First Aid Policy

St Edward's Cheltenham

Document control

Field	Details
School	St Edward's Cheltenham
Policy owner	Mrs A. Sandford-Squires, Headteacher
Approved by	Proprieter: Mr A. Khan
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1. Purpose, status and scope

This policy explains how the school assesses first-aid need, provides trained personnel and equipment, responds to injury or sudden illness, communicates with families, records incidents and learns from patterns. It applies on the school premises and during all school-organised activities, including educational visits, sports, transport, residential trips, boarding and alternative or off-site provision.

- The Health and Safety (First-Aid) Regulations 1981 require the employer to provide adequate and appropriate first-aid equipment, facilities and personnel for employees.
- The Regulations do not themselves impose the same duty for pupils or visitors, but DfE and HSE guidance strongly recommend that schools include them in the first-aid needs assessment and provision.
- The Independent School Standards require suitable first aid to be administered in a timely and competent manner and suitable medical accommodation to be available.
- EYFS providers have additional mandatory paediatric-first-aid, accident-recording, parent-notification and serious-incident notification requirements.
- First aid means immediate assistance. It is not a substitute for diagnosis, ongoing clinical treatment or the planned support set out in an Individual Healthcare Plan.
- Nothing in this policy delays an emergency call, safeguarding referral or other statutory notification.

2. Legal and regulatory framework

Source	Application
Health and Safety at Work etc. Act 1974	General duties to employees and others affected by the school's undertaking.
Health and Safety (First-Aid) Regulations 1981 and HSE guidance	Adequate and appropriate first-aid equipment, facilities and personnel for employees, based on a needs assessment.
Management of Health and Safety at Work Regulations 1999	Risk assessment, arrangements, cooperation, coordination and review.
Education (Independent School Standards) Regulations 2014, as amended	Suitable first aid administered in a timely and competent manner; suitable medical accommodation; effective implementation and leadership oversight.
Independent School Standards Guidance, April 2026	Current DfE explanation of the standards and evidence expected from independent schools.
First aid in schools, early years and further education, DfE 2022	Non-statutory operational guidance applying to independent schools, including needs assessment, staffing, training, equipment, recording and off-site provision.
EYFS statutory framework for group and school-based providers, September 2026	Mandatory paediatric first aid, ratio-related qualification rules, first-aid-box access, written accident and treatment records, parent notification and serious-incident notifications.
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 and HSE schools guidance	External reporting of defined work-related injuries, diseases and dangerous occurrences.
Keeping Children Safe in Education 2026	Safeguarding response where injury, illness, treatment, explanation or pattern raises concern; information sharing and allegations involving staff.
Equality Act 2010	Non-discrimination and reasonable adjustments for disabled pupils, employees and service users.
UK GDPR, Data Protection Act 2018 and Data (Use and Access) Act 2025	Lawful, secure and proportionate handling of medical, accident and safeguarding information.
Boarding schools: national minimum standards, where applicable	Medical care, first aid, sick accommodation, access to health services, consent, confidentiality and boarder welfare.
DfE automated external defibrillator guidance, updated January 2025	Good-practice arrangements for purchase, siting, maintenance, use, registration and responder support.

Source	Application
DfE allergy safety guidance, July 2026	Separate allergy-safety arrangements and emergency response. Independent schools should follow it as good practice pending extension through applicable regulatory standards.

3. Definitions

Term	Meaning in this policy
First aid	Immediate assistance given to a person who is injured or becomes ill before professional medical help is available or until recovery.
First aider	A person holding a current, appropriate first-aid qualification from a competent training provider.
Paediatric first aider	A person holding a current full paediatric-first-aid certificate meeting the EYFS Annex A criteria.
Appointed person	A person designated to take charge of first-aid arrangements, look after equipment and summon professional help. An appointed person is not a first aider unless separately qualified.
First-aid needs assessment	The documented assessment used to determine personnel, training, equipment, accommodation and cover.
Medical emergency	An illness or injury requiring urgent professional assessment or treatment, including a life-threatening event.
Near miss	An event that caused no injury or illness but had the realistic potential to do so.
Individual Healthcare Plan (IHP)	A written plan setting out a pupil's medical needs, agreed support, emergency response and responsibilities.
RIDDOR	The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.
AED	Automated external defibrillator.

4. School first-aid profile

SCHOOL-SPECIFIC POLICY INFORMATION

- School and address: St Edward's, Cirencester Road, Charlton Kings, GL53 8EY
- Age range and phases: 11-18
- Provision: Day and Sixth Form
- First Aid Lead: School Nurse
- RIDDOR responsible person: Deputy Head Operations

5. Core principles

- First aid will be available without avoidable delay whenever people are on the premises or taking part in a school activity.
- Emergency services will be called whenever the situation may be serious or uncertain. Staff will not delay a call while attempting to contact a parent.
- A casualty will not be moved unless necessary for immediate safety or in accordance with first-aid training and professional advice.
- Staff will work within their competence, follow current training and use universal infection-control precautions.
- Pupils will be treated with dignity, reassurance and appropriate privacy, while maintaining safeguarding transparency.
- A pupil will not be denied education or an activity solely because first-aid or medical support is needed; reasonable adjustments and appropriate planning will be considered.
- Records and incident reviews will be used to identify patterns, reduce risk and improve provision.

6. Roles and responsibilities

Role	Responsibilities
Proprietor / employer	Ensure legal duties are met; approve resources and oversight; receive assurance on provision, serious incidents and corrective action.
Headteacher	Implement the policy; ensure suitable cover; authorise roles; coordinate serious incidents; ensure external reporting and investigation.
Appointed Person	Where designated following the first-aid needs assessment, take charge of first-aid arrangements, look after first-aid equipment and facilities and ensure professional medical help is summoned when required. An appointed person is not a first aider unless separately qualified.
First Aid Lead	Maintain the first-aid needs assessment, training matrix, certificates, kit checks, accommodation, first-aid records, emergency information and improvement actions, and coordinate the School's day-to-day first-aid arrangements.
Health and Safety Lead	Integrate first aid with risk assessment, accident investigation, RIDDOR, premises, events, contractors and emergency planning.
DSL	Respond where an injury, illness, explanation, delay in treatment, repeated pattern or staff conduct raises safeguarding concern.
EYFS Lead	Ensure all EYFS paediatric-first-aid, ratio, outing, eating, record and notification requirements are met.
Boarding Lead / medical lead	Ensure continuous and out-of-hours first-aid and medical arrangements, sick accommodation and access to health services for boarders.
First aiders	Respond promptly, assess within training, give immediate help, summon professional help, record treatment and maintain confidentiality.
All staff	Know how to obtain help, act within competence, call emergency services when needed, preserve dignity, report and record, and escalate safeguarding concerns.
Parents / carers	Provide accurate and current health and emergency information, prescribed emergency medication and timely replacement of expired items.
Pupils	Seek help promptly, follow safety instructions and, where appropriate, participate in agreed self-management under an IHP.

Staff who undertake designated first-aid responsibilities will receive training appropriate to the role. Other members of staff may be asked to assist with first-aid arrangements but will not be treated as trained first aiders unless appropriately qualified. All staff are expected to use their best endeavours in an emergency to secure pupils' welfare, including summoning appropriate help promptly and taking reasonable action within their competence.

7. First-aid needs assessment

The school will maintain a written first-aid needs assessment. It will be proportionate to the school’s actual risks and will not rely on a fixed national ratio of first aiders.

- Numbers, ages, needs and distribution of pupils, employees, visitors and contractors.
- Premises size, layout, floors, remote buildings, sports fields, swimming pools, workshops, laboratories, kitchens and grounds.
- Hazards identified through health-and-safety, fire, activity and pupil-specific risk assessments.
- Opening hours, wraparound care, holidays, boarding, evenings, weekends and lettings.
- Staff absences, lunch and break cover, lone working, travel time and access to emergency services.
- EYFS PFA requirements, pupils with medical conditions or allergies, SEND and mobility or communication needs.
- Educational visits, residentials, transport, sports fixtures, remote activities and overseas visits.
- Incident, treatment, near-miss and accident trends, including the location and timing of events.

REVIEW TRIGGERS

- Following a serious incident or near miss
- Changes to premises, staffing, pupil needs, activities, transport, boarding or opening hours
- Expiry or loss of trained personnel
- Evidence that response times, equipment or arrangements are insufficient

8. First-aid personnel and cover

- The school will provide sufficient qualified first aiders to deliver prompt cover across the whole site and all activities, including foreseeable absence and simultaneous incidents.
- Only staff with a current appropriate certificate will be described or deployed as first aiders.
- Where the first-aid needs assessment identifies that a designated first aider is not required, an appointed person will be available whenever people are at work to take charge of first-aid arrangements. An appointed person may provide short-term emergency cover for an unforeseen absence but will not replace planned qualified first-aid cover where the needs assessment requires first aiders.
- The rota will identify normal locations and cover for lessons, breaks, lunch, sport, swimming, transport, after-school activities, events and boarding.
- Visitors and pupils will be able to identify how to summon assistance without needing to know every first aider by name.
- The First Aid Lead will maintain a current training and certificate matrix and appropriate duty and contingency arrangements, available to relevant staff, leaders and inspectors.

9. Training, competence and certificates

- Training will be provided by a competent provider and matched to the findings of the needs assessment.
- Certificates are normally valid for three years. Requalification will be arranged before expiry; an expired certificate will not be treated as current.
- Annual refresher training will be encouraged for first aiders and paediatric first aiders in line with HSE good practice.
- Additional competence will be provided for identified risks, such as paediatric response, anaphylaxis, asthma, diabetes, epilepsy, severe bleeding, burns, spinal injury, swimming, outdoor activities or specialist pupil needs.
- Training records will state the course, provider, syllabus, date, expiry, staff member and any restrictions or additional competence.
- Staff will be briefed at induction and regularly thereafter on how to summon help, emergency numbers, equipment locations, recording and safeguarding escalation.

10. Information and communication

- First-aid arrangements and emergency routes will be communicated to staff, pupils, parents, visitors and contractors in a form appropriate to them.
- Signs will identify first-aid points, medical accommodation and AED locations without publicly displaying confidential pupil information.
- Relevant pupil information will be shared with staff who need it to keep the pupil safe, including cover staff, trip leaders, catering staff and boarding staff where applicable.
- Emergency contact information will be accurate, accessible and portable for off-site activities, with at least two contacts sought where reasonably possible.
- Language, communication, sensory and accessibility needs will be considered when explaining treatment and obtaining cooperation.

11. First-aid equipment and kits

The type, quantity and location of first-aid equipment will follow the needs assessment. A commercial standard kit may be used, but no particular British Standard kit is legally required.

- Kits will be clearly marked, readily accessible to adults, protected from unauthorised child access and positioned close to identified risk areas.
- Contents will be checked at a defined frequency, after use and before visits. Used, damaged or expired items will be replaced promptly.
- Medicines, tablets and creams will not be stored in an ordinary first-aid kit unless specifically required by an approved emergency arrangement.
- Travel, sports, minibus, boarding and remote-area kits will reflect the activity, group and access to professional help.

- Where eye irrigation is needed and mains water is not readily available, appropriate sealed sterile fluid will be provided and used in accordance with HSE guidance.

12. Medical and first-aid accommodation

- Suitable accommodation will be readily available for first aid, medical examination and the short-term care of sick or injured pupils.
- The accommodation will contain or have ready access to a washbasin and be near a toilet, be fit for purpose, maintain appropriate privacy and not be used for teaching while required for medical use.
- Where pupils have complex needs or boarding is provided, additional or separate accommodation will be available where required by need or the applicable standards.
- A sick or injured pupil will be supervised appropriately and will not be isolated in a locked or unmonitored room.

13. Immediate response to illness or injury

1. Make the area safe and obtain first-aid assistance without delay.
2. Assess the casualty within the responder's training and call 999 immediately where there is a threat to life, serious injury, rapid deterioration or uncertainty requiring urgent professional help.
3. Give first aid within competence, following current training and any relevant emergency plan or device instructions.
4. Protect dignity and reassure the casualty. Obtain consent where practicable, recognising that urgent treatment may be given in the best interests of a child who cannot consent.
5. Inform the parent or carer as soon as appropriate, but do not delay emergency action.
6. Record the incident, treatment, outcome and notifications promptly and accurately.
7. Escalate any safeguarding concern, unexplained injury, inconsistent account, delay in seeking treatment or concern about staff conduct to the DSL immediately.

CALL 999 WITHOUT DELAY

- The person is unconscious, not breathing normally, having a prolonged seizure, showing signs of anaphylaxis, severe breathing difficulty, serious bleeding, suspected spinal or major injury, severe burn, poisoning, cardiac arrest or another potentially life-threatening condition.
- The first aider is uncertain whether urgent professional help is needed and the potential consequence of delay is serious.

14. Emergency services and hospital transfer

- Any staff member may call 999. Internal authorisation is not required.
- The caller will give the site address, precise access point, casualty details, known hazards and callback number, and will follow emergency-service instructions.
- A member of staff will meet and direct the ambulance where safe to do so. Access gates, keys and routes will be kept clear.
- Parents will be told what has happened and where to meet the pupil.
- Where a parent or carer is not present, a member of staff will accompany a pupil taken to hospital by ambulance and will remain with the pupil until the parent, carer or another responsible adult arrives. Emergency transfer must not be delayed while staffing cover is arranged.
- The accompanying adult will take relevant emergency information and medication where available, remain until the parent or responsible adult arrives, and preserve confidentiality.
- Staff will not use a private vehicle where an ambulance is required. Non-emergency hospital transport will be risk assessed and authorised by the Headteacher or a senior leader formally authorised by the Headteacher. Where a private vehicle is used, the driver must be appropriately licensed and insured for the journey.

15. Head injuries, concussion and significant trauma

- Every head injury will be assessed by an appropriately trained person and recorded. Parents will be informed on the same day and given clear advice about symptoms that require urgent medical attention.
- Emergency help will be sought for loss of consciousness, deteriorating responsiveness, seizure, repeated vomiting, severe or worsening headache, abnormal behaviour, suspected skull or spinal injury, significant mechanism of injury or any other red flag identified in training.
- A pupil with suspected concussion will be removed from sport or activity and will not return on the same day. Return to education and sport will follow medical advice and a graduated plan where required.
- Staff will not diagnose concussion or permit continued participation merely because symptoms appear mild.

16. Condition-specific emergencies

First aiders will follow their training, the pupil's IHP or allergy action plan, and emergency-service instructions. The detailed management of ongoing conditions is set out in the Supporting Pupils with Medical Conditions Policy and Whole-School Allergy Safety Policy.

Emergency	Minimum school response
Anaphylaxis	Administer the prescribed or authorised emergency adrenaline auto-injector without delay where indicated, call 999, follow the allergy action plan, monitor and prepare a second device if required by the plan or professional guidance.
Asthma attack	Help the pupil use their reliever inhaler and spacer, follow the emergency plan, call 999 for severe or worsening symptoms or if the inhaler is unavailable or ineffective.
Seizure	Protect from injury, time the seizure, do not restrain or place anything in the mouth, follow the emergency plan and call 999 where indicated.
Hypoglycaemia / diabetes emergency	Follow the pupil's IHP and training, use prescribed treatment, and call professional help for impaired consciousness, inability to swallow, severe or unresolved symptoms.
Cardiac arrest	Call 999, begin CPR and use an AED as soon as available, following the device prompts and training.
Severe bleeding or trauma	Apply first aid within training, call 999 and use specialist equipment only where trained and provided.
Mental-health crisis	Maintain immediate safety, summon appropriate support, contact emergency services where there is imminent risk, and follow safeguarding and mental-health procedures. Mental-health first aid does not replace clinical assessment.

17. Automated external defibrillators and resuscitation

- The school will consider AED provision through the first-aid needs assessment. There is no general health-and-safety requirement for an independent school to hold an AED, but DfE encourages education settings to do so.
- Where an AED is held, it will be clearly signed, rapidly accessible, maintained according to manufacturer instructions, checked at a defined frequency and fitted with suitable adult and paediatric pads where required by the school's population.
- The device location and access arrangements will be known to staff and shared with emergency services.
- Where an AED is held, it will be registered on The Circuit, the national defibrillator network, and its location, availability and access information will be kept up to date.
- In suspected cardiac arrest, staff will call 999, begin CPR and retrieve the AED. Use will not be delayed while seeking a specifically named trained person.
- A responder who participates in resuscitation or AED use will be offered appropriate welfare support and debriefing.

18. Medicines and individual healthcare plans

- Routine administration of medicines is governed by the Supporting Pupils with Medical Conditions Policy, not by first-aid qualification alone.
- Staff will administer or supervise medication only where the school has agreed the arrangement, appropriate consent and instructions are in place, and the staff member is trained and competent where needed.
- Emergency medication will be readily accessible to authorised staff and, where appropriate, to the pupil, while protected from unauthorised use.
- Medication will be stored, recorded, checked and disposed of under the relevant policy. Refrigerated medication will be kept in a secure, appropriate, monitored location, not simply in any staff fridge.
- Where a pupil requires continuing or complex support, an IHP will identify symptoms, triggers, treatment, emergency action, contacts, training and reasonable adjustments.
- The school will not refuse participation in ordinary curriculum, sport or visits solely because a pupil requires medication or first-aid support, without individual assessment and consideration of reasonable adjustments.

19. Educational visits, sport, transport and remote activities

- Every activity will include first-aid provision proportionate to the risk assessment, location, group, travel time, access to emergency services and known individual needs.
- The visit leader will confirm qualified cover, kit, emergency medication, contact information, communications, nearest professional help and transport before departure.
- EYFS outings will include a current full-course paediatric first aider. Other activities will have the level of competence identified by the risk assessment and provider requirements.
- High-risk sport, swimming, outdoor education, remote or overseas activity will follow specialist national-governing-body, venue and insurer requirements in addition to this policy.
- School vehicles will carry an appropriate, checked first-aid kit and emergency information. Drivers will not provide treatment that compromises road or passenger safety.
- A parent may accompany a visit as additional support, but the school retains responsibility for planning, supervision and emergency arrangements.

20. Infection prevention, bodily fluids and sharps

- Disposable gloves and other appropriate personal protective equipment will be used where contact with blood or body fluids is possible.
- Hands will be washed before and after treatment. Cuts or broken skin on the responder will be covered.
- Spillages will be isolated and cleaned using the school's approved body-fluid procedure and products. Staff will not improvise with methods that aerosolise or spread contamination.
- Contaminated waste will be bagged and disposed of safely. Clinical waste and sharps will be handled only through approved containers and disposal routes.
- Needlestick or significant exposure incidents will receive immediate first aid, urgent occupational-health or medical advice, recording and RIDDOR consideration where applicable.

21. Safeguarding, restrictive interventions and unexplained injuries

- First-aid treatment does not replace safeguarding action. The DSL must be informed immediately where an injury is unexplained, inconsistent with the account, repeated, deliberately inflicted, linked to neglect, self-harm, child-on-child abuse or concerning adult conduct.
- Staff must not question a child repeatedly or investigate a suspected safeguarding incident beyond obtaining information necessary for immediate care and safety.
- Any injury arising during restraint, seclusion or significant force will be treated, recorded and reviewed under the Restrictive Interventions Policy, with parent notification and safeguarding escalation as required.
- Treatment will be provided neutrally and compassionately to all involved. Records will distinguish observed facts, reported accounts, treatment and professional opinion.
- Photographs of injuries will be taken only where lawful, necessary, authorised and managed under safeguarding and data-protection procedures, never on a personal device.

22. Recording, parent notification and confidentiality

Record	Minimum content
First-aid / accident record	Date, time, place, injured or ill person, circumstances, injury or illness, treatment, outcome, responder name and signature or authenticated entry.
Parent notification	Time, method, person contacted, information provided and any advice or handover.
Head-injury record	Symptoms, observations, treatment, escalation, parent advice and activity or return-to-play restrictions.
Medication record	Medicine, dose, time, method, person administering or supervising, and any refusal, error or reaction.
Emergency-services record	Time called, advice received, arrival, transfer destination, accompanying adult and handover.

Record	Minimum content
Safeguarding record	Separate secure record of concern, DSL action and referrals, cross-referenced without unnecessary duplication.
Investigation / near-miss record	Immediate cause, underlying factors, corrective actions, owner, deadline and completion evidence.

- Records will be made as soon as practicable, be legible and factual, and will not be altered without a visible audit trail.
- Parents will be informed promptly of significant incidents and on the same day for EYFS accidents, injuries and treatment. Head injuries will always be communicated on the same day.
- Medical and accident information is confidential but not absolutely confidential. It may be shared where necessary for care, safeguarding, legal duties, insurance, investigation or inspection.
- Retention will follow the school's records-retention schedule, insurer requirements and any safeguarding or litigation hold.

23. RIDDOR and external notifications

- Most pupil accidents, including ordinary sporting injuries, are not reportable.
- A pupil or visitor injury is generally reportable only where the person is taken directly from the scene to hospital for treatment and the accident arose out of or in connection with the school's work, such as defective equipment or inadequate supervision.
- For workers, reportable events include death, specified injuries, certain occupational diseases, dangerous occurrences and an injury causing more than seven consecutive days' incapacity, excluding the day of the accident.
- The old over-three-day wording must not be used as the current reporting threshold, although records may still be required for over-three-day incapacity.
- Only the responsible person should submit a RIDDOR report. Where uncertain, the school will consult current HSE guidance or

24. Equality, SEND and reasonable adjustments

- First-aid arrangements will consider mobility, sensory, communication, neurodevelopmental, learning, medical, cultural and religious needs.
- Emergency information and treatment explanations will be accessible. Visual prompts, communication aids, interpreters or familiar staff will be used where practicable without delaying urgent care.
- Reasonable adjustments may include additional trained staff, specialist equipment, accessible storage, tailored emergency plans, transport arrangements or staff deployment.
- Assumptions will not be made about pain, behaviour, capacity or credibility because of disability, SEND, communication difference, race, sex or another protected characteristic.
- Pupils will be involved in their own care in an age-appropriate way and encouraged to develop safe self-management where this is agreed in an IHP.

25. Staff first aid and personal medication

- Employees will receive the same prompt first-aid response and emergency support as other casualties, with occupational-health and absence procedures applied where relevant.
- Staff must tell an appropriate manager where a health condition or medication may affect safety or emergency response, subject to confidentiality and equality duties.
- Personal medication must be stored securely and remain inaccessible to pupils. Emergency personal medication must be readily accessible to the staff member while protected from unauthorised use.
- The school will not require staff to disclose more medical information than is necessary for safety, support or legal compliance.

26. Visitors, contractors, events and lettings

- Visitors and contractors will be told how to summon first aid and emergency services and will report incidents to the school contact.
- The school and external organiser will agree in writing who provides first-aid personnel, equipment, emergency planning, records and external reports for events and lettings.
- A hirer's first-aid arrangements will not be assumed to be adequate merely because the hirer has insurance or its own policy.
- Large or public events will receive an event-specific medical and first-aid assessment, including crowd size, profile, activities, weather, alcohol where lawful, emergency access and ambulance support.

27. Monitoring, audit and proprietor oversight

- The First Aid Lead will review the training matrix, certificate expiry, rota, kit checks, accommodation, emergency equipment and records at least termly.
- Accident, treatment and near-miss data will be analysed for patterns by person, location, activity, time, injury type and identified vulnerability, while protecting confidentiality.
- The proprietor will receive assurance at least termly on the first-aid needs assessment, staffing, training, serious incidents, external reports, trends and outstanding actions.
- The policy and needs assessment will be reviewed at least annually and sooner following a serious incident, legal change, inspection finding, new provision or evidence that arrangements are ineffective.

28. Policies to be read in conjunction

- Safeguarding and Child Protection Policy
- Health and Safety Policy
- Risk Assessment Policy
- Supporting Pupils with Medical Conditions Policy
- Whole-School Allergy Safety Policy
- Attendance and Punctuality Policy
- Behaviour and Discipline Policy
- Restrictive Interventions Policy
- Educational Visits Policy and visit procedures
- Data Protection Policy, Data Protection Privacy Notice and Records Retention Schedule
- Infection Prevention and Control procedures
- Mental Health and Wellbeing Policy, where applicable
- Internet Policy
- Staff Code of Conduct
- Boarding medical, medication and sick-pupil procedures, where applicable
- Lettings Agreement and event-management procedures
- Emergency, lockdown and business-continuity plans

32. Source register

Source	Application
Health and Safety at Work etc. Act 1974	General employer duties and protection of employees and others affected by the school's activities.
Health and Safety (First-Aid) Regulations 1981	Adequate and appropriate equipment, facilities and personnel for employees.
HSE First aid at work guidance and first-aid FAQs	Needs assessment, training, appointed persons, kits, refresher training, AED and workplace interpretation.
DfE First aid in schools, early years and further education, 2022	School-specific guidance on pupils, visitors, off-site activity, first aiders, records and accommodation.
Education (Independent School Standards) Regulations 2014, as amended	First-aid and medical-accommodation standards for independent schools.
Independent School Standards Guidance, April 2026	Current interpretation and implementation expectations.
EYFS statutory framework for group and school-based providers, effective September 2026	PFA coverage, ratio requirements, certificates, safer eating, accident records, parent notification and serious-incident reporting.
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013	Defined external health-and-safety reporting duties.
HSE Incident reporting in schools and current reportable-incident examples	Application of RIDDOR to workers, pupils, activities and school trips.
Keeping Children Safe in Education 2026	Safeguarding concerns identified through injuries, treatment and staff conduct.

Source	Application
Equality Act 2010	Non-discrimination and reasonable adjustments.
UK GDPR, Data Protection Act 2018 and Data (Use and Access) Act 2025	Medical, accident and safeguarding information.
DfE Automated external defibrillators in schools, updated January 2025	AED purchase, installation, checks, access, use and responder support.
DfE Allergy safety in schools, July 2026, and emergency AAI guidance	Separate allergy policy, training, IHPs, emergency response, records and devices; scope must be checked for the school type.
Boarding schools: national minimum standards, current version	Boarding medical care, first aid, sick accommodation and health access where applicable.