St Annes College Grammar School

First Aid Policy

Status	Approved by Proprietor
Registered proprietor	St Annes College Ltd
Principal	Miss Abigail Welsby
First aid coordinator	Mr Jonathon Maskill
Policy date	27th September 2026
Review	September 2027 or sooner after a material change

1 Purpose and immediate action

St Annes College Grammar School (SACGS) provides timely and competent first aid to pupils, staff and visitors at school and during school activities elsewhere. The arrangements are based on a recorded first aid needs assessment that considers nursery children, pupils with medical conditions, laboratories, kitchens, sport, woodland and beach activities, school transport, staffing patterns and the location of emergency services. St Annes College Ltd, as registered proprietor, ensures that this written policy is effectively implemented in accordance with paragraph 13 of the Independent School Standards. The school also meets employer first aid duties and the current Early Years Foundation Stage (EYFS) framework for nursery provision.

In a suspected medical emergency, call 999 immediately, give the school address as 293 Clifton Drive South, Lytham St Annes, Lancashire FY8 1HN, and follow the call handler's instructions. Another member of staff alerts a trained first aider, brings available equipment, contacts the office and directs emergency services to the casualty. Start appropriate first aid or CPR promptly; do not wait for a named colleague or parental permission. Do not move a casualty when movement might cause further harm unless required for immediate safety. A member of staff supervises other pupils. The parent or emergency contact is informed as soon as practicable after the emergency response has started.

If a child's injury or presentation may be linked to abuse, neglect, self-harm or an unexplained injury, staff attend to immediate health needs and report the concern promptly to the designated safeguarding lead (DSL) under the Safeguarding and Child Protection Policy. Medical treatment, accurate records and safeguarding referral may all be necessary.

2 Responsibilities and first aid cover

The proprietor assures itself that the first aid needs assessment, staffing, equipment, accommodation and off-site arrangements are suitable. The Principal implements the policy, checks cover at the start of each term and after staff or premises change, funds training and equipment, and reviews incidents and statutory reporting. The first aid coordinator, Mr Jonathon Maskill, checks kits and notices, monitors certificate expiry with the office, maintains a current list of trained staff and cover, and arranges replenishment and response review. His coordinator role does not replace the need for available appropriately trained first aiders.

The DSL maintains a live register showing each trained person's certificate type (for example First Aid at Work, Emergency First Aid at Work or full Paediatric First Aid), issue and expiry date, site or team, and planned cover. Current first aiders and their locations are displayed on site and shared with staff. Only people with verified, in-date qualifications are shown as current first aiders. This policy does not assign a qualification or current cover merely because a name appeared on a previous training list. The DSL checks availability across rooms, breaks, trips, absence, out-of-hours activities and school transport; a replacement is arranged whenever planned cover is lost. All staff know how to summon help and record incidents.

For children covered by the EYFS, at least one person holding a current full Paediatric First Aid (PFA) certificate must be on the premises and available whenever children are present, and a current full PFA holder accompanies them on outings. The course must meet the EYFS criteria and be renewed every three years. The Nursery Manager checks daily cover, including breaks and absences, and the first aid needs assessment considers the number and age of children, layout and response time. Staff whose qualification date affects whether they count in EYFS ratios must meet the relevant EYFS PFA rule. General workplace first aid training alone is not treated as proof of full PFA.

3 Equipment, facilities and AED

First aid kits are placed where the needs assessment requires them, including teaching areas, nursery, kitchens and laboratories, with portable kits for visits and suitable kits in school transport. The live equipment schedule records the location, custodian, contents, checks and restocking. The coordinator checks equipment regularly and after use, replaces expired items and makes clear where staff can obtain supplies. Staff use appropriate infection-control precautions and dispose of contaminated materials safely. Medicines are stored separately from first aid kits.

The SENCO room is the school's designated medical treatment space when required; an alternative suitable room is arranged if it is unavailable. The DSL verifies that the designated accommodation is readily available, suitable for examination, treatment and short-term care, has a washbasin and is near a toilet, and provides for privacy and supervision. Pupils who are unwell are observed and their parent contacted for collection or clinical advice as appropriate; they are not left unattended.

The location of any school AED must be confirmed by a physical check and shown on current emergency notices. Staff use an available AED following its prompts and the 999 operator's advice. If the school does not have an AED available, staff continue CPR and emergency first aid as instructed by 999; a colleague may obtain another known accessible AED where this does not interrupt care or delay the ambulance. This policy makes no unverified claim that an AED is in the office. The First Aid Coordinator records any AED decision in the first aid needs assessment and checks accessibility and maintenance if one is installed.

4 Response to injury or illness

The person first present assesses safety, summons a trained first aider and calls 999 for an emergency. The first aider assesses and gives care within their competence, follows any individual healthcare or emergency plan and seeks professional help when needed. The first aider documents observations and treatment; staff use emergency contact details held by the school office. For a possible head injury, staff use the current head-injury procedure, obtain urgent help for concerning symptoms, inform parents promptly and provide written advice on warning signs and further action. A child is supervised while awaiting collection or medical help.

Where a clinician, emergency service or suitable advice determines that a pupil needs assessment but an ambulance is not required, a senior member of staff decides whether school transport is safe and appropriate. The decision considers the pupil's condition, safeguarding, supervision, the availability of a suitable vehicle and driver, and parental contact. A second suitable adult accompanies the pupil where needed, preferably someone able to give first aid. Staff do not use school transport for an unstable pupil or where an ambulance is indicated. A staff member stays with the pupil until a parent or appropriate responsible adult takes over, unless emergency services direct otherwise.

5 Individual medical needs, allergy and medicines

Parents provide and update information about significant medical conditions, allergies and prescribed emergency medicines. The school works with parents, the pupil and relevant clinicians to agree an individual healthcare plan or allergy action plan where needed. The plan states symptoms, triggers, treatment, medicine location and expiry, when to call 999, staff training, trip arrangements and the person's role. Key staff receive the information they need, with due regard to confidentiality. A parent consent form supports routine administration; no disclaimer removes the school's duty to respond appropriately to a medical emergency.

Prescription medicine is administered according to its label, the child's current plan and written parental permission; for EYFS children, permission is obtained for the particular medicine and a written record is made on each occasion. Nonprescription medicines for EYFS children are administered only in accordance with the EYFS rules and the school's agreed procedure, with permission for the particular medicine. For all pupils, the school records the name, dose, date, time and person administering medicine, checks storage and expiry, and informs parents as required. Staff who need medical or technical skill receive training and competency support. Emergency access to prescribed inhalers, adrenaline auto-injectors, seizure rescue medicine or other treatment is planned case by case; pupils may carry or self-administer where agreed and appropriate. The school holds any spare emergency medication only where legally permitted, purchased or supplied, stored, checked and supported by a written protocol and training.

For suspected anaphylaxis, staff follow the individual plan, give available prescribed or lawfully held spare adrenaline if indicated by their training and protocol, call 999 immediately, and follow ambulance advice. Parents are informed promptly. The pupil is assessed by emergency medical services even if symptoms improve. Catering, visits and activities involving allergens are addressed in the Allergy Policy and individual risk assessment. Missing consent or information triggers urgent clarification and interim safety planning, rather than an automatic withdrawal of education or a refusal to respond in an emergency.

6 Educational visits and school transport

The visit leader completes a risk assessment before an outing, identifying medical needs, environmental hazards, the nearest help, communications, trained first aid and paediatric cover where EYFS children attend, and the location of a travelling kit and emergency medicines. The leader confirms that access to emergency care is realistic for remote woodland or beach activities and records any activity-specific training or equipment. School transport carries the required marked first aid kit and relevant information and equipment for the pupils travelling. Staff have a plan to call 999, give the location and arrange safe supervision of the rest of the group. The visit is modified or postponed if necessary first aid cover cannot be secured.

7 Recording, notification and review

Staff record every significant accident, injury, illness and treatment promptly in the school's incident system, including date, time, location, what happened, observations, care given, by whom, parent contact, onward medical care, safeguarding referral where applicable and follow-up. Records are factual, secure and available to relevant staff on a need-to-know basis. Parents of an EYFS child are informed of an accident or injury and first aid treatment on the same day or as soon as reasonably practicable; they are informed on the same day when medicine is administered. For other pupils, staff promptly inform parents of injury or treatment according to severity and always communicate a head injury with written advice.

The Principal or delegated competent lead assesses reportability under RIDDOR and makes any required Health and Safety Executive report within the applicable timescale. Serious incidents in EYFS provision are considered for notification to Ofsted or the relevant registration body, where that notification duty applies, as soon as reasonably practicable and within 14 days, and for notification to local safeguarding partners where required. The school preserves evidence and cooperates with any external investigation. The coordinator and Principal review incidents for patterns, premises or supervision hazards, training and equipment changes, and update the needs assessment and this policy at least annually or after a material incident or change.

Related documents include the Safeguarding and Child Protection Policy, Supporting Pupils with Medical Conditions procedures, Allergy Policy, Health and Safety Policy, Educational Visits Policy, Data Protection Policy and the live first aid training and equipment registers. Current law and guidance take precedence if a linked procedure has not yet been updated.