



First Aid Policy

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1. INDEX & APPENDIXES

Index

1. Index & Appendices
2. Introduction / Aim
3. Legislation and Guidance
4. First Aiders
5. First Aid Kits
6. First Aid Administering and Procedures
7. Procedures for Pupils with Medical Conditions
8. Personal Protective Equipment (PPE)
9. Bodily Fluids
10. Defibrillators or AEDs
11. First Aid Room
12. Calling the Emergency Services
13. Notifying Parents / Guardians
14. Reporting
15. Roles and Responsibilities
- 16. Further Information**

Appendices

Appendix 1 - First Aid Assessment of Need template

Appendix 2 - First Aid Arrangements

Appendix 3 - First Aid Record

Appendix 4 - First Aid Slip

Appendix 5 - Bumped Head Letter

Appendix 6 - Serious Accident Form

Appendix 7 - AMSA First Aid Protocol

2. INTRODUCTION / AIM

GLF Schools, known as 'The Trust' is a Multi-Academy Trust responsible for the operation of a group of publicly-funded Academy schools in England. This overarching GLF Trust First Aid Policy supersedes all local GLF School First Aid policies.

This policy ensures that appropriate first aid provision is made available to pupils, staff and visitors. It also ensures that staff and pupils are able to access first aid during school co-curricular activities both on and off site.

This policy explains how GLF Schools (The Trust) complies with The Health and Safety (First Aid) Regulations 1981. Also:

- To ensure that GLF schools have adequate and effective first aid provision in order that pupils, employees and visitors are provided with the best possible care in the event of an illness, accident or injury
- To ensure that staff and pupils are aware of reporting procedures in the event of any illness, accident or injury and when to call the emergency services
- To identify those trained to provide first aid
- To promote effective infection control in schools

3. LEGISLATION AND GUIDANCE

Health & Safety Executive (HSE) - [First aid - First aid at work \(hse.gov.uk\)](https://www.hse.gov.uk/firstaid/)

The Resuscitation Council - [Home | Resuscitation Council UK](https://www.resus.org.uk/)

The Health & Safety (First Aid) Regulations 1981 - [First aid at work - The Health and safety \(First Aid\) Regulations 1981 \(hse.gov.uk\)](https://www.hse.gov.uk/firstaid/)

4. FIRST AIDERS

4.1 First Aiders must:

1. Complete a first aid training course
2. Provide immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school
3. If necessary, ensure that an ambulance or other professional medical help is called

4.2 First Aid Needs Assessment

First aid provision must be available at all times whilst people are on school premises as well as off the premises e.g. whilst on school visits.

The minimum requirement for first aid provision is:

- An 'Appointed Person' - the person in charge of first aid arrangements, such as looking after equipment, facilities and calling for an ambulance
- Adequately stocked first aid kit that is easily available in a first aid event
- First aid information for employees -
 - What procedure to follow in the event of a first aid incident
 - The names and location of first aiders and first aid boxes are displayed on specific first aid notices
- All staff are asked to complete the Educare course - First Aid Essentials, which gives employees the confidence to react to a first aid incident (but is not a recognised first aid qualification)

Additionally, a **First Aid Needs Assessment** must be carried out to determine the type and extent of first aid needed for an individual school (**Appendix 1**).

The following factors should be considered:

- Size and layout of the school
- Number and type of people, including vulnerable people and non-employees such as pupils and visitors
- Type of activities including sport, off-site activities, trips etc
- Work patterns and hours of operation e.g. after school clubs, away fixtures and visits and trips
- Type of accidents that may occur and may have occurred e.g. burns or slips, trips and falls
- Staff / pupils with special health care needs e.g. epilepsy, allergies
- Workplace and curriculum hazards
- Annual leave and other absences

Refer to: **Appendix 1** - First Aid Needs Assessment

4.3 Types of First Aiders

The following types of first aiders may be required at some schools, depending on the Needs

Assessment. All types of first aiders must have attended a relevant course and their certificate kept on file:

- Emergency First Aid at Work
- First Aid at Work
- Paediatric First Aider
- Activity specific e.g. sport injuries
- Mental Health First Aider

Some first aid courses do not include specific risk areas such as resuscitation or specified illnesses or medical conditions e.g. epilepsy. Therefore particular topics should be arranged with the provider prior to attending the course

4.4 Paediatric First Aid

For the Early Years Foundation Stage (EYFS) and Ofsted requirements, there must be at least one fully qualified paediatric first aider on duty at all times where children are present. This includes off-site activities

4.5 First Aid courses and refresher training

All first aid training certificates are valid for three years.

Retraining should take place prior to certificate expiry. For example: if a delegate has a First Aider at Work (3 day course) certification, they can attend a 2 day refresher course prior to their certificate expiry. Once their initial certificate has expired they must attend the full 3 day requalification course.

Although not mandatory it is recommended that first aid courses are refreshed annually

5. FIRST AID KITS

5.1 Standard First Aid Kits

There is no mandatory list of items for a first aid container. However the Health & Safety Executive (HSE) recommend that where there is no special risk identified, a minimum provision of first aid items would be as outlined below. First aid kits should comply with the British Standard 8599.

- First aid guidance leaflet
- 10 - 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 4 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 1 pair of disposable gloves
- Saline solution if there is risk of eye contamination e.g. science department or maintenance work areas

The contents of the first aid kit should reflect the outcome of the first aid needs assessment

5.2 Blue, sterile, hypoallergenic plasters for food handling

In food handling areas, blue plasters and dressings must be contained in local first aid boxes. Also, persons engaged in food handling must ensure that dressings to finger injuries should be covered by a securely fastened rubber or plastic finger stall

5.3 Sterile saline water

Where there is a risk of eye contamination and where running water such as tap water is not readily available, sterile water or saline solution (0.9%) in a sealed disposable container should be provided

5.4 Public Transport

Before any off-site activities, the responsible person such as the Education Visits Coordinator (EVC) or Appointed Person should assess what level of first aid provision is needed. The HSE recommend that, where there is no special risk identified, a minimum stock of first aid items should include:

- First aid guidance Leaflet
- 6 individually wrapped sterile adhesive dressings
- 1 large sterile unmedicated wound dressing
- 2 triangular bandages
- 2 safety pins
- 1 pair of disposable gloves
- Individually wrapped moist cleaning wipes

Additional items may be necessary for specialised activities

5.5 Other vehicles used for work purposes

The contents of travelling first aid kits are appropriate to the circumstances in which they are likely to be used including the number of people and should be modelled on the minibus recommendations above

5.6 General First Aid kit contents and use

- No creams, lotions, antiseptics or drugs are kept or dispensed
- Do not use items that are not specified such as cotton wool
- The use of hot water bottles is strictly forbidden
- All uses of a first aid kit however minor, are recorded
- Stock is replaced after use and when the expiry date is exceeded
- A specific individual is appointed to ensure first aid kits are continually topped up

5.7 First Aid kits for Homeworkers

For desk-based work and low risk work carried out at home, there is no need for first aid equipment beyond normal domestic needs

6. FIRST AID ADMINISTERING AND PROCEDURES

6.1 Administering First Aid

First aid should only be administered by a trained first aider

If it is evident that an ambulance should be called, this should be done immediately and without delay by dialling 999. First aid/CPR can be administered whilst an ambulance is being arranged

6.2 Administering First Aid during the Coronavirus Pandemic

Due to the Coronavirus pandemic, where possible first aid should be administered from a 2m distance e.g. leaving a plaster on a table-top rather than placing it on the person. Where it is not possible for the person to self-administer, ensure personal protective equipment is worn (see 5.7)

Do not approach someone who is showing symptoms of Coronavirus. Lead them to the isolation room/designated safe room and close the door. Make arrangements for them to be collected as soon as possible. The individual should be tested for Coronavirus as soon as possible. This is arranged by them/their family. If they face barriers to obtaining a test, a limited number of test kits are kept at the school

6.3 Potential head injuries

The consequence of an injury from an accident involving a bump, knock or blow to the head is not always immediately evident and the effects may only become noticeable after a period of time, so it is important to monitor the individual and to communicate a bump of any nature to a parent or carer.

The injured person must be given adequate time to sit and rest to allow any injury to present itself before returning to the classroom.

If a student incurs a head or neck injury during sporting activities, they should cease play immediately and sit out for the rest of the lesson or match. If a serious injury is diagnosed, the child should not return to sport until a doctor advises.

A school nurse or first aider should initially assess the individual and may decide on first aid treatment such as a cold compress. If the following symptoms present themselves or return after a child has been assessed, the emergency services should be called:

- Lethargy, feeling sleepy for longer than one hour when they would normally be wide awake
- Double vision
- Vomiting
- Unconsciousness, or lack of full consciousness (e.g. problems keeping eyes open)
- Any confusion (not knowing where they are, getting things muddled up)
- Any problems understanding or speaking
- Any loss of balance or problems walking
- Any weakness in one or more arms or legs
- Any problems with eyesight
- Very painful headache that won't go away
- Any fits (collapsing or passing out suddenly)
- Clear fluid coming out of their ear or nose
- Bleeding from either ear
- New deafness in one or more ears
- Difficulty waking your child up

6.4 CPR

During the Coronavirus pandemic CPR should be delivered by chest compressions and by defibrillator/AED if available. It is not advisable to use rescue breaths

6.5 CPR in paediatric settings

At the time of writing this policy, the advice from the Resuscitation Council UK is outlined below however this could change in response to the Coronavirus situation and should therefore be checked periodically for updates and changes. Refer to: [guidance from the Resuscitation Council UK](#):

Paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilation crucial to a child's chances of survival. The importance of promptly calling an ambulance cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur. Therefore, if there is any doubt about what to do, the following statement should be used:

It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child

7. PROCEDURES FOR PUPILS WITH MEDICAL CONDITIONS

The GLF policy 'Supporting Children with Medical Conditions' deals with the managing and dispensing of medicines. The dispensing of any medication can only be carried out where parental consent has been given (except for exceptional circumstances and agreed with senior management), where staff training has taken place and in accordance with policy

8. PERSONAL PROTECTIVE EQUIPMENT (PPE)

The following PPE is to be worn where there is close contact such as assisting an injured person or when administering CPR to avoid the transmission of Coronavirus:

- Disposable FFP2 face mask, must conform to EN149:2001 standards
- Disposable nitrile gloves
- Disposable apron or other suitable covering
- Eye protection such as a visor or safety glasses

It is recommended that the above PPE is kept in an easy to reach location, with a first aid kit. Ensure waste sacks are kept with PPE for immediate disposal

Wash hands thoroughly following the administering of first aid (and before if time allows)

9. BODY FLUIDS

9.1 Contact with body fluids such as vomit or blood

- First aiders must cover any cuts and grazes on their own skin to avoid risk of infection
- Wear PPE: disposable apron, disposable gloves, a face covering and eye protection
- Where suspected or confirmed contamination of body fluids has occurred, the following actions should be taken without delay:
 - wash the eyes with tap water or eye wash bottle
 - wash from skin with soap and running water
 - wash out of nose with tap water, avoiding swallowing the water
 - record details of contamination
 - report to the Headteacher and take medical advice if appropriate

9.2 Cleaning of body fluids

Specific spill kits can be acquired for bodily fluids and spills. They should be labelled and kept in an easy to reach location such as in a first aid room. Cleaners and specific staff should be trained in how to deal with bodily fluids:

- Barrier or cordon off the area
- Wear PPE to clean body fluids, as described in 6
- Use absorbent towels or granules to soak as much of the waste as possible before scooping into a waste bag, to be disposed of as healthcare waste
- Clean the area with hot water and disinfectant. This may need to be repeated
- Dispose of PPE and any contaminated equipment such as mop heads in offensive waste/tiger stripe bag
- Thoroughly disinfect any containers such as mop buckets
- Dry mop or allow the area to air dry
- Wash hands thoroughly

10. DEFIBRILLATORS OR AEDs

- It is not a requirement to provide a defibrillator / AED and should be considered through the assessment of need process
- Defibs / AEDs are there to help increase the survival of anyone experiencing cardiac arrest
- Defibs / AEDs are simple and safe to use; the machines give clear spoken instructions
- When selecting defibs / AED's consider Paediatric requirements, which are the easiest to use and whether they have built-in auto checks
- Where AEDs are already in schools, there should be instructions for use and included in a periodic inspection and test to ensure it is in continual good use
- The use of defibs and AEDs are usually included in first aid courses. This should be clarified to ensure first aiders have adequate instruction in their use
- Further information and advice is provided by the DfE: [Automated external defibrillators – a guide for schools \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/61234/automated-external-defibrillators-a-guide-for-schools.pdf) who have an arrangement for schools to purchase defibs / AEDs at a reduced cost; order from Aero Healthcare Ltd directly by calling 01403 599209 or emailing d4s@aerohealthcare.co.uk giving school details

11. FIRST AID ROOMS

The Education (School Premises) Regulations 1996 require schools to have a room that is suitable for the use of medical treatment when required. The room should contain a washbasin and be reasonably close to a toilet. The first aid rooms should be available for giving first aid, for recovery of illness and as rest rooms for new and expectant mothers.

First aid rooms should also meet the following conditions:

- Be accessible to stretchers
- Be large enough to hold a couch
- Have washable surfaces, adequate heating, ventilation and lighting
- Be kept clean, tidy, accessible and available for use at all times during school operation
- Be positioned as near as possible to a point of access for transport to hospital
- Be Display a notice on the door advising of First Aiders and how to contact them

First aid rooms should ideally contain:

- Hot and cold running water
- Hand washing facilities
- Drinking water and disposable cups
- A store for first aid equipment
- A foot-operated bin, lined with disposable yellow clinical waste bags or a container suitable for the safe disposal of clinical waste
- A couch with waterproof protection and clean pillows and blankets
- a chair
- a telephone or other communication equipment
- a record book for recording incidents where first aid has been given

11.1 Isolation rooms

Where it is possible, an additional isolation room will be made available for any person with suspected Coronavirus symptoms to wait until they are collected by a family member

- If an isolation room is not feasible, a safe place can be used where the door can be closed
- Isolation rooms are cleaned immediately following occupation of a person with Coronavirus symptoms
- If first aid and isolation rooms are used solely for these purposes, they should be kept locked when not in use

12. CALLING THE EMERGENCY SERVICES

- Include in the First Aid Arrangements document (**Appendix 2**) a procedure for calling the emergency services to avoid miscommunication such as the assumption that somebody else made the call or providing incorrect information (refer to the GLF policy Supporting Children with Medical Conditions (Appendix E): Contacting the Emergency Services for Medical Help)
- Ensure main reception are aware that an ambulance has been called for updates, communication and to arrange meeting them on arrival so the emergency team can be taken to the injured person without delay
- Ideally a first aider should call the emergency services as they are trained to provide specified information that would more accurately describe the injured person's condition
- If the first aider is unable to call due to treating someone, another person must call the emergency services, ensuring they pass on relevant information

13. NOTIFYING PARENTS/GUARDIANS

- If a pupil is injured and the emergency services are needed, the parents/guardians must also be contacted and briefed of the situation
- If a parent/guardian is not available to accompany the pupil, a member of staff should accompany them, ensuring a staff member remaining on site takes all relevant details such as the initial assessment and which hospital they are going to
- The school will notify parents/guardians of any accident or injury sustained by a pupil and any first aid treatment given, as soon as possible

- Parents/guardians of Early Years Foundation Stage (EYFS) children will receive an accident note, with a copy kept by the school - for minor bumps and scrapes

14. REPORTING

- First aid incidents, general accidents and near misses are to be recorded in the school's accident book or OSHENS. Any serious accidents or potential accidents (near miss) should be investigated by senior management. This is a legal requirement and informs the schools and the wider Trust of any trends or incidents that could reduce risk and future accidents from occurring
 - Accidents that fall under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) must be notified to the Health & Safety Executive (HSE) by submitting form F2508 and notifying the Health & Safety Compliance Manager; k.fenton@glfschools.org. Advice and guidance can also be provided by Surrey County Council's Strategic Risk Management team (SRM); srm.hands@surreycc.gov.uk
- Accident records involving students are to be kept for 25 years after their birth
- Accident records involving employees are to be kept for 3 years

For any injury that occurs in school whether first aid treatment has or has not been provided, this **must** be written up using a First Aid Slip (Appendix 2).

For any accidents that happen in or outside the school building: All accidents must be recorded using a First Aid Slip (Appendix 4) and stored in the main office.

Head Bumps: Pupils must be provided with a bumped head letter, a first aid slip and a wristband notifying other staff and childcare providers that the pupils needs to be monitored. A call to a parent is also made.

Serious Accident Report Form: For any serious accidents on the school premises a form must be completed, signed and given to the headteacher. (See Appendix 6)

Hospital Referral: For all these accidents a report will need to be written by the First Aider who attended the pupil/adult and given to the headteacher same day. This report should be written within the Serious Accident Report Form (Appendix 6).

15. ROLES AND RESPONSIBILITIES

Role	Responsibilities
The Board of Trustees	• Holds legal responsibility for ensuring health and safety including the provision of first aid, is effectively implemented throughout GLF Schools to comply with health and safety legislation including the Health & Safety (First Aid) Regulations 1981
CEO	• Acts as the Responsible Person for health and safety, ensuring there is provision, effective implementation and monitoring of first aid across the Trust
Headteachers	• Holds responsibility for ensuring the safe

	implementation and management of this policy in their school - Establishes a first aid procedure for accidents and illnesses - Ensures there are sufficient numbers and types of first aiders to effectively manage first aid provision - Ensures a sufficient number of staff are adequately trained to implement the policy at all times during school operation - Ensures appropriate records are kept and reviewed annually
Senior Leaders	- Ensures all staff are informed of first aid arrangements, including; the procedure to follow if someone becomes ill or has an accident, identifying qualified first aiders and the location of first aid equipment - Ensures first aid arrangements are included in induction training for new starters, including the Educare module 'First Aid Essentials' - Communicates any changes or updates to first aid provision
Premises Staff	Supports the Headteacher and first aiders with monitoring the operational requirements of the policy e.g. adequate first aid stock, notices etc.
First Aiders	- Are suitably trained and certified prior to dispensing first aid - Will respond promptly to situations that may require first aid - Provide first aid support within their scope and level of training - Replenish first aid kits periodically - Oversee the use of first aid rooms or isolation rooms for appropriate use - Wear appropriate personal protective equipment (PPE) in response to risk assessment outcomes such as COVID-19 - Record the administering of first aid - Report accidents, incidents and near misses
All Staff	- To cooperate with the First Aid policy and arrangements - Follow the school's COVID-19 procedures - Complete Educare's First Aid Essential's module - Familiarise themselves with the school's first aiders - Summon medical assistance when necessary - Inform parents/guardians of any first aid treatment given - Record accidents, incidents and near misses

16. FURTHER INFORMATION

This policy should be read in conjunction with:

GLF Health and Safety Policy

GLF Supporting Children with Medical Conditions Policy

GLF Safeguarding Policy

Appendix 1 - First Aid Needs Assessment

First Aid Needs Assessment - to determine the number and type of First Aiders and number and type of equipment needed

Name of person(s) carrying out the assessment:			
Date:		Review date:	

1. Consider the list below
2. Review example case studies on Staffroom/Google: [12 - First Aid \(google.com\)](#)
3. Evaluate the first aid requirement on page 2

☐ What are the risks of injury or ill health arising from the work being carried out e.g. physical activity, forest school, science experiment, pre existing medical condition such as asthma
☐ What hazards and risks are there e.g. fall from playground equipment, sport injury, burn from cooking, slips and trips
☐ The nature and number of staff and pupils
☐ The work patterns of staff and pupils
☐ After school activities and wrap around care
☐ Holiday and other absences of first aiders
☐ Any history of accidents
☐ Offsite activities, visit and trips, travelling
☐ Remote or lone workers
☐ The distribution of buildings, classrooms, sports and play areas
☐ The remoteness from emergency medical services
☐ First aid provision for non-employees e.g. members of the public
☐ Other considerations

Outcome requirement

First Aider Type	Required Yes/No	Number needed/other considerations
First Aid equipment and facilities	Required Yes/No	Number needed and locations

Appendix 2 - First Aid Arrangements

Prior to completing the information below, carry out an Assessment of Need
(Appendix 1)

First Aid Lead	
Completed by:	
Date completed:	

Name of First Aider	Location in School & Contact Number	Qualification e.g. First Aid at Work	Date of Renewal

Location of First Aid kit's	Person(s) responsible for checking kits

This is what we do when there is a FirstAid incident e.g. - Confirm whether injured person can move - Staff member seeks the assistance of the nearest first aider - Student is taken to first aider/first aid room - First aider assesses student and takes them to the first aid room (if possible to move) before contacting parents/guardian or ambulance - First aider or nominated staff member accompanies student if taken to hospital in an ambulance before parent/guardian arrives - Document procedures for calling emergency services - In Primary settings or where assistance is required, the pupil is accompanied to the first aid room and remains with an adult until the first aider arrives	
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Is an appropriate First Aider on duty at all times, covering before and after school provision?	
Are there hazards or health concerns for which an extra First Aid kit or specialised treatment is required? e.g. chemicals, potential for burn, eye injuries, field trips Include location e.g. Science Lab 2	
Number and location of AED's:	
Distance to nearest major hospital: Travel time:	

APPENDIX 3

1. Guidance to staff on particular medical conditions

1.1 Allergic reactions

Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation

If the pupil has an Individual Health Care Plan (IHCP), follow the guidance provided and agreed by parents. Administer the prescribed dose of antihistamine to a child who displays these mild symptoms only. Make a note of the type of medication, dose given, date, and time the medication was administered. Complete and sign the appropriate medication forms, as detailed in the Supporting Pupils with Medical Needs policy. Observe the child closely for 30 minutes to ensure symptoms subside.

1.2 Anaphylaxis

Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or a feeling of a lump in the throat
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty in breathing
- Difficulty speaking
- Sudden feeling of weakness caused by a fall in blood pressure
- Collapse and unconsciousness

When someone develops an anaphylactic reaction the onset is usually sudden, with the following signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

Action to be taken

1. Send someone to call for a paramedic ambulance and inform parents.
2. Send for the named emergency box.
3. Reassure the pupil that help is on the way.
4. Remove the Epi-pen from the carton and pull off the grey safety cap.
5. Place the black tip on the pupil's thigh at right angles to the leg (there is no need to remove clothing).
6. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds.
7. Remove the Epi-pen from the thigh and note the time.
8. Massage the injection area for several seconds.
9. If the pupil has collapsed lay him/her on the side in the recovery position.
10. Ensure the paramedic ambulance has been called.
11. Stay with the pupil.
12. Steps 4-8 maybe repeated if no improvement in 5 minutes with a second Epi-pen if you have been instructed to do so by a doctor.

REMEMBER Epi-pens are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the Epi-pen the pupil must be taken to hospital for further checks.

Epi-pen treatment must only be undertaken by staff who have received specific training.

1.3 Asthma management

The school recognises that asthma is a serious but controllable condition and the school welcomes any pupil with asthma. The school ensures that all pupils with asthma can and do fully participate in all aspects of school life, including any out of school activities. Taking part in PE is an important part of school life for all pupils and pupils with asthma are encouraged to participate fully in all PE lessons. Teaching staff will be aware of any child with asthma from a list of pupils with medical conditions kept in the main office and staff room. The school has a smoke free policy.

Trigger factors:

- Change in weather conditions
- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air pollutants
- Emotional situations
- Excitement

1.4 General considerations

Pupils with asthma need immediate access to their reliever inhaler (usually blue in colour). Younger pupils will require assistance to administer their inhaler. It is the parents' responsibility to ensure that the school is provided with a named, in-date reliever inhaler, as well as provide a new inhaler when their child's inhaler is out of date.

Inhalers are stored in the main office. Pupils must be made aware of where their inhaler is kept and this medication must be taken on any out of school activities.

Teaching staff should be aware of a child's trigger factors and try to avoid any situation that may cause a pupil to have an asthma attack.

If appropriate for their age and maturity, pupils can be responsible for their reliever inhaler, which is to be brought to school and kept in a school bag to be used as required. If a child is responsible for their inhaler, they should have an Individual Health Care Plan/Asthma Plan in place, with parental consent (see the Supporting children with medical needs policy). A spare named inhaler should be kept in the main office for use in the event that the pupil's inhaler is lost or forgotten.

Recognising an asthma attack:

- Pupil unable to continue an activity
- Difficulty in breathing
- Chest may feel tight
- Possible wheeze
- Difficulty speaking
- Increased anxiety
- Coughing, sometimes persistently

Action to be taken:

1. Ensure that prescribed reliever medication (usually blue) is taken promptly.
2. Reassure the pupil.
3. Encourage the pupil to adopt a position where they are sitting upright.
4. Wait five minutes. If symptoms disappear the pupil can resume normal activities.

5. If symptoms have improved but not completely disappeared, inform parents and give another dose of their inhaler and call the appointed person or a first aider if they are not available.
6. Loosen any tight clothing.
7. If there is no improvement in 5-10 minutes continue to make sure the pupil takes one puff of their reliever inhaler every minute for five minutes or until symptoms improve.
8. Call an ambulance.
9. Accompany pupil to hospital and await the arrival of a parent.

1.5 Diabetes management

Pupils with diabetes can attend school and carry out the same activities as their peers but some forward planning may be necessary. Staff must be made aware of any pupil with diabetes attending school and they should have an IHCP in place.

1.6 Hypoglycaemic attack

This happens very quickly and may be caused by: a late meal, missing snacks, insufficient carbohydrate intake, more exercise, warm weather, too much insulin and stress. The pupil should test his or her blood glucose levels if blood-testing equipment is available.

Signs and symptoms of low blood sugar:

- Pale appearance
- Glazed eyes
- Blurred vision
- Confusion/incoherent
- Shaking
- Headache
- Change in normal behaviour- weepy/aggressive/quiet
- Agitated/drowsy/anxious
- Tingling lips
- Sweating
- Hunger
- Dizzy

Action to be taken:

1. Follow the guidance provided in the IHCP agreed by parents.
2. Give fast acting glucose-either 50ml glass of Lucozade or 3 glucose tablets. (Pupils should always have their glucose supplies with them. Extra supplies will be kept in emergency boxes. This will raise the blood sugar level quickly)
3. This must be followed after 5-10 minutes by 2 biscuits, a sandwich or a glass of milk.
4. Do not send the child out of your care for treatment alone.
5. Allow the pupil to have access to regular snacks.
6. Inform parents.

Action to take if the pupil becomes unconscious:

1. Place pupil in the recovery position and seek the help of the appointed person or a first aider.
2. Do not attempt to give glucose via mouth as pupil may choke.
3. Telephone 999.
4. Inform parents.
5. Accompany pupil to hospital and await the arrival of a parent.

1.7 Hyperglycaemic attack

Hyperglycaemia - develops much more slowly than hypoglycaemia but can be more serious if left untreated. It can be caused by too little insulin, eating more carbohydrates, infection, stress and less

exercise than normal.

Signs and symptoms of high blood sugar:

- Feeling tired and weak
- Thirst
- Passing urine more often
- Nausea and vomiting
- Drowsy
- Breath smelling of acetone
- Blurred vision
- Unconsciousness

Action to be taken:

- Inform the appointed person or a first aider
- Inform parents
- Pupil to test blood or urine
- Call 999

1.8 Epilepsy management

How to recognise a seizure

There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- Pupil may appear confused and fall to the ground.
- Slow noisy breathing.
- Possible blue colouring around the mouth returning to normal as breathing returns to normal.
- Rigid muscle spasms.
- Twitching of one or more limbs or face
- Possible incontinence.

A pupil diagnosed with epilepsy will have an emergency care plan.

Action to be taken:

1. Send for an ambulance;
 - a. if this is a pupil's first seizure,
 - b. if a pupil known to have epilepsy has a seizure lasting for more than five minutes, or
 - c. if an injury occurs.
2. Seek the help of the appointed person or a first aider.
3. Help the pupil to the floor.
4. Do not try to stop seizure.
5. Do not put anything into the mouth of the pupil.
6. Move any other pupils away and maintain pupil's dignity.
7. Protect the pupil from any danger.
8. As the seizure subsides, gently place them in the recovery position to maintain the airway.
9. Allow patient to rest as necessary.
10. Inform parents.
11. Call 999 if you are concerned.
12. Describe the event and its duration to the paramedic team on arrival.
13. Reassure other pupils and staff.
14. Accompany pupil to hospital and await the arrival of a parent.

APPENDIX 4: First Aid Slip

Sample only (Always use original forms which are located in class folders)

										ACCIDENT / INCIDENT / ILLNESS REPORT SLIP														
Date		Time		Child's Name:				Class:																
Location of Accident / Injury:								LEA Accident Report No (if applicable):																
Details of treatment and additional comments:		☐ Cold Compress		☐ Ice Pack Applied		☐ Medi Wipe		☐ Plaster Dressing Bandage		☐ Cleaned with Cold Water														
<table border="1"> <tr> <td>Bump / Bruise</td> <td>Vomiting / Nausea</td> <td>Nosebleed</td> <td>Headache / High Temperature</td> <td>Head Injury</td> <td>Cut / Graze</td> <td>Asthma</td> <td>Other</td> <td>Parent contacted</td> <td>Unable to contact Parent</td> <td>Following First Aid the child was well enough to remain in School</td> <td>The child was collected from School</td> <td>The School is of the opinion that your child should consult a Doctor</td> </tr> </table>										Bump / Bruise	Vomiting / Nausea	Nosebleed	Headache / High Temperature	Head Injury	Cut / Graze	Asthma	Other	Parent contacted	Unable to contact Parent	Following First Aid the child was well enough to remain in School	The child was collected from School	The School is of the opinion that your child should consult a Doctor	Front  Back  Mark the area of the body which had the injury	
Bump / Bruise	Vomiting / Nausea	Nosebleed	Headache / High Temperature	Head Injury	Cut / Graze	Asthma	Other	Parent contacted	Unable to contact Parent	Following First Aid the child was well enough to remain in School	The child was collected from School	The School is of the opinion that your child should consult a Doctor												
First Aider Name:						Name of Parent / Carer contacted:				Time														
Witness:						Collected by:				Time														
Slip completed by:						Signature:																		

IMPORTANT

Should your child suffer any drowsiness, vomiting, impaired vision or excessive pain after returning home please consult your doctor or local hospital

REPORT SLIP No. 151201

Additional Information:	Follow-up Action:

APPENDIX 5: Bumped Head Letter

Today your child bumped their head.

We have carefully monitored your child since the event occurred.

Please read the following information from the NHS carefully.

Symptoms of a minor head injury

Minor head injuries often cause a bump or bruise. As long as the person is awake (conscious) and with no deep cuts, it's unlikely there will be any serious damage.

Other symptoms of a minor head injury may include:

- a mild [headache](#)
- nausea (feeling sick)
- mild dizziness
- mild blurred vision

If these symptoms get significantly worse or if there are other, more serious symptoms, go straight to the [accident and emergency \(A&E\) department](#) of your nearest hospital or call **999** to request an ambulance.

Close observation

If your child has sustained a head injury, observe them closely for 24 hours to monitor whether their symptoms change or get worse.

If your child has a minor head injury, they may cry or be distressed. This is normal - with attention and reassurance most children will settle down. However, seek medical assistance if your child continues to be distressed.

Signs of a serious head injury

Seek immediate medical attention if, after a knock to the head, you notice any of these symptoms in either you or your child:

- unconsciousness, either briefly or for a longer period of time
- difficulty staying awake or still being sleepy several hours after the injury
- clear fluid leaking from the nose or ears - this could be cerebrospinal fluid, which normally surrounds the brain
- bleeding from one or both ears
- bruising behind one or both ears
- any sign of skull damage or a penetrating head injury
- difficulty speaking, such as slurred speech
- difficulty understanding what people say
- reading or writing problems
- balance problems or difficulty walking
- loss of power or sensation in part of the body, such as weakness or loss of feeling in an arm or leg
- general weakness
- vision problems, such as significantly blurred or [double vision](#)
- having a seizure or fit (when your body suddenly moves uncontrollably)
- memory loss ([amnesia](#)), such as not being able to remember what happened before or after the injury
- a persistent headache
- vomiting since the injury
- irritability or unusual behaviour

If any of these symptoms are present, particularly a loss of consciousness - even if only for a short period of time - go immediately to [your local A&E department](#) or call **999** and ask for an ambulance.

APPENDIX 6: Serious Accident Form



REPORT OF SERIOUS ACCIDENT

Name of Pupil/Staff Member: _____

Date of Accident: _____ Time: _____

Class: _____ Year Group: _____

Parents Names and Contact

Details: _____

Staff Involved (if applicable): _____

Other Pupil/s Involved: _____

1. Circumstances leading to the accident.

Describe the circumstances leading up to the accident (include location/s, activities engaged in, verbal exchanges, etc, as appropriate).

2. Describe the serious accident that occurred after the above.

Include all relevant information (include location/s, actions, what caused the accident, persons involved etc, as appropriate. Please attach an extra form if necessary).

If more than one member of staff was involved, each should record their actions separately and attach such records to this form. Are the other records attached? YES/NO

3. Injuries (include details of body parts affected, medical attention, first aid administered and names of first aiders attending the scene):

To pupil/s (specify names clearly if more than one pupil was involved):

To staff:

4. Other than first-aiders named above, who witnessed the incident?

5. Was the injured person (or persons):

Taken to hospital for treatment: Yes/No

In hospital for more than 24 hours: Yes/No

Taken to own GP: Yes/No

Referred to Occupational Health (if staff): Yes/No

Serious Accident - Follow-up Action

a. Parents notified of accident.

Time: _____

Date: _____

By Whom: _____

By Phone/In Person: _____

b. Post accident support for member/s of staff if required.

Date: _____

By Whom: _____

c. Post accident support for pupil/s affected if required.

Pupil's Name: _____

Pupil's Name: _____

Date: _____

Date: _____

By Whom: _____

By Whom: _____

d. What steps, if any, need to be taken to avoid the recurrence of an accident of this type? This may include adjustments to pupil or staff activities, additional training, or adjustments to the physical school environment if there are any Health and Safety concerns.

e. What is the timeframe for the above action plan?

Report Completed by:

Name: _____

Role: _____

Signed: _____

Date: _____

Authorised by (Headteacher): _____

Date: _____

Checklist:

- Original report filed in the Health and Safety folder (School office) ☐
- Copy of report filed in the pupil's file ☐
- Copy of report filed in the staff member's file (if applicable) ☐
- Photos of any injury sustained by staff and/or pupil/s attached (if required) ☐

APPENDIX 7: AM Sport Academy First Aid Protocol

Low level injuries

1. A low level injury occurs during a PE lesson.
2. The child is taken by the sports coach that witnessed it to their year group and handed over to their class / year group TA for first aid treatment. At this point the sports lead that witnessed the incident will inform the TA of what has happened.
3. The TA will administer first aid, fill in a first aid slip and return the child to the PE lessons if appropriate.
4. The TA will inform the class teacher when he or she returns.

Serious Injuries

1. A serious/potentially serious occurs during a PE session.
2. If the child can walk the child should be taken to their year group and handed over to their class / year group TA. If the child cannot walk a sensible pupil should be sent to retrieve their year group/class TA. At this point the sports lead that witnessed the incident will inform the TA of what has happened.
3. The TA will begin first aid procedures and the class teacher should be sent for. The class teacher must then inform their SLT member (if not available another member of SLT).
4. If the child needs to go home the SLT member will make this decision and then either the CT or SLT will make that call to the parent.
5. During this time the first aider will seek support from other first aiders if needed and will complete the first aid slip.
6. Once the injury has been dealt with the first aider must complete a Serious Accident Form with the help of the sports leader who was present at the time. This must be completed on the day and handed to the HT.

In situations where an ambulance must be called in the moment please refer to the FW First aid policy.

This should be the case for all sports sessions during the school day and differs from the guidance given during before and after school clubs and camps.

Please note that AMSA sports coaches should always take the school mobile phone on external sporting fixtures so as to not use their personal device.