



Abbey Gate College

POLICY: First Aid	
Scope	Whole College
Responsibility	Head
Review & Update	July 2023
Governor Approval	Fraser Crewe
Board Level Approval	Andrew Grime

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Policy Statement (1)

First Aid can save lives and prevent minor injuries becoming major ones. The College is committed to providing suitable, adequate, and appropriate First Aid facilities and qualified First Aid personnel to ensure that all pupils, staff and visitors (including contractors) to the College are given prompt and proper First Aid attention should any injuries or ill health arise as a consequence of work or school activities.

The Governing Body recognises its legal obligations as set out in the Health and Safety (First Aid) Regulations 1981/ Health and Safety at Work etc Act 1974 (HSWA), and through this policy further aims to satisfy the requirements as laid out in the Independent Schools Standards Regulations (ISSRs), Part 3, Paragraph 13 – that First Aid is administered in a timely and competent manner. This policy has been updated to reflect the good practice guide of DfE 'Guidance on First Aid for Schools'.

Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the College in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

In practice, most of the day-to-day functions are delegated to the Lead First Aider who is respectively responsible for ensuring that the policy is put into practice, and that parents are aware of the College's Health & Safety policy, including arrangements for First Aid.

Policy Statement (2)

- 1) This policy applies to all members of the Abbey Gate College community, including those in our EYFS setting.
- 2) Abbey Gate College implements this policy through adherence to the procedures set out in the rest of this document.
- 3) This policy is made available to all interested parties on the College website at www.abbeygatecollege.co.uk. It should be read in conjunction with the College's *Administration of Medicines, Educational Trips & Visits, Health & Safety, and Safeguarding* policies.
- 4) Abbey Gate College is fully committed to ensuring that the application of this policy is non-discriminatory in line with the UK Equality Act (2010). Further details are available in the College's *EDI* policy document.
- 5) This policy is reviewed at least annually, or as events or legislation changes require, by the College Leadership Team and the Governing Body. The deadline for the next review is no later than 12 months after the most recent review date indicated above.
- 6) The most recent updates were made on account of personnel changes.

Key Personnel

- 1) Patricia (Trish) Sheckley: Lead First Aider & Counsellor
- 2) Craig Jenkinson: Head
- 3) Marie Hickey: Head of Infant & Junior School
- 4) Andy Austen: Senior Deputy Head
- 5) Carole Houghton: Deputy Head (Pastoral)
- 6) Sarah Tomlins: Head First Aider (Infant & Junior School)
- 7) Fraser Crewe: Chair of Estates and Compliance sub-committee

Definition

First Aid can be defined as the emergency treatment of illness or injury in order to maintain life, to ease pain and to prevent deterioration of the patient's condition until professional medical help can be obtained. Providing First Aid is the primary role of a First Aider.

Aims & Objectives

- 1) To appoint and train a suitable number of First Aid personnel that meets the identified needs of the College, and ensure that training is refreshed in a timely manner.
- 2) To provide and maintain suitable and sufficient First Aid facilities, including First Aid boxes.
- 3) To clearly display First Aid notices with details of First Aid provision, including names and locations of First Aiders.
- 4) To provide any additional First Aid training that may be required to deal with specific First Aid hazards.
- 5) To keep accident records and report to the Health and Safety Executive (HSE) as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and Public Health England or Public Health Wales.
- 6) To ensure adequate provision for pupils and staff with particular medical conditions (for example, asthma, epilepsy, diabetes).
- 7) To continually monitor the College's First Aid provision and accident/incident profile to ensure all reasonable steps are being taken to safeguard the welfare, health and safety of pupils, staff and visitors.
- 8) To ensure that First Aid provision is available while people are on College premises.
- 9) To note that Abbey Gate College does not provide a First Aid service during bookings of the facilities by external parties. The Hirer must make their own provision to ensure adequate First Aiders are present throughout their bookings and that First Aid kits are available. For more information, please see '*Site Induction Manual for Community Users*'.

Provision (1) – First Aiders & Training

At Abbey Gate College we ensure that there is at least one person qualified in First Aid on each of our sites when children are present.

A First Aider is defined as a person who has a valid certificate in either 'First Aid at Work', 'First Aid in School', or 'Emergency First Aid at Work' or 'Paediatric First Aid' training. The training must be a training course approved by the Health and Safety Executive (HSE).

First Aiders' training is refreshed every three years. This refresher training may be taken up to 3 months before / 28 days after the expiry date on the current certificate.

The typical course lengths are:

- Emergency First Aid at Work - 1 day
- Emergency First Aid at School – 1 day
- First Aid At Work – 3 days
- Paediatric First Aid – 2 days
- Mental Health First Aid – 2 days

The number of First Aiders required are determined by the Lead First Aider on an annual basis through completion of a First Aid needs assessment, taking into account individual circumstances, the level of risk, and current government guidance. The list of First Aiders is displayed around school.

In higher risk areas such as Science, Design & Technology, and PE at least one person will be trained to a minimum level of Emergency First Aid.

At least one member of staff trained in Paediatric First Aid is available at the Infant and Junior School, when pupils are on site and accompanying EYFS children on outings. The Paediatric First Aid (PFA) certificate is for a full course, is renewed every 3 years, and is relevant for workers caring for young children.

Adequate First Aid provision includes cover for break times.

First Aid provision is available at all times whilst people are present on College premises, including out of hours' activities, and holiday periods. Adequate First Aid provision is also arranged off the premises during school trips.

A Lead First Aider is on-site at the Senior School from 8.00am to 4.00pm Monday to Friday (during term time) and is the primary First Aider. The Head First Aider at the Infant and Junior School is on-site from 8.30am to 4.00pm Monday to Friday.

The College also recognises the importance of Mental Health and has Mental Health First Aiders on-site at both the Senior School and Infant and Junior School. A list of the Mental Health First Aiders is displayed in school. The Mental Health First Aid training (full course) is 2 days and provided by an accredited provider (for example MHFA England).

Provision (2) – First Aid during Educational Visits

The College commits that residential trips will be (whenever possible) accompanied by a member of staff who has completed the one-day Emergency First Aid at Work HSE recognised First Aid course. For every other visit, the First Aid arrangements will be assessed according to the nature of the visit on an individual basis as detailed in the Educational Visits Policy.

Provision (3) – First Aid during Out Of School Hours

Major out of school events will be covered by a member of staff who is First Aid trained, (for example, a school production or a sports fixture) and the appropriate kit will be accessible. The member of staff is named on the Risk Assessment paperwork.

Provision (4) – First Aid for Pupils & Staff with Temporary Disabilities

A specific risk assessment will be made by the Lead First Aider (Senior School) or Head First Aider (Infant & Junior School) for all pupils/staff with temporary disabilities, for example following a fracture, or when using crutches. These will be stored in the pupil medical file.

Provision (5) – Assessment of Need

The College is required to provide First Aid for employees and, in the light of legal responsibilities, considers the likely risks to pupils and visitors and makes allowances for them when training First Aiders. The College must complete an annual risk assessment and this is reviewed annually by the Lead First Aider and member of Senior Leadership Team. The following factors are taken into consideration in the provision of First Aid;

- 1) The size and spatial arrangements of the College;
- 2) Any specific site hazards, for example the science laboratories
- 3) Any specific needs arising from the staff or pupils;
- 4) Accident statistics
- 5) Provision at lunchtimes, or in the case of absence, or for out of hours activities

Provision (6) – Additional First Aid Training

Additional First Aid Training is provided in the following areas:

- 1) Familiarisation in the use of defibrillators
- 2) Use of Epi-pens

Records of all First Aid training and deadlines for expiry are kept by the Lead First Aider in the Senior School medical room.

Facilities & Resources (1) – First Aid Kits & Protective Clothing

First Aid kits, clearly marked with a white cross on a green background, are provided in both the Senior School and Junior School medical rooms, and other readily accessible locations, made known to all staff and pupils by signs displayed at various locations (list also available in Appendix 1).

Travel First Aid kits are kept in minibuses for use during school trips. There should be extra stock in the school. Items should be discarded safely after the expiry date has passed.

In particular, First Aid containers are available within specific curriculum areas where an increased risk exists. This includes the Art Department (in the kitchen of Art and Media centre), Design and Technology workshops, Science and PE.

First Aid does not include the administration of medicines and thus First Aid boxes do NOT contain drugs.

First Aid kits are located near to hand washing facilities as far as possible. All First Aid kits will be inspected frequently and at a minimum termly and maintained by the Lead First Aider at each school site, to ensure items are not used after expiry date shown on packaging. Extra stock will be kept in the College.

Suitable protective clothing and equipment such as disposable gloves (e.g. vinyl or powder free, low protein latex CE marked) and aprons are provided near the First Aid materials.

Small quantities of contaminated waste (soiled or used First Aid dressings) can be safely disposed of via an external refuse collection arrangement. Waste is to be double bagged in plastic and sealed by knotting.

First Aid kits will contain a sufficient quantity of suitable First Aid materials in accordance with recommended guidelines for minimum contents of First Aid kits, plus stock of First Aid provision for a travelling First Aid container, plus First Aid provision for minibuses and public service vehicles.

The College recognises the importance that all First Aid containers are;

- 1) Maintained in good condition;
- 2) Suitable for the purpose of keeping the items referred to above in good condition;
- 3) Readily available for use; and
- 4) Prominently marked as a first-aid container.

Facilities & Resources (2) – Defibrillators

In the interest of improving the standards of welfare and medical care to all individuals on site an AED (Automated External Defibrillator) is situated:

- 1) Reception in the Senior School
- 2) Sports Hall foyer (left hand side, wall-mounted)
- 3) Pavilion (entrance, wall mounted)
- 4) Medical Room at the Infant and Junior School

Primarily, an AED is to be used by trained personnel in the course of providing First Aid to any person suffering from a cardiac arrest whilst on the premises.

When out of hours public events are taking place in the Theatre at the Senior School the defibrillator from the Sports Hall will be brought to the Theatre before the event, and replaced afterwards.

The defibrillators are serviced annually by an external provider and batteries are checked monthly by the Lead First Aider or Head First Aider.

Facilities & Resources (3) – Accommodation

Medical Rooms are available at both the Senior School and Infant and Junior School for the medical examination and short-term treatment and care of pupils, which includes a washing facility, and is near to a toilet facility. The medical rooms are equipped with lockable cabinets where medication and confidential medical records can be safely stored, a sink, as well as a blood bin for the disposal of contaminated waste.

Isolation, compliant with the above, can be arranged for any pupils who present a risk of infection to others (eg. COVID).

Facilities & Resources (4) – First Aid/Medical Help Notices

Notices are posted highlighting the location of First Aid equipment and facilities and the name(s) and location(s) of the First Aid personnel.

New and temporary employees are told of the location of First Aid facilities and equipment as well as First Aid personnel, and the procedures for monitoring and reviewing the College's First Aid needs as part of the induction training.

Practice (1) – Dealing with First Aid Incidents

The following injuries are considered minor and capable of being dealt with by a First Aider in College:

- 1) Grazes
- 2) Small scratches
- 3) Bumps
- 4) Minor bruising
- 5) Minor scalding or burns resulting in slight redness to the skin.

Parents of all children including in the EYFS will be informed of any accident or injury sustained by the child on the same day, or as soon as reasonably practicable, and of any First Aid treatment given.

Written permission must be obtained from parents for individual medicines to be administered. Where medicine is administered to a child, parents must be informed

the same day or as soon as reasonably practicable (Ref. *Administration of Medicines policy*).

At the College, the main duties of a First Aider are to;

- 1) Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school;
- 2) When necessary, ensure that an ambulance or other professional medical help is called.

For more serious injuries, or if there is ever any doubt as to the potential seriousness of an injury, the advice of a medical professional will be sought.

Practice (2) – Blood & Body Fluid Spillages

Single use disposable gloves must be worn when treatment involves blood or other bodily fluids.

A spillage kit is available in the site team and the medical rooms at both sites to deal with blood and body fluid spillages. The person responsible for checking and replenishing the kit regularly is the Site Manager (Senior School) and Head First Aider (Infant and Junior School).

Body fluid spillages must be dealt with as soon as possible with ventilation of the area. The member of staff tasked to clean up the spillage must wear suitable protective equipment such gloves and apron, and wash and sanitise hands after the procedure. Sanitising fluid will then be used to clean the area.

Contaminated gloves, aprons and paper towels used to clean up the spillage must be carefully disposed of into a leak proof plastic bag, securely tied and placed immediately into the normal external school waste container.

Practice (3) – Hygiene/Infection Control

All staff are advised to take precautions to avoid infection and must follow basic hygiene procedures. Staff have access to single-use disposable gloves and hand washing facilities and should take care when dealing with blood or other body fluids and disposing of dressings or equipment. PPE should be worn and disposed of accordingly and hand washing regimes followed. The COVID-19 risk assessment should be read in conjunction with this policy.

Practice (4) – Seeking Further Medical Help

If the need for an ambulance is obvious, the first member of staff to the scene must ring 999 or, if not possible, send a messenger to reception to call for the ambulance so that they may stay with the casualty (at the Infant and Junior School this should be an adult). They should also call for the assistance of a First Aider if they are not First Aid trained.

If possible, the person with the casualty is to call the ambulance (e.g. from a mobile phone or landline within reach) as the Ambulance Control will want full details of the casualty's condition.

For lesser emergencies the qualified First Aider called to the scene will decide whether an ambulance or paramedic is necessary or if the casualty can be taken using non-urgent transport.

If the casualty needs to be taken to hospital, the parents/emergency contact will be notified immediately by telephone. A member of staff will always accompany a pupil who needs to be taken to hospital by ambulance.

Practice (5) – Accident Reporting, Investigation & Informing

All accidents resulting in personal injury or where First Aid treatment is given must be recorded on an Accident Report Form and must be kept readily accessible and kept for a minimum of 3 years.

Completed Accident Report Forms/medical book for minor injuries will be stored securely in either the medical room at the Senior School, medical room at the Infant and Junior School for EYFS and After School Club incidents. The storing of this information complies with the requirements of the Data Protection Act.

Completed Accident Report Forms will be reviewed regularly by the Lead First Aider (Senior School) or Head First Aider (Infant and Junior School) to ascertain the nature of incidents that have occurred in the school and propose corrective action as necessary. This review will be in addition to any investigation of the circumstances surrounding each incident.

Accident reports and associated documentation will be retained for

- A minimum of 3 years from the date of the accident for adults
- For pupils, until the child involved has reached the age of 22 years

All near misses must also be reported to the Estates Manager as soon as possible, so that action can be taken to investigate and to prevent potential injury from occurring.

The College must inform Ofsted and local child protection agencies of any serious accident, illness or injury. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring.

All employees must ensure that they are aware of the location of the accident book, which will be notified to them on induction. The accident book can be located in the medical room (both locations). Staff should ensure that this is completed as soon as an accident occurs.

The College's Health & Safety Committee reviews all reports termly, and is accountable to the Governing Body's *Estates* sub-committee. Termly Health and Safety reports are also produced for the Board of Governors giving details of accidents / incidents that have occurred, and corrective actions.

Practice (6) – Reporting Requirements: RIDDOR

Certain accidents causing injury, both fatal and non-fatal, certain occupational diseases and certain dangerous occurrences are reportable to the Enforcing Authority (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) as follows:

- Death of any person if it arises from a work-related accident, including an act of physical violence to a worker (HSE must be notified immediately by telephone, then followed up within 10 days with a written report on Form 2508);
- Specified injuries to workers as defined in the regulations (includes any fracture (other than to fingers, thumbs or toes), amputation, loss of sight, crush injury resulting in internal damage, serious burns, scalping, loss of consciousness from a head injury or asphyxia, an injury from working in an enclosed space);
- Over-seven-day incapacitation of a worker whereby they are away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven-day period does not include the day of the accident, but does include weekends and rest days;
- Accidents to members of the public or others who are not at work (e.g. pupils, visitors etc.) if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances. There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent;
- Diagnoses of certain occupational diseases as specified in the regulations, where these are likely to have been caused or made worse by their work (includes carpal tunnel syndrome, severe cramp of the hand or forearm, occupational dermatitis, hand-arm vibration syndrome, occupational asthma, tendonitis or tenosynovitis of the hand or forearm, any occupational cancer, and any disease attributed to an occupational exposure to a biological agent); and
- Dangerous occurrences as specified in the regulations (there are 27 in total, including the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment, plant or equipment coming into contact with overhead power lines, and the accidental release of any substance which could cause injury to any person etc.).

Advice on whether an incident is reportable under RIDDOR 2013 can be sought from the Health and Safety Insurer and Competent Person. A HSE guidance document on

RIDDOR 2013 for schools is available at: <http://www.hse.gov.uk/riddor/reportable-incidents.htm>

For most types of incident, including:

- accidents resulting in the death of any person
- accidents resulting in specified injuries to workers
- accidents to members of the public or others who are not at work if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury and
- dangerous occurrences

the responsible person must notify the enforcing authority (HSE) without delay, in accordance with the reporting procedure. This is most easily done by reporting online at <http://www.hse.gov.uk/riddor/report.htm>. Alternatively, for fatal accidents or accidents resulting in specified injuries to workers only, the responsible person should phone 0345 300 9923. A report must be received within 10 days of the incident. For accidents resulting in the over-seven-day incapacitation of a worker, the responsible person must notify the enforcing authority (HSE) within 15 days of the incident, using the appropriate online form available at: <http://www.hse.gov.uk/riddor/report.htm>.

Cases of occupational disease, including those associated with exposure to carcinogens, mutagens or biological agents, must be reported to the enforcing authority (HSE) as soon as the responsible person receives a diagnosis, using the appropriate online form available at: <http://www.hse.gov.uk/riddor/report.htm>.

Reporting to the HSE under these regulations is the responsibility of the Estates Manager, with the Lead First Aider acting as deputy. All paperwork relating to such notifiable incidents will be kept in the Estates Managers office. In the absence of the Estates Manager, the reporting responsibility will be with the Head.

Furthermore, incidents notifiable under RIDDOR will also be communicated to the College's Health and Safety Insurer and Competent Person.

Practice (7) – Investigating

All injury-related accidents that are either notified to the Enforcing Authority or where a serious injury or near miss has occurred will be investigated by the appropriate Head of Department together with the Lead First Aider (Senior School) or Head First Aider (Infant and Junior School), as applicable:

- 1) to ensure that all necessary information in respect of the accident or incident is collated
- 2) to understand the sequence of events that led to the accident or incident
- 3) to identify the unsafe acts and conditions that contributed to the cause of the accident or incident
- 4) to identify the underlying causes that may have contributed to the accident or incident

- 5) to ensure that effective remedial actions are taken to prevent any recurrence
- 6) to enable a full and comprehensive report of the accident or incident to be prepared and circulated to all interested parties
- 7) to enable all statutory requirements to be adhered to

Practice (8) – Informing Parents of First Aid Given to Pupils

When pupils join the College, parents are asked to complete a consent form giving permission for:

- paracetamol to be administered if this is necessary
- the College to be empowered to give consent for urgent medical treatment in the event that the parents or emergency contact cannot be reached.

In cases where consent is **not** given for the above, a list of these pupils must be available in the locked medicine cabinet in the medical room at each site.

At the Senior School - the Lead First Aider (or First Aider treating the pupil), will contact parents to inform them that paracetamol has been given and when.

In cases of minor head bumps, a letter will be given to the pupil which will be seen by parents upon collection. In cases of more severe head bumps, parents are informed by telephone by the First Aider and may be collected from school if necessary. In cases of serious head bumps, procedures outlined in Appendix 11 may be followed.

At the Infant and Junior School - contact will be made with parents or the emergency contact by telephone before paracetamol is administered unless there is urgent need.

In cases of minor head bumps, a 'head bump' wrist band or sticker is worn by the pupil which will be seen by parents upon collection. In cases of more severe head bumps, parents are informed by telephone by the First Aider and may be collected from school if necessary. In cases of serious head bumps, procedures outlined in Appendix 11 may be followed.

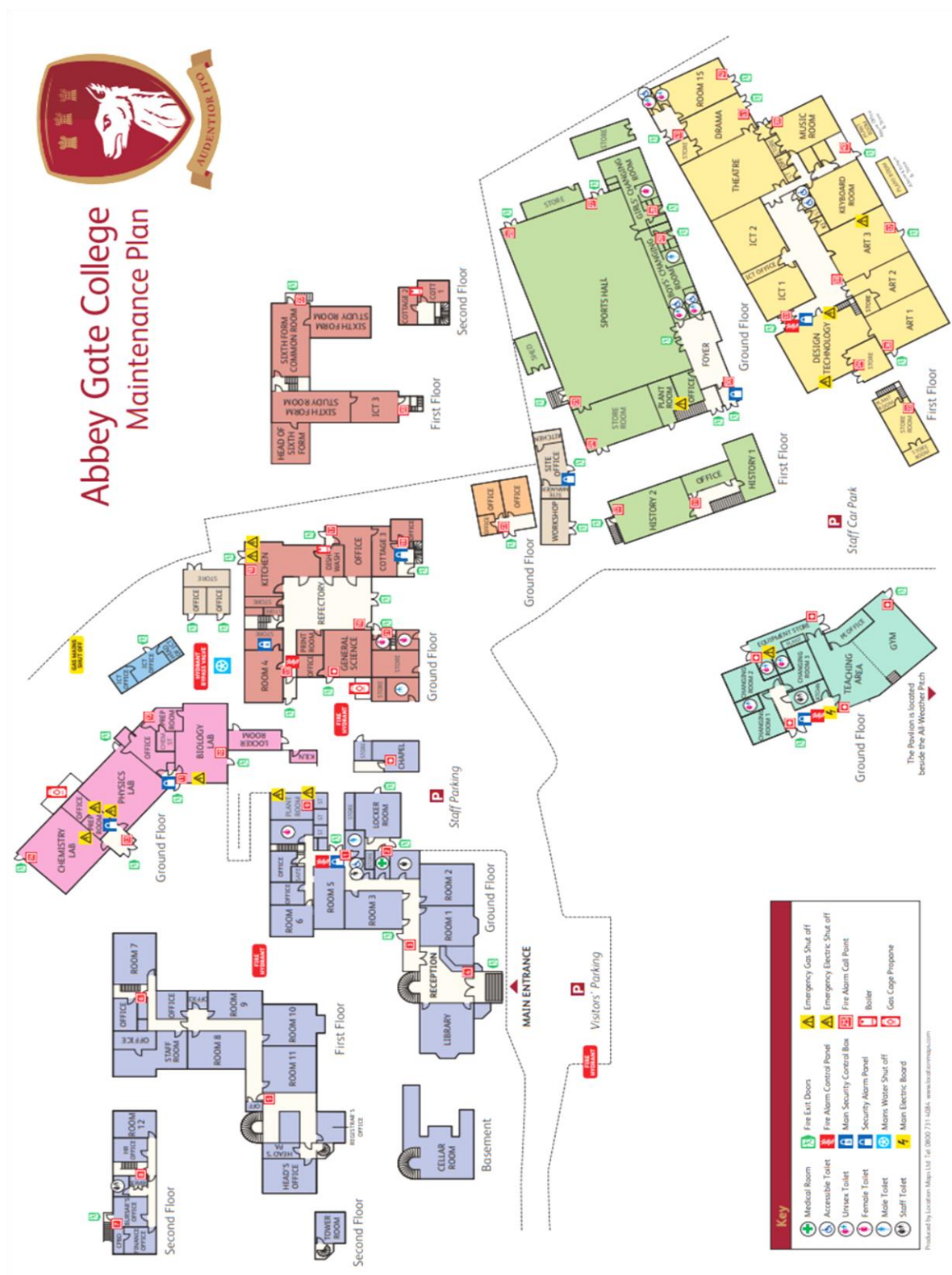
Practice (9) – Pupils with Particular Medical Conditions

Parents are required to notify the College of any medical conditions or allergies the pupil may be suffering from, and to keep the College up to date on any changes to the pupil's medical condition(s).

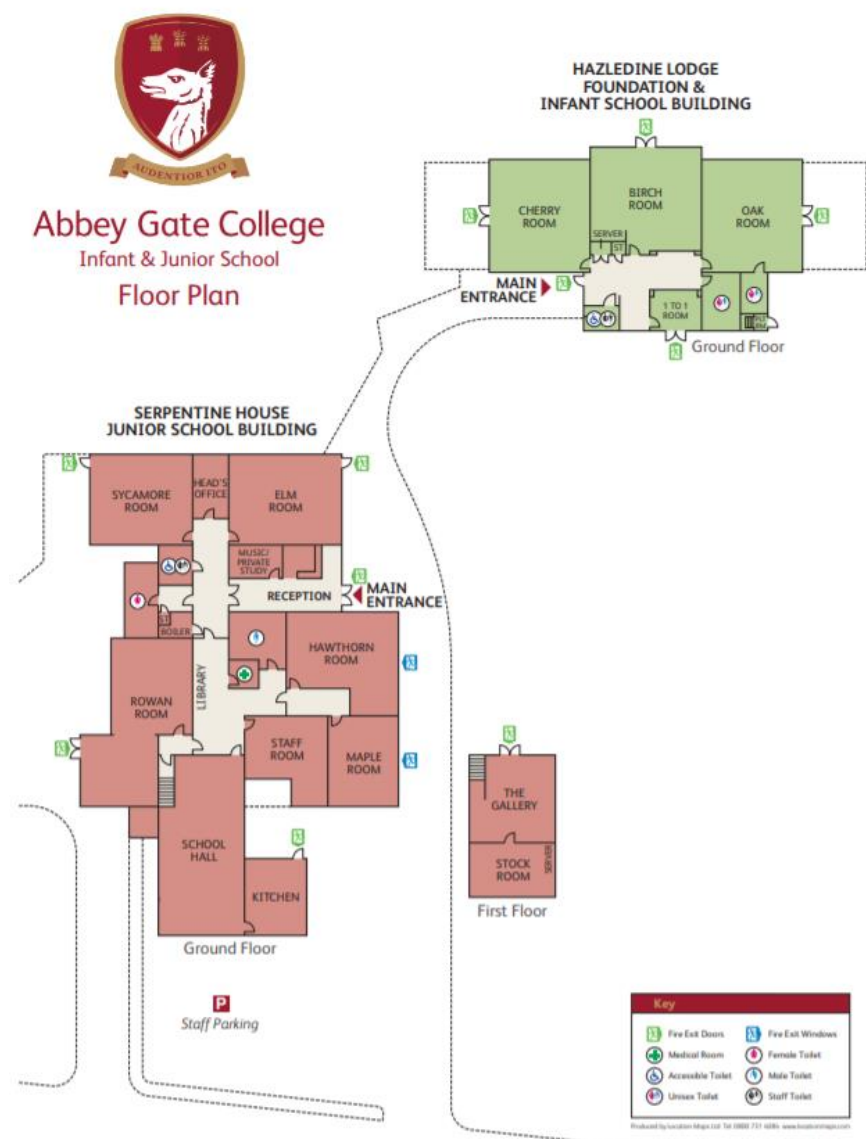
Details of medical conditions and allergies are then held electronically on the College's Management Information System so that staff can be made aware of pupils' needs, particularly those responsible for catering, sports and educational visits.

The Lead First Aider (Senior School) or Head First Aider (Infant and Junior School) will then put in place care plans if required for pupils with medical conditions, and agree these plans with the parents.

APPENDIX 1: Location of First Aid Kits (Senior School)



APPENDIX 2: Location of First Aid Kits (Infant and Junior School)



APPENDIX 3: Contents of First Aid Kits

First Aid kits will contain a sufficient quantity of suitable First Aid materials in accordance with recommended guidelines.

At a minimum the First Aid kits will contain:

- A leaflet giving general advice on First Aid;
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- 2 sterile eye pads;
- 4 individually wrapped triangular bandages (preferably sterile);
- 6 safety pins;
- Six medium sized (approx. 12cm x 12cm) individually wrapped sterile unmedicated wound dressings;
- 2 large (approx. 18cm x 18cm) sterile individually wrapped wound dressings;
- 1 pair of disposable gloves

N.B. Equivalent or additional items are acceptable.

A minimum stock of First Aid provision is needed for a travelling First Aid container, including;

- A leaflet giving general advice on First Aid;
- 6 individually wrapped sterile adhesive dressings
- 1 large (approx. 18cm x 18cm) sterile, unmedicated individually wrapped wound dressing;
- 2 triangular bandages;
- 2 safety pins
- Individually wrapped moist cleansing wipes;
- 1 pair of disposable gloves;

N.B. Equivalent or additional items are acceptable. Additional items may be necessary for specialised activities.

Transport Regulations require that all minibuses and public service vehicles used either as an express carriage or contract carriage have on board a First Aid container with the following items;

- 10 antiseptic wipes, foil packaged;
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages;
- 1 pack of 24 assorted adhesive dressings;
- 3 large sterile unmedicated ambulance dressings (not less than 15cm x 20cm)
- 2 sterile eye pads, with attachments;
- 12 assorted safety pins;
- 1 pair of rustless blunt-ended scissors;

It is important that all First Aid containers are:

- Maintained in good condition;

- Suitable for the purpose of keeping the items referred to above in good condition;
- Readily available for use; and
- Prominently marked as a first-aid container.

APPENDIX 4: Cleaning Blood and Other Body Fluids / Guidance for the Avoidance of Needle-Stick Injuries and Blood-Borne Diseases

All spillages of body fluids including blood, faeces, saliva, vomit, nasal and eye discharge should be cleaned up immediately. Cleaning staff should be called to clean up blood and body fluid spillages. Staff should not do this themselves.

Maintenance staff must always use personal protective clothing, i.e. disposable non powdered vinyl or latex free CE marked gloves and disposable plastic aprons. Goggles should also be worn if there is a risk of splashes to the face.

When spillages occur, cleaning must involve the use of a product which combines both a detergent and disinfectant (used as per manufacturer's instructions) and ensuring it is effective against bacteria and viruses, and suitable for use on the affected surface.

NEVER USE mops for cleaning up blood and body fluid spillages use disposable paper towels and discard clinical waste in an appropriate fashion.

Single use biohazard kits are available from the caretaking staff.

Clinical Waste must always be segregated from domestic waste. Clinical waste should be stored in foot operated bins and disposed of appropriately. There is a clinical waste bag in the medical room.

Blood Borne Contamination Policy:

- **AIM:** To ensure the protection for staff when dealing with a First Aid situation where there is exposure to blood and other body fluids, by preventing possible contamination of blood borne infections such as AIDs and Hepatitis.
- **RATIONALE:** To offer protection to all staff through good practice. Guidelines as recommended by the Health Protection Agency.
- **WHERE:** All departments within the College and also to apply where possible to field trips, excursions and sporting events.
- **WHOM:** Lead First Aider, all First Aiders, teaching staff and non-teaching staff who may be involved in First Aid situations.
- **WHEN:** There is exposure to blood and other body fluids.
- **PROCEDURE:**
 - o Always use single use disposable gloves. Always cover any wounds or sores you have with plasters.
 - o If the casualty is able, encourage them to stem their own bleeding. For example, if it is a nosebleed they can use digital pressure.
 - o Unless it is absolutely essential do not allow other children to assist with treatments or with cleaning spillages, however if the casualty is over 16 years old and is considered well enough, they may clean their own spillage.

- o Place any soiled dressings in a plastic bag and pass on to the medical room for safe disposal.
- o Wash hands thoroughly following removal of gloves.
- o Worktops/surfaces, furniture, walls and floors should be cleaned. Contact reception who will contact the site team to arrange this.
- o Request replacement gloves, dressings or other equipment from the medical room.

If a First Aid situation occurs whilst out on a field trip or at a sporting event and hand washing facilities are not available, please use the cleaning wipes available in the First Aid boxes.

APPENDIX 5: Accident Form (Pupil)

Accident Record	
Report Number	<input type="text"/>

Accident Record	
Report Number	<input type="text"/>

Dear Parent,
This is to let you know that your child had an accident at school today.
After examining him/her you may feel it necessary to obtain medical advice.
The incident has been recorded at school and the information stored confidentially.

About the person who had the accident

Name

Year Form

About the person reporting the accident

Teacher/Pupil/Other Name

Department/Form

Details of the accident

When it happened Date Time

Where it happened

How did it happen

Details of injury (if any)

.....

Treatment given

.....

Details of person giving treatment

Name Dept/Form

Signature Date

The top copy of this form is to be sent to the pupil's parent or guardian.
The second copy of the form is to be sent to the school office for confidential storage.

Copy of this form is to be sent to the pupil's parent or guardian ☐ Copy of this form is to be sent to the school office for confidential storage ☐

APPENDIX 6: Accident Form (Staff)

☐ Report Number (consecutive)

☐ Report Number (consecutive)

+ Accident Record

1. About the person who had the accident

Name _____
Address _____
Postcode _____
Occupation _____

2. About you, the individual filling in this record

If you did not have the accident write your address and occupation.

Name _____
Address _____
Postcode _____
Occupation _____

3. Details of the accident (Continue on the back of this form if you need to)

When it happened. Date ____ / ____ / ____ Time _____
Where it happened. State location _____
How did the accident happen? _____
Give the cause if possible _____
If the person who had the accident suffered an injury, give details _____

4. Sign and date

Person filling in the record.

Print Name _____ Sign _____ Date ____ / ____ / ____

Person who has had the accident (as confirmation they agree the accident has been recorded accurately).

Print Name _____ Sign _____ Date ____ / ____ / ____

5. For the employer only

Complete this box if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

How was it reported? _____

Print Name _____ Sign _____ Date ____ / ____ / ____

APPENDIX 7: Asthma

AIMS

- 1) To encourage and help children with asthma to participate fully in all aspects of school life.
- 2) To recognise that asthma is a health problem affecting many school children.
- 3) To help children avoid the stigma sometimes attached to this chronic condition.
- 4) To do all it can to make sure that the school environment is favourable to children with asthma.

OBJECTIVES

- 1) To provide immediate access to inhalers.
- 2) To ensure that other pupils understand asthma so that they can support their friends.
- 3) Relievers: These are sometimes called Bronchodilators. They quickly open up the narrowed airways and help the child's breathing difficulties. Generally, relievers come in blue containers.
- 4) To ensure that staff will have a clear understanding of what to do in the event of a child having an asthma attack.
- 5) To work in partnership with parents, school governors, health professionals, college staff and pupils to ensure the successful implementation of this school asthma policy.

The College environment

The College will do all that it can to ensure that the college environment is favourable to pupils with asthma. The college does not keep furry and feathery pets on a long term basis and has a non-smoking policy. As far as possible it does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils will be encouraged to leave the room and sit in the medical room if particular fumes trigger their asthma.

When a pupil is falling behind in lessons

If the pupil is missing a lot of time from college because of asthma or is tired in class because of disturbed sleep and falling behind, the Lead First Aider or member of the pastoral team will talk to the parents about the situation. The College recognises that it is possible for children with asthma to have special educational needs because of asthma.

Asthma attack

All staff who come into contact with children with asthma will know what to do in the event of an asthma attack. Instructions on how to cope with an asthma attack are displayed in the staff room. A pupil is having an Asthma Attack if;

- Their Reliever (blue) inhaler hasn't helped
- They can't talk or walk easily and/or
- They're breathing hard and fast and/or
- They're coughing or wheezing a lot and/or
- They may also complain of tummy ache.

The college follows each pupils Asthma Action Plan;

- 1) Help them sit up straight and stay calm
- 2) Help them take a puff of their reliever (Blue) inhaler every 30-60 seconds, up to a maximum of 10 puffs.
- 3) Call for the Lead First Aider/ First Aider.
- 4) Call 999 for an ambulance if ;
- 5) Their symptoms get worse while they're using their inhaler
- 6) They don't feel better after 10 puffs
- 7) You're worried at any time, even if they haven't yet taken 10 puffs.
- 8) While you wait for an ambulance, reassure the pupils. Repeat step 2 if the ambulance takes longer than 15 minutes.
- 9) Always call 999 if you don't have access to a reliever inhaler.
- 10) A spare generic reliever (blue) inhaler is available from the College nurse office for emergency use.
- 11) If you don't need to call 999 because the pupils symptoms improved after using their reliever inhaler, then the parents should be asked to make an urgent same day GP appointment.

NOTE: A pupil should always be taken to hospital in an ambulance. School staff should not take them by car as the child's condition may worsen very quickly.

Mild exacerbation of asthma

Minor attacks should not interrupt a pupil's involvement in college. When they feel better they can return to college activities. The pupil's parents must be told of the attack.

Exercise in College

All pupils with asthma will be encouraged to participate in sport as much as they are able. The college recognises that many pupils with asthma become wheezy during exercise. Pupils will be encouraged to use their reliever inhaler before exercise and to keep it close to hand during exercise. The following steps will be followed when a pupil who has asthma participates in exercise.

- 1) Inform the PE teacher or sports coach they have ASTHMA
- 2) Inform their PE teacher/sports coach if they are experiencing a period of increased symptoms, during hay fever season or if they have a cold.
- 3) Keep their reliever inhaler (blue) with them at all times.

- 4) Stop exercising if they start to get any asthma symptoms. Coughing, wheezing, tight chest or breathlessness) - Take reliever and wait at least 5 minutes after symptoms have disappeared before exercising again.
- 5) Get help immediately if the pupil is having an asthma attack.

Times when extra care may be needed.

- 1) The autumn term sees a rise in exacerbation of children's asthma as the contact with people experiencing cold/flu symptoms increases.
- 2) Dealing with stress- Feelings of stress can be a trigger for asthma- staff to be aware and make provisions.
- 3) Hay fever symptoms often trigger asthma symptoms.

Storage of reliever medication

Every pupil will be encouraged to name their inhaler and keep it with them either in a pocket or in their school bag. If the pupil is considered too young to be responsible for their own inhaler it will be stored in a safe but accessible place and this will be discussed with the pupil's parent and Lead First Aider or First Aider when the pupil joins the school. The Lead First Aider keeps stock supplies of the main reliever medication in the medical room. This is only for use in an emergency and can only be given to a pupil who is a known asthmatic and whose current medication is documented in the pupil's medical records. Consent will be needed to allow the use of the central reliever to be used in an emergency situation, this will be documented on the pupils School Asthma Card. (kept in the Lead First Aider office and electronically on each pupil's file.)

It is good practice for younger pupils to have a spare inhaler marked with their name and stored with their class teacher. This will be discussed with parents at their pupil's entry to college. Make sure inhalers are taken on school trips. It is good practice for staff to remind pupils of this prior to each school trip.

Information for Staff

Please refer to the Asthma UK website if you want more information on asthma:
www.asthma.org.uk

As soon as a pupil is able, they should be allowed to keep their inhaler with them at all times. This decision will be taken in conjunction with parents and college staff. All inhalers should be named and stored by the pupil in a safe but accessible place. For example their school bag in Senior School. A record of each pupil's medication will be kept in the medical room and checked by the Lead First Aider at each routine health check or medical.

APPENDIX 8: Epilepsy

This section has been written with information provided by Epilepsy Action, the DfE, the local authority and the school health service.

Introduction

Epilepsy is a common condition affecting children and Abbey Gate College welcomes pupils with epilepsy to the college and supports such pupils in all aspects of college life, encouraging them to achieve their full potential. This will be done by having a policy in place which is understood by all school staff and supply staff and by ensuring that relevant staff receive training about epilepsy and administering emergency medicines.

What to do when a child with epilepsy joins our school

When a child with epilepsy joins Abbey Gate College or a current pupil is diagnosed with the condition, the Lead First Aider will arrange a meeting with the pupil, parents, Learning Enrichment, Epilepsy Specialist Nurse (where possible) and Head of Year as appropriate. This meeting will establish how the pupil's epilepsy may affect their college life. This should include implications for learning, playing and social development, and out of school activities. They will also discuss any special arrangements the pupil may require e.g. the giving of emergency medication and extra time in exams. With the pupil and parents' permission, epilepsy will be addressed with all the teaching staff. Children in the same class will be introduced to epilepsy in a way they will understand. This will ensure the child's classmates are not frightened if the child has a seizure in class.

Record Keeping

Parents will be asked to complete an Individual Health Care Plan for Epilepsy (IHCPE) giving details of the pupil's medical and health care needs. This will include issues such as agreeing to administer medicines and staff training needs. This form will be stored with the pupil's medical records (Lead First Aider) and updated regularly. Staff will be notified of any changes in the pupil's condition through regular staff briefings. This will make staff aware of any special requirements such as seating the pupil facing the class teacher to help monitor if the pupil is having absence seizures and missing part of the lesson. The Head of Learning Enrichment will complete an entry on the LDD register.

Medicines

The Individual Health Care Plan will identify any medications for First Aid use which the staff need to be aware of. In particular, it will state whether the pupil requires emergency medication, and what it is. It will also contain the names of the staff trained to administer the medicine. If the pupil requires emergency medication the correct storage and giving procedures can be found in the school's First Aid, Administration of medicines and supporting those with medical conditions and their IHCPE.

First Aid

First Aid for the pupil's seizure type will be included on their Individual Health Care Plan and all staff including support staff will receive basic training on administering First Aid. The following procedures giving basic First Aid for seizures:

Tonic-clonic (convulsive) seizures

[Tonic-clonic seizures](#) are the type of seizure most people recognise. They used to be called grand mal seizures. Someone having a tonic-clonic seizure goes stiff, loses consciousness, falls to the floor and begins to jerk or convulse. They may go blue around the mouth due to irregular breathing. Sometimes they may lose control of their bladder or bowels, and bite their tongue or the inside of their mouth.

Here's how to help if you see someone having a tonic-clonic seizure.

Do:

- Protect them from injury (remove harmful objects from nearby)
- Cushion their head
- Time how long the jerking lasts
- Aid breathing by gently placing them in the recovery position once the jerking has stopped (see picture)
- Stay with them until they are fully recovered
- Be calmly reassuring

Don't:

- Restrain their movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round **Call for an ambulance if:**
- You know it is their first seizure **or**
- The jerking continues for more than five minutes **or**
- They have one tonic-clonic seizure after another without regaining consciousness between seizures **or**
- They are injured during the seizure **or**
- You believe they need urgent medical attention

Focal seizures

You may also hear this type of seizure called a partial seizure. Someone having a [focal seizure](#) may not be aware of their surroundings or what they are doing. They may have unusual movements and behaviour such as plucking at their clothes, smacking their lips, swallowing repeatedly or wandering around.

Here's how to help if you see someone having a focal seizure.

Do:

- Guide them away from danger (such as roads or open water)
- Stay with them until recovery is complete
- Be calmly reassuring
- Explain anything that they may have missed

Don't:

- Restrain them
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume they are aware of what is happening, or what has happened
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call for an ambulance if:

- 1) You know it is their first seizure **or**
- 2) The seizure continues for more than five minutes **or**
- 3) They are injured during the seizure **or**
- 4) You believe they need urgent medical attention

Learning and Behaviour

Children with epilepsy can have specialised educational needs because of their condition. Following the initial meeting, staff will be asked to ensure the pupil is not falling behind in lessons. If this starts to happen discussion with the Head of Learning Enrichment will take place and appropriate action taken.

College Environment

The College recognises the importance of having an environment that supports the need of children with epilepsy. The medical room is available and equipped with a bed in case a child needs supervised rest following a seizure.

The above epilepsy practice applies equally within the College and any outdoor activities organised by the College. This includes activities taking place on the school premises, and residential stays. Any concerns held by the pupil, parent or member of staff will be addressed at a meeting prior to the activity or stay taking place and completes an Epilepsy action checklist. (this can be accessed from the Lead First Aider or electronically).

APPENDIX 9: Diabetes

The College aims to encourage and help pupil with diabetes to participate fully in all aspects of college life.

Description of clinical condition

Of the pupils who have diabetes, most have Type 1, requiring treatment with insulin. The body is unable to produce insulin to regulate the amount of sugar in the blood.

Requirements in College

Most pupils who require insulin injections during the school day will be independently responsible. A private place to give the injection will be offered and arrangements will be made so that they do not miss their lunch with their peers. Younger pupils may require assistance their injections and staff, who are comfortable to do this, will receive training from a specialist nurse.

Diabetic pupils are increasingly using insulin pumps. The Lead First Aider will attend training offered by the pupil's diabetic team and will feedback to staff as appropriate. Spare equipment for the pump will be stored in the medical room. First Aid staff will not be asked to change the pupil's equipment unless specifically trained to do so.

Complications at college – HYPOGLYCAEMIA

Hypoglycaemia happens when blood glucose levels fall too low (below 4mmol/l). Most children and families will call it a 'hypo'. You need to be aware that children with diabetes are likely to have hypos from time to time and they can come on very quickly. Sometimes there's no obvious cause, but usually it's because the child:

- has had too much insulin
- hasn't had enough carbohydrate food
- has been more active than usual.

Most children will have warning signs of a hypo.

These warning signs can include:

- feeling shaky
- sweating
- Hunger
- Tiredness
- blurred vision
- Lack of concentration
- Headaches
- feeling tearful, stropky or moody
- going pale.

Symptoms can be different for each pupil and the pupil's parent or carer can tell you what their specific warning signs are. They will also be listed in the pupils IHCP-Diabetes. (located in the Lead First Aider office or electronically in the pupil's file.)

Treating a hypo

Hypos must be treated quickly. Left untreated, the blood glucose level will continue to fall and the child could become unconscious or have a seizure. Some pupils will know when they are going hypo and can treat it themselves, but others, especially if they're younger, newly diagnosed or have learning difficulties, might need help. A pupil should not be left alone during a hypo or be made to go and get the treatment themselves. Recovery treatment must be brought to the pupil.

In the event of a Pupil having a hypo, here's what to do:

If a pupil's blood glucose levels are too high or too low while at college, they might start to feel unwell.

- 1) Check the pupil's blood glucose level (when possible).
- 2) Immediately give them something sugary to eat or drink, like Lucozade, a non-diet soft drink, glucose tablets or fruit juice*.
- 3) After 10–15 minutes, check the blood glucose level again. If the level is still low, repeat step 2.
- 4) Check the blood glucose level again in another 20–30 minutes to make sure that they have returned to normal.

People with diabetes may be prone to episodes of low blood sugar (hypoglycaemia) or 'hypos'.

Once a hypo has been treated and the blood glucose has returned to a normal level there is no reason why they can't continue with their lessons. However, it can take up to 45 minutes for a child to fully recover. They should have easy access to their hypo treatments and should be allowed to eat or drink whenever they need to, to prevent or treat a hypo. All school staff should know the signs of a hypo and what to do should a pupil have one.

Unconsciousness

In the unlikely event of a pupil losing consciousness, do not give them anything by mouth.

Place them in the recovery position (lying on their side with the head tilted back). Call the Lead First Aider/First Aider.

Call an ambulance, tell them the child has Type 1 diabetes and then contact their parent or carer.

All parents have an emergency injection of glucagon (a hormone that raises blood glucose levels), which can be given if a pupil becomes unconscious, and in some cases this will be available in school **ONLY** by the Lead First Aider (if previously agreed with parents)

Hyperglycaemia (hyper)

Hyperglycaemia happens when blood glucose levels rise too high. Most children and families will call it a 'hyper'. All children are likely to have high blood glucose levels sometimes and they might happen because the child:

- has missed an insulin dose or hasn't taken enough insulin
- has had a lot of sugary or starchy food
- has over-treated a hypo
- is stressed
- is unwell
- has a problem with their pump.

Treating a hyper

Depending on how a pupil takes their insulin, if their blood glucose is only high for a short time, treatment may not be needed. But if blood glucose has been high for some time, treatment may include:

- taking an extra dose of insulin
- drinking plenty of sugar-free fluids
- testing the blood or urine for ketones.

Pupils on pumps will need to treat high blood glucose levels more quickly.

Pupils with diabetes will need to plan for physical activity, which includes checking their blood glucose levels carefully and making sure they drink enough fluids.

So they may need to:

- have an extra snack before/during/after physical activity
- alter their insulin dose

Day trips

Depending on what's planned for the trip, you might not need to make any adjustments to the pupil's usual school routine. Things to take on a trip include:

- Insulin and injection kit, for a lunchtime injection or in case of any delays over their usual injection time
- Blood testing kit
- Hypo treatments (see highs and lows section)
- pump supplies (if appropriate)
- Extra food or snacks in case of delays
- Emergency contact numbers.

The pupil's parent, carer or Lead First Aider will be able to tell you of any adjustments that need to be made.

Overnight stays

When staying overnight on a school trip, a pupil who injects will need to take insulin injections and test their blood glucose levels (which may include testing at night), even if these aren't usually done in college.

If the pupil can't do their own injections, manage their pump or test their blood glucose levels, they'll need to be done by a trained member of staff. School staff should meet with the pupil's parent, carer and Lead First Aider well in advance of the trip to discuss what help is required and who will assist the child. School residential/trip record should be completed and adhered to for the duration of the trip/stay (located in the Lead First Aider office or electronically).

The Lead First Aider keeps Glucogel in the medical room and can be used if the pupil is unable to eat but should not be used if the pupil is unconscious.

If Hypos are occurring frequently this information should be shared with the parents and the school medical team.

Responsibilities

- 1) The diabetic nurse specialist is often the first point of contact for patients/parents if specific advice is required. The individual's diabetic nurse will provide necessary training to school staff.
- 2) The Lead First Aider will follow this up with advice and information and liaise in provision of relevant clinical guidance. She will ensure that staff are aware that they have diabetic pupils in their class. She will disseminate information to other staff for example the PE staff about diabetes, the symptoms of hypo's and treatment.
- 3) Parents will inform school of their child's condition, symptoms and treatment, will keep school informed of changes to treatment and provide school with relevant snacks and drinks.

Equipment and facilities

Safe storage of insulin: Most pupils will be responsible for their own insulin if it is required during the school day. It should be labelled with the pupil's name and appropriate directions. Insulin pens are kept with individual pupils and a 'bum bag' or pencil case are suggested for its storage. It is good practice to keep spare insulin cartridges in the medical room fridge.

Parents are asked to ensure they return a 'Request for Medication' form and a medical update form to help update the pupil's IHP at the beginning of each school year. This is stored in the Medications folder in the Lead First Aiders office.

Documentation

Every diabetic pupil will have an individual health care plan for a child or young person in the educational setting who has diabetes. (Located in the Lead First Aider

office or electronically on the pupils file) completed by the Lead First Aider and parents and Diabetes Nurse Specialist (where possible). This will be updated on a yearly basis with a confidential medical update form.

APPENDIX 10: Anaphylaxis

In order to deal effectively with a severe allergic reaction, the Lead First Aider must provide information regarding the management of anaphylaxis and advice to all staff. A severe allergic reaction may occur at any time when a pupil comes in to contact with her allergen/causative agent. The pupil may be anywhere in the college when a reaction occurs. Treatment will take place 'on the spot'.

It is the Lead First Aider's responsibility to ensure that all staff are aware of susceptible children. Training will be given annually at a staff meeting to remind all staff how to respond in an event. Advice and information notices will be displayed in the staff room. Training will be given to staff accompanying pupils on school trips.

Pupils who have had severe allergic reactions will be prescribed Adrenaline in premeasured doses, in the form of EpiPens, Jext or Anapens. They should have two EpiPens in school at all times. Most pupils will keep one in their school bag and store one in a named box in the medical room. They should also have antihistamine tablets/syrup with them and in the medical room. Some pupils are only prescribed antihistamines and these should be kept in the medical room and with the pupil if appropriate. Storage of medication to be discussed with each individual parent and appropriate notes will be added to the pupil/ staff file. Please note some pupils have allergies but have no medication and just avoid their allergen.

All pupils are to keep a copy of their Care Plan in the First Aid room (with their spare AAI Adrenaline auto injector)

It is the parent's responsibility to ensure the EpiPens are still in date. Expiry alert service will be actioned by the Lead First Aider for every AAI.

EpiPens are stored along with pupil's photographs and details of their prescribed treatment in a file in the First Aid room. Copies of photographs are displayed in the Senior School staff room, and the Infant and Junior School Staff room.

Pupils going on school trips take their own EpiPens/antihistamine tablets with them and the teacher in charge takes the second set of medication from the Medical Room.

In the event of a suspected allergic reaction call help from the Lead First Aider or in her absence one of the 'anaphylaxis team' see list on display in Staff Room. Refer to pupil's **Allergy Action Plan**.

The Symptoms of Anaphylaxis

- Difficult or noisy breathing
- Swelling of tongue and/or throat
- Difficulty in swallowing or speaking
- Vocal changes (hoarse voice)
- Wheeze or persistent cough or severe asthma.

- Stomach cramps or vomiting after an insect sting
- Dizziness / collapse / loss of consciousness (due to a drop in blood pressure) (floppiness in babies)

Treatment for Anaphylaxis

If someone is having an anaphylactic shock:

The first line treatment for severe symptoms is adrenaline (epinephrine) given by an injection into the upper outer muscle of the thigh. Adrenaline given in this way is a safe treatment and you should not hesitate to use it if required. It starts to work within minutes, reducing swelling, relieving wheeze and improving blood pressure.

CALL FOR HELP- Lead First Aider/First Aider

Adrenaline is life saving and must be used promptly in anaphylaxis. Delaying the giving of adrenaline can result in deterioration and death. This is why using an adrenaline device is the first line treatment for anaphylaxis.

IF IN DOUBT, GIVE ADRENALINE FIRST and then call for help."

- 1) Do not wait to see if the symptoms clear up – call an ambulance immediately. All patients receiving emergency adrenaline should be transported to hospital for further care. Dial 999 and inform the controller that the pupil is suffering from anaphylaxis.
- 2) Adrenaline is a short-acting drug and the effects will wear off quite quickly. If there is no response to the initial injection, current recommendations are to give a further adrenaline dose after 5 minutes.

If you are suffering from an anaphylactic shock, you should use your adrenaline pen immediately. While waiting for the ambulance, it is better if you lie down as this helps to maintain your blood pressure and avoids injury if you faint. You may be more comfortable with your shoulders raised a bit if you feel wheezy or short of breath. The Lead First Aider will contact parents after the event if the reaction is only mild.

Maintenance staff to wait outside the school to direct the ambulance to the child

All pupils suspected of having a severe allergic reaction should be transferred to the A&E department by ambulance even if they appear to have fully recovered. (A further reaction may occur when the adrenaline wears off).

The College will stock a spare emergency AAI located in the Senior School First Aid Room and the Infant and Junior School medical room.

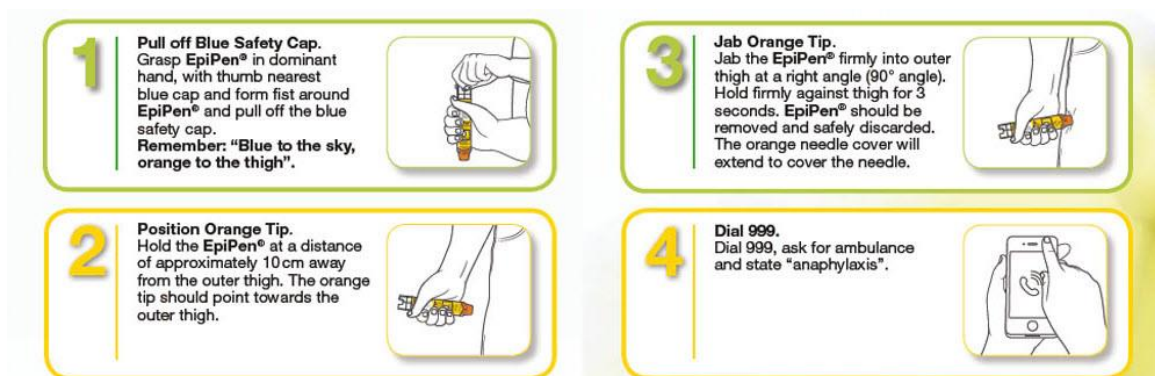


Image taken from: <http://www.epipen.co.uk/patients/epipenr-user-guide>

Catering

The catering department have a 'no nut policy' – this is a whole school policy. No food that obviously contains nuts will be brought into school by children or staff either. Notices are displayed around the College.

Parents, Staff and Pupils are asked not to bring nuts on site. However, parents and staff acknowledge the risk of foods being offered by other pupils.

Action to be taken when a new diagnosis of Anaphylaxis risk is made

- Discuss the protocol with parents and Lead First Aider.
- Establish where medication is to be stored
- Request AAI to be in College (Pupil keeps 1 with them and 1 to be kept in Lead First Aider office)
- Request Allergy Action Plan from parents.
- Issue Request for Medication form and Healthcare Plan for parents to complete which will be stored in the medical room.
- Add more information to the black folder in the medical room, medical notes and photo board in staff room
- Check staff involved with the care of the pupil are up to date with training

APPENDIX 11: Head Injury

Any pupil who has had a head injury should be assessed by a First Aider or the Lead First Aider. A pupil may have suffered from a significant head injury if any of the following symptoms are shown, and someone with a head injury needs to go to the hospital's emergency department (A&E) as soon as possible if anything in the box below applies. This should be by ambulance if needed.

- Unconsciousness or lack of full consciousness, even if the person has now recovered.
- Any clear fluid running from the ears or nose.
- Bleeding from one or both ears.
- Bruising behind one or both ears.
- Any signs of skull damage or a penetrating head injury.
- The injury was caused by a forceful blow to the head at speed (for example, a pedestrian hit by a car, a car or bicycle crash, a diving accident, a fall of 1 metre or more, or a fall down more than 5 stairs).
- The person has had previous brain surgery.
- The person has had previous problems with uncontrollable bleeding or a blood clotting disorder, or is taking a drug that may cause bleeding problems (for example, warfarin).
- The person is intoxicated by drugs or alcohol.
- There are safeguarding concerns, for example about possible non-accidental injury or because a vulnerable person is affected.
- The person also needs to go to hospital as soon as possible if they have developed any of the following since the injury happened:
 - Problems understanding, speaking, reading or writing.
 - Loss of feeling in part of the body or problems with balancing or walking.
 - General weakness.
 - Changes in eyesight.
 - A seizure (also known as a convulsion or fit).
 - Problems with memory of events before or after the injury.
 - A headache that won't go away.
 - Any vomiting.
 - Irritability or altered behaviour such as being easily distracted, not themselves, no concentration, or no interest in things around them. This is particularly important in babies and children under 5.

If the head injury is minor and the pupil appears well a head injury letter should be sent home with the pupil. The pupil can then return to class but should be observed. If the Lead First Aider or First Aider has any concerns about the pupil she should contact parents or if they are not contactable leave a message.

The Lead First Aider is able to give Paracetamol or Calpol for pain but observe effect.

Even if there is a loss of consciousness however minor, the pupil should be transferred to A&E for a full assessment by ambulance immediately if the Lead First Aider /First Aider feels it is necessary.

If still unconscious call for an ambulance.

Significant concussion

Any of the following signify significant concussion:

- Pre or Post Traumatic Amnesia: *What happened to you? What is the score? Who are you playing?*
- Headache
- Confused speech/vagueness

If significant concussion is suspected the pupil must take no further part in activities and should be assessed and transferred for medical assessment.

If the pupil does attend A&E resumption of games should be discussed and the PE staff informed.

APPENDIX 12: Defibrillator (AED) Guidance

The aim is to provide guidance on the use of the Automated External Defibrillator at AGC.

In the interest of improving the standards of welfare and medical care to all individuals on site an AED is situated at the Senior School Reception. Primarily it is to be used by trained personnel in the course of providing First Aid to any person suffering a cardiac arrest whilst on the premises. The likelihood of its use is low. The school's postcode is clearly labelled on the AED to facilitate a swift ambulance response.

Rationale/Legal Basis

The Resuscitation Council (UK) sets the standard for resuscitation training for both the general public and healthcare professionals. Their advice on the use of defibrillators is that 'Electrical defibrillation is well established as the only effective therapy for cardiac arrest due to ventricular fibrillation or pulseless ventricular tachycardia. The scientific evidence to support defibrillation is overwhelming, the single most important determinant of survival being the delay from collapse to delivery of the first shock. The chances of successful defibrillation decline at a rate of 7-10% with each minute; basic life support will help sustain a shockable rhythm but is not a definitive treatment.

The chances of survival following cardiac arrest are considerably improved if appropriate steps are taken to deal with the emergency. These steps form the concept of 'The Chain of Survival' and are:

- Recognition of cardiac arrest
- Early activation of appropriate emergency services
- Early basic life support
- Early defibrillation
- Early advanced life support

Increased provision of early defibrillation through the widespread deployment of AED's is now considered a realistic strategy for reducing mortality from cardiac arrest due to ischemic heart disease. The Resuscitation Council (UK) strongly recommends the implementation of early defibrillation.

The deployment of a defibrillator at AGC accords with the intent of the Government White Paper entitled Saving Lives: Our Healthier Nation.

Supervision of the Defibrillator Programme

In order that all training is carried out in accordance with current guidelines and that appropriate training standards are maintained the Lead First Aider will:

- Ensure that all designated First Aiders will complete an appropriate First Aid course

- Will undertake AED training with all appropriately trained First Aiders who wish to be part of the programme, on a yearly basis.
- Will attend AED training with an outside agency on a yearly basis in line with good practice.
- Ensure that all records of staff trained in First Aid and in the use of the AED are up to date.
- Will check the AED every two weeks for battery life and function
- Will keep up to date with current practice
- Will liaise with the North West Ambulance Service, First Response Manager for advice and support

Notes

- AED's will be placed where they are most likely to be used.
- They will be placed on a wall mounted bracket as they need to be accessible at all times.
- Staff and pupils will be alerted to its presence

APPENDIX 13: Coronavirus (COVID-19)

The College will follow the government guidance, as relevant and applicable, in regards to how to manage pupils, staff or visitors with symptoms of COVID-19. The primary aim will be to isolate the person who is unwell, and protect as much as possible and reasonable any individual who is any close contact with them.

Government guidance can be found at:

<https://www.gov.uk/government/publications/guidance-to-educational-settings-about-covid-19/guidance-to-educational-settings-about-covid-19>

COVID-19 Symptoms

The most important symptoms of coronavirus (COVID-19) are recent onset of any of the following:

- a new continuous cough
- a high temperature
- a loss of, or change in, your normal sense of taste or smell (anosmia)

Further information is in the College's related COVID-19 policies.

APPENDIX 14: First Aid Training

The master version of this list is held by the Lead First Aider.

Member of Staff	Role	Qualification	Expiry Date
FOULKES, Georgina	Support (TA)	Paediatric First Aid	15/11/2023
Greening Susan	Support	Paediatric First Aid	15/12/2025
KINSEY, Annette	Support (TA)	Paediatric First Aid	27/11/2024
JONES, Wendy	Support (TA)	Paediatric First Aid	14/01/2025
HIGGINS, Alex	Support (TA)	Paediatric First Aid	2/13/2025
TOMLINS, Sarah	Teacher	Paediatric First Aid	14/01/2025
Turner Emily	Teacher	Paediatric First Aid	15/09/2025
WILLIAMS, Amanda	Teacher	Paediatric First Aid	17/05/2025
TOMLINS, Sarah	Teacher	Managing Medication in School	Awaiting certificate
BUTCHER, Paul D	Teacher	First Aid at Work	21/01/2025
DUKES, Jane	Teacher	Emergency First Aid	09/01/2025
FAITHFULL, Christine	Teacher	Emergency First Aid	09/01/2025
HICKEY, Marie	Head of I and J	Emergency First Aid	09/01/2025
HALL, Sue	Teacher	Emergency First Aid	09/01/2025
NEWMAN, Eleanor	Teacher	Emergency First Aid	09/01/2025
PARRY, Susan	Teacher	Emergency First Aid	09/01/2025
PARKER, Laura	Teacher	Emergency First Aid	09/01/2025
RICHARDS, Wendy	Teacher	Emergency First Aid	09/01/2025
Member of Staff	Role	Qualification	Expiry Date
SHECKLEY, Patricia	Lead First Aider	Paediatric First Aid	14/01/2025
SHECKLEY, Patricia	Lead First Aider	First Aid at Work	24/01/2025
SHECKLEY, Patricia	Lead First Aider	Concussion Awareness	N/A
BAILEY, Kevin	Teacher	Concussion Awareness	N/A
CUTLER, Chris	Teacher	Concussion Awareness	N/A
AUSTEN, Andrew	Teacher	First Aid at Work	16/02/2026
BAILEY, Kevin	Teacher	First Aid at Work	27/08/2024
GARCIA- ESTRADA Elena	Teacher	Community First Responder	Updated yearly
CUTLER, Christopher P	Teacher	First Aid at Work	02/02/2024
Jackson Vern	First Aider	First Aid at Work	30/09/2025
JONES, Emma	Teacher	First Aid at Work	24/01/2025
ROWETT, Daniel	Teacher	First Aid at Work	15/09/2024
SANDERS, Emma	Teacher	First Aid at work	16/05/2025
Hannah Wood	Teacher	First Aid at Work	02/02/2025
HORSEFIELD, Simon	Teacher	Emergency First Aid	29/06/2025
LEATHERBARROW Emma	Teacher	Emergency First Aid	05/08/2025
Stockley Dave	Teacher	Emergency First Aid	29/06/2025