- Taking charge when someone is injured or becomes ill.
- Providing nursing and first aid support.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Sending students home to recover, where necessary.
- Ensuring there is an adequate supply of medical materials in first aid kits, checking kits regularly and replenishing the contents of these kits as needed.
- Supporting the Senior Deputy Head's Assistant in ensuring that first aiders have appropriate qualifications, keep their training up to date and remain competent to perform their role.
- Organising Advanced Medical provision at home sporting fixtures.
- Providing support and first aid equipment to staff taking students on school trips.
- Completing accident forms (either those forwarded by staff or initiating an accident form).
- Analysing and maintaining accident form data and reporting such data to the school Health and Safety committee meetings.
- Maintaining equipment, appropriate storing of medications and administration of medications in line with Nursing and Midwifery Council guidelines and the School's Medication Policy

Trained first aiders are responsible for:

- Responding to any incidents as they arise, including during the school day, during sports fixtures and when attending trips away from school. First aiders can either provide immediate and appropriate treatment, signpost the injured or unwell student/person to the Medical Department or request that nursing staff are called to attend to the injured or unwell student/person.
- When a student or member of staff requires first aid when they are away from school, first aid should be provided by a trained first aider and professional medical help sought in the case of an emergency.
- Filling in an accident form on the same day, or as soon as is reasonably practicable, after an incident.

It is acknowledged that the Nurse on duty is not expected to attend at other locations within school grounds to provide treatment except in an emergency. When an emergency arises, nursing staff should use their discretion – balancing the nature of the emergency being reported, with the conflicting need to cover the Medical Department, especially if there are students in their care at the time.

5. First Aid Procedures

In-school Procedures

In the event of an accident resulting in injury, or a student/member of staff becoming unwell, the closest member of staff present will assess the seriousness of the situation and seek the assistance of the Nurse or a qualified first aider, if appropriate, who will provide the required first aid treatment. Where able, the unwell student/staff member/visitor may be able to make their way to the Medical Department (either accompanied or unaccompanied, depending on the situation).

Contact details for the Nurses:

Extension: 2521/2522 (internal)
Medical Department: 01234 332500 option 5
Nurse Mobile Phone (1): 07788 970 153
Nurse Mobile Phone (2): 07788 970 154

The Nurse (or first aider, if called) will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives.

If the Nurse judges that a student is too unwell to remain in school, parents/guardians will be contacted and asked to collect their child. Upon their arrival, the Nurse will recommend next steps to the parents/guardians.

If emergency services are called, the Nurse or an appropriate member of staff will contact parents/guardians as soon as reasonably practicable.

The Nurse/first aider/relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practicable after an incident resulting in an injury.

Please note that staff who are suffering from a known and/or ongoing health condition should consult their own healthcare professionals, such as their GP or consultant and not the School nurse. Staff can also speak to the HR department.

Off-site Procedures:

When taking students off the school premises (sports fixtures or trips), staff will ensure they always have the following:

- A mobile phone, fully charged, with relevant contact details stored.
- A portable first aid kit and where needed, a basic medicine box.
- Information about the specific medical needs of students and staff, including Individual Health Care Plans (IHCP).
- Parents/guardians' contact details/ staff next of kin information.

Staff may also require a spare adrenaline injector pens kit in order to support our students/staff with allergies.

For trips, risk assessments will be completed by the Trip Leader and then reviewed by the Educational Visits Co-Ordinator prior to any educational visit that necessitates students being off school premises.

For away sporting fixtures, a transport assessment is carried out. The away hosts take responsibility for first aid provision, but the School's sports staff carry individual first aid kits, with most sports staff first aid trained. In the event of pupils who have been prescribed adrenaline autoinjectors, the School will also consider carrying spare adrenaline injectors, depending upon the risk posed in each circumstance and availability of spare adrenaline pen kits.

There is always at least one first aider at away sports fixtures, on school trips and visits.

Home Sports Fixtures

During the Autumn Term, Saturday fixtures will be supported by a minimum of two emergency care practitioners/paramedics further supported by first aid trained sports staff.
During the Spring term, Saturday fixtures will be supported by one/two emergency care practitioner/paramedics, depending on the demand on that given day..

During the Summer Term, Saturday fixtures will be supported by school staff who hold a relevant first aid qualification.

For mid-week fixtures, first aid will be provided by either a trained first aider, or an emergency care practitioner/paramedic. For all home sports fixtures, provision will depend upon participant numbers/ages of students taking part in fixtures.

6. Head Injury and Concussion

Introduction

The aim of this section is to ensure that all students receive the highest possible standard of care following a head injury. The welfare of the student both short and long term must always come first.

This policy refers to head injuries and/or concussion sustained during any activity or incident, sporting or otherwise.

This policy will reflect current guidelines from the England Rugby (RFU) and World Rugby (formerly the International Rugby Board) and the National Institute for Health and Care Excellence (NICE).

This policy is for students, staff and parents/guardians of students at Bedford Modern School.

Terminology

It is important to distinguish between the terms 'head injury' and 'concussion'.

- Head injury is a trauma to the head, face, jaw or nose that may or may not include injury to the brain.
- Concussion is a mild traumatic brain injury resulting from a blow to head or body which results in forces being transmitted to the brain. It is usually the result of one of the following:
    - A direct blow to the head (e.g., a clash of heads or the head hitting the ground).
    - The head being shaken when the body is struck, e.g., high impacts tackle (RFU 2021).

Evidence and Responsibilities

Concussion must be taken extremely seriously to safeguard the short and long-term health and welfare of players, and especially young players.

Some evidence suggests that in a third of adolescents with concussion, recovery can take place in 1-2 days. The majority (80-90%) of concussions resolve in a short (7-10 day) period. This may be longer in children and adolescents, and a more conservative approach should be taken with them. During this recovery time however, the brain is more vulnerable to further injury, and if a player returns too early, before they have fully recovered, this may result in:

- Prolonged concussion symptoms
- Possible long-term health consequences e.g., psychological and/or brain degenerative disorders
- Further concussive event (although rare) being FATAL, due to severe brain swelling – known as second impact syndrome.

It is extremely important that sports staff and parents/guardians acknowledge any head injuries and subsequent concussions, which occur away from the School. This could include (but is not limited to):

- During school away sports fixtures
- Where students are taking part in sports for clubs external to school
- During activities/incidents away from school (i.e. a fall whilst skiing, a head injury following a fainting episode at home for example)

Following such an incident, the responsible adult (i.e. parent/guardian or sports staff) should notify the Nurse of any head injury/concussion by emailing nurses@bedmod.co.uk

Students with concussion should follow the Return to Play Concussion Management Pathway in school, supported by Meliora Medical (Return to Play/R2P); as outlined in the following section: Concussion – Initial Diagnosis and Management.

A key aspect of recovery is for all parties – students, parents/guardians, sports coaches, concussion team and other staff – to have a clear and open understanding of the length of recovery and the stages contained therein. Honesty is required from all parties so that the student can be properly supported.

Assessment

The School follows concussion guidance from the Rugby Football Union (RFU), specifically the ***Recognise, Remove, Recover and Return process*** (see guidelines below) and the ***Graduated Return to Activity and Sport (GRAS)*** protocol. These guidelines are further supported at the School by Meliora Medical Ltd (Return to Play/R2P system).

Any student sustaining a head injury should be immediately removed from that activity and referred to the Nurse healthcare/medical professional or first aider. Parents/guardians/guardians will be contacted as soon as is reasonably practicable.

During home sports matches and training, the student must be removed from play and assessed at pitch side and transferred to available nursing/first aid resources or treated pitch side, depending on severity of injury.

- In school during usual school hours (i.e. 08:00 – 17:30), the student should either be accompanied to the Medical Department for assessment, or in the event of an emergency, a member of the nursing team called to assess the student.
- During "out of hours" (i.e. evening events), where the Nurse is not available or if the student is on a trip/at an away sports fixture, the student should be initially assessed by a First Aider. At such times, if the assessor is concerned for the health and wellbeing of the student, further medical advice should be sought (by attending an Emergency Department or telephoning NHS 111 or 999, if the head injury is assessed to be more severe).
- Parents/guardians will be contacted, as soon as is reasonably practicable, informing them that their child has sustained a head injury.
- Treatment should be given based on the assessment, applying the appropriate course of evidence-based treatment, within the scope of practice of the person providing treatment,

Nursing and sports staff should utilise the Concussion Recognition Tool (CRT-5) to initially identify any head injury or concussion symptoms. Any concerns must be escalated as appropriate.

Nursing staff will refer to NICE guidelines (pre – hospital management for patients with head injury) and Headcase RFU guidelines in the assessment and referral for head injuries (see section on Guidelines/Resources). The Glasgow Coma Scale (GCS) will be used to assess the level of consciousness.

Home fixtures are supported by an external ambulance support company who supply appropriately trained medical personnel for support at certain fixtures. For the 2025/26 academic year, the School is supported by MET Medical Ltd. MET Medical Ltd attend all Autumn and Spring Term Saturday home fixtures at The King Room, some mid-week fixtures, Senior Sports Day, and when there are many visiting players (i.e. for competitions/tournaments).

Diagnosis and Management

The School is in partnership with Meliora Medical, the UK's leading concussion care service, and utilises the Return to Play (R2P) pathway for the safe management of concussion sustained during sport and non-sporting activities.

Meliora Medical is a doctor-led service that provides unlimited access to telemedicine clinics, 7 days a week. They offer diagnosis, advice and guidance for both children and parents/guardians. Meliora Medical's injury management software, known as Return to Play (R2P), enables parents/guardians and the School to log, communicate and track the recovery of any injury that your child may experience, on or off the sports pitch. They also provide concussion e-modules for parents/guardians and your children. In the event of a head injury or concussion, students can access Meliora Medical's doctors, via video call, who have unrivalled expertise in the management of these injuries.

The Nurses hold responsibility for the oversight of all head injuries and concussions. Whilst initial assessment can take place at the School, diagnosis must be sought from a concussion specialist, ideally through Meliora Medical. The School acknowledges that it will not be appropriate for all head injuries/suspected concussions to be assessed via video call with Meliora Medical, such as in the case of the student displaying aforementioned "red flag" symptoms. In these cases, students should be assessed at an Emergency Department as a matter of urgency.

Parents/guardians hold ultimate responsibility for arranging initial diagnosis for concussions, and for ensuring that appointments are made throughout the student's graduated return to sport/activity.

Further information regarding Meliora Medical's Return to Play service, including the 21-day graduated return to competitive sport can be found in the Parent information pack here: Parent Info Pack for Schools 2025 (2).pdf.

Referral to Hospital

The Nurse or, in the absence of the Nurse, the qualified First Aider should refer any student who has sustained a head injury to Meliora Medical (Return to Play/R2P), a hospital Emergency Department, using the ambulance service if deemed necessary, if any of the following are present:

- GCS score of less than 15 on initial assessment
- Any loss of consciousness because of the injury
- Any focal neurological deficit - problems restricted to a particular part of the body or a particular activity, for example, difficulties with understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking since the injury
- Any suspicion of a skull fracture or penetrating head injury - signs include clear fluid running from the ears or nose, black eye with no associated damage around the eyes, bleeding from one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull of concern to the professional since the injury
- Amnesia for events before or after the injury (assessment of amnesia will not be possible in preverbal children and is unlikely to be possible in children aged under 5 years)
- Persistent headache since the injury
- Any vomiting episodes since the injury
- Any seizure since the injury
- Any previous brain surgery
- A high-energy head injury. For example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, fall from a height of greater than 1 meter or more than 5 stairs, diving accident, high speed motor vehicle collision, rollover motor accident, accident involving motorised recreational vehicles, bicycle collision, or any other potentially high-energy mechanism
- Any history of bleeding or clotting disorders
- Current anticoagulant therapy such as warfarin
- Current drug or alcohol intoxication
- There are any safeguarding concerns (for example, possible non-accidental injury or a vulnerable person is affected)
- Continuing concern by the professional about the diagnosis

(NICE Head Injury Guidelines 2019 relating to referral to hospital).

In the absence of any of the risk factors above, the Nurse/first aiders may consider referral to Meliora Medical (Return to Play/R2P), or an Emergency Department if any of the following factors are present, depending on judgement of severity:

- Irritability or altered behaviour
- Visible trauma to the head not covered above but still of concern to the healthcare professional
- No one can observe the injured person at home
- Continuing concern by the injured person or their family or carer about the diagnosis

(NICE Head Injury Guidelines 2019 relating to referral to hospital).

Where the student has been assessed as not meeting any of the criteria above, they should be discharged into the care of their parents/guardians together with a head injury advice letter from either the Junior School Reception team, or the nursing team. .A discussion with parents/guardians should also take place, including:

- A detailed account of how the injury was sustained
- What treatment has been provided thus far (including analgesia given, if any)
- '"Safety netting" advice – warning signs to look put for, when to seek further help/medical advice
- Advice around ongoing management (i.e. rest, access to Meliora Medical (Return to Play/R2P)

Emergency Management

Where a student exhibits the below symptoms, this indicates a medical emergency and requires emergency medical assistance, by telephoning 999 and requesting an ambulance.

- Rapid deterioration of neurological function
- Decreasing level of consciousness
- Decrease or irregularity of breathing
- Any signs or symptoms of neck, spine or skull fracture or bleeding
- Seizure activity
- Any student with a witnessed prolonged loss of consciousness and who is not stable (i.e., condition is worsening).

Prevention and Education

The School aims to protect students participating in sports and other unspecified activities, wherever practicably possible. It is appreciated that proper education and supervision may help to minimise the risk to the student, therefore it is recommended that:

- All staff associated with sport are issued with information on signs and symptoms of concussion.
- All sports staff consider volunteering to undertake first aid training and to maintain an appropriate first aid qualification.
- All sports staff and staff associated with sporting activities understand school protocols and available resources around concussion including RFU guidelines "Don't be a Head Case".
- Following a head injury, students and parents/guardians are informed of the signs and symptoms of concussion and follow up advice is provided following all head injuries.
- All students, parents/guardians can recognise the signs and symptoms of concussion and are aware of the importance of informing staff if their child has sustained a head injury during outside clubs/activities and to inform clubs of injuries that have occurred at school.
- Where students are known to have long term disabilities and chronic medical conditions, the student should be risk-assessed before taking part in sports where there is a risk of injury or concussion. Parents/guardians are encouraged to share any medical information they feel is relevant to the safety of their child.
- Academic staff will inform the nurses if they notice any concentration issues in any of their students.

- Class or teammates are encouraged to report injuries or concerns which they have about class/social/behavioural changes in their friends.
- Students should recognise the importance of reporting their injury and symptoms to their parents/guardians and informing their team coaches to ensure current guidelines are followed. All such instances must be passed onto the Medical Department.

Training

As per England Rugby guidelines, the School "will only be eligible for the Competition upon it providing evidence that the named coach / team manager for each age group has completed the HEADCASE eLearning module for Age Grade Coaches and Teachers, which must be included on the entry form.

The following is also required:

- All players in extra-curricular contact rugby in Year 7 and above to have successfully completed the 30-minute HEADCASE eLearning module for age grade players.
- The HEADCASE Overview Guidance and HEADCASE eLearning module for parents are shared with all rugby parents in the school.

Key information regarding the GRTP process:

- Concussion is recognised and diagnosed within 48 hours of the injury (ideally immediately or same day).
- This decision is then fixed and the School will not allow the student to return to play until they have completed the graduated return to play, or until they have been reviewed by a suitably qualified Doctor trained in concussion assessment & management (this can be any Doctor but if the school has a concern regarding any decision then they can refer this concern to Meliora Medical and can provide further advice as needed).
- If a parent/guardian, coach or GP contests the original decision then, on the basis of child protection and World Rugby/RFU guidelines, this contestation will be rejected.
- The School has a duty of care to ensure its students are kept safe and allowing a child to return to play too early (even if the GP has signed them off) doesn't excuse the school from its duty of care.

Guidelines/Resources

British Journal of Sports Medicine– Concussion Recognition Tool 5. Link:

https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097508CRT5.full.pdf

British Journal of Sports Medicine – Sport Concussion Assessment Tool Fifth edition (SCAT 5). Link:
https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf

England Rugby – Concussion. Link:
General Information (englandrugby.com)
Resources (englandrugby.com)

Headway UK – guidance around Glasgow Coma Scale. Link: https://www.headway.org.uk/about-brain-injury/individuals/effects-of-brain-injury/coma-and-reduced-awareness-states/glasgow-coma-scale/

Meliora Medical's Return to Play service – Parents information pack: Parent Info Pack for Schools 2025 (2).pdf

National Institute for Clinical Excellence (NICE). Head injury: assessment and early management. Clinical guideline [CG176] Published date: January 2014. Last updated: September 2019

NHS - Head injuries and Concussion advice: https://www.nhs.uk/conditions/minor-head-injury/

7. First Aid Equipment

First Aid Boxes

First aid boxes/bags can be found in the following areas:

- Main Reception (opposite the reception desk)
- Nurses Room
- Junior School Reception
- Science Block
- Rutherford Building
- DT Classrooms
- Drama Studios
- Sports Hall/King Room/ Swimming Pool
- School House
- School Kitchens (including the King Room and staff room kitchens)
- School Vehicles

The boxes are checked and restocked each term by the Medical Department. First Aiders also restock as necessary, and allocated staff can contact the Medical Department for supplies as needed.

A typical first aid box/bag in the school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Triangular bandages
- Disposable gloves and clinical waste bags
- Antiseptic wipes
- Plasters of assorted sizes
- Rebreathe mask
- Ice packs (sports bags only)

No medication is kept in first aid kits.

School Trips

Staff will be provided with a first aid bag – the quantity and size of bag provided depends on the number of trip attendees and the length/type of trip.

With effect from January 2025, staff take a medication pack with them on all school trips and away fixtures, consisting of 1 x EpiPen, 1 x Salbutamol Inhaler, 1 x inhaler spacer, 1 x box of over-the-counter antihistamine, 1 x box of paracetamol and 1 x box of ibuprofen. Staff must receive training in giving medication before going on a trip and record accurately any medication given. This information should be returned to the Nurses Department with the first aid kit on return.

Any medication identified for students with known medical conditions (i.e. anaphylaxis, epilepsy) will also be provided. Trip staff and nurses will review the list of attendees in a timely manner before departure. **Away Sporting Fixtures**

First aid trained sports staff carry a first aid bag to all fixtures. Students with known medical conditions (i.e. asthma, anaphylaxis) should carry, and be responsible for, any medication they may require (i.e., inhalers and adrenaline auto-injectors) brought from home. Junior School students may require assistance from sports staff to look after any medicines that are sent with the student.

School Medical Equipment

The School also provides the following equipment/medical boxes in the designated locations:

Equipment / Location	Defibrillator	Diabetes emergency box	Eye ash station	Emergency adrenaline auto-injector kit	Emergency Salbutamol inhaler kit
Main School Reception		Yes		Yes	Yes
Junior School Reception		Yes		Yes	Yes
Medical Department		Yes	Yes	Yes	Yes
Science Building (ground floor) (being reinstated in Sept 2026)		Yes	Yes	Yes	Yes
External wall outside Art Department	Yes (External Defib Box)				
Rutherford Building (ground floor refectory foyer)		Yes		Yes	Yes
Sports Hall / Fitness Suite	Yes (External Defib Box)	Yes		Yes	Yes
Astroturf – Main Field	Yes (External Defib Box)			Yes (being added in Sept 2026 in external box – same code as for Defib box)	
King Room (playing field changing rooms/nurses office area)	Yes (External Defib Box)	Yes		Yes	Yes
Swimming Pool (poolside)		Yes	Yes	Yes	Yes

All defibrillators, emergency adrenaline auto-injectors and emergency inhalers can be used by trained staff, and by untrained lay people who are willing to volunteer their support in an emergency.

8. Record-keeping and Reporting

For attendances to the Medical Department for treatment, or where the Nurse is called to see a student/staff member, all clinical notes are logged on the school system in the iSAMS medical module.

The following is expected for accidents or incidents pertaining to any students, staff or visitors:

- An accident form completed by the first aider, relevant member of staff or the Nurse on the same day or as soon as possible after an incident resulting in an injury. This should be completed on the School's accident reporting system, Evolve, or on a paper accident form if Evolve is not accessible.
- As much detail as possible should be supplied when reporting an accident, including all information requested in the accident form.
- Accident follow ups will be sought by the Nurses and information fed back as appropriate to the Director of Finance and Operations.
- Accident form records will be retained by the School for a minimum of 7 years, and in accordance with the School's Data Retention Policy and then securely disposed of, either by shredding in school or using an external agency.
- All accidents are reviewed and discussed at the Health and Safety Committee meeting, held termly.

Reporting to the Health and Safety Executive (HSE)

The Director of Operations will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

When required, the Director of Operations will ensure that these are reported to the Health and Safety Executive as soon as is reasonably practicable and in any event, within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
    - Fractures, other than to fingers, thumbs and toes
    - Amputations
    - Any injury likely to lead to permanent loss of sight or reduction in sight
    - Any crush injury to the head or torso causing damage to the brain or internal organs
    - Serious burns (including scalding)
    - Any scalping requiring hospital treatment
    - Any loss of consciousness caused by head injury or asphyxia
    - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident, but including weekends)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
    - The collapse or failure of load-bearing parts of lifts and lifting equipment
    - The accidental release of a biological agent likely to cause severe human illness
    - The accidental release or escape of any substance that may cause a serious injury or damage to health

An electrical short circuit or overload causing a fire or explosion. The School acknowledges that this list of reportable injuries carries caveats and exceptions, and the Head of Health, Safety and Compliance will be consulted prior to the reporting of injuries, diseases or dangerous occurrences.

Notifying Parents/Guardians

The Nurse or another appropriate member of staff will inform parents/guardians of any accident or injury sustained by a student, and any first aid treatment given, on the same day, or as soon as reasonably practicable. This will either be by phone call, email or via letter from the Medical Department.

9. Training

All school and support staff can undertake first aid training if they would like to and should approach the Senior Deputy Head's Assistant or the Nurses to organise this.

All first aiders must have completed a training course and must hold a valid certificate of competence to show this. The School will keep a register of all trained first aiders, what training they have received and when this is due to expire.

Staff are encouraged to renew their first aid training before it is no longer valid. Staff will be reminded of approaching expiry by the nurses and refreshers/further training booked as needed.

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate and is updated at least every 3 years.

All staff can access online training in how to use adrenaline auto-injectors/inhalers. All staff can approach the Nurses for ad-hoc training in the use of adrenaline auto-injectors, inhalers and basic first aid procedures. Refresher sessions are offered to all departments at the start of the academic year and then on an as needed basis. Where indicated, the Lead Nurse will organise external health professionals to visit the school to deliver training.

10. Reference

Please also see the Medical Policy and Supporting Medical Documents.
All published school policies can be found on the school website here. Any other documentation listed can be requested via School Reception.

Lead Nurse

Mrs G Staley
Head of Health, Safety and Compliance

May 2026
Review date January 2027