Auckland College Independent School

Every Pupil Matters, Every Moment Counts

First Aid Policy

Document Control

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Table of Contents

First Aid Policy

Statement of intent

Auckland College's First Aid Policy is guided by nine key principles to ensure the safety and well-being of all individuals on the premises.

Firstly, the Governing Body holds the responsibility for approving, implementing, and periodically reviewing the policy. Additionally, all employees have specific duties to uphold in maintaining a safe environment.

The school commits to reporting, recording, and, where necessary, investigating all accidents to ensure correct follow-up and prevention of future incidents. Every instance of first aid administered to employees, pupils, or visitors is systematically documented.

To facilitate effective first aid response, the school provides appropriate equipment and materials necessary for treatment. It also ensures that staff receive appropriate first aid training, maintains records of such training, and conducts annual reviews to keep skills up to date. A clear procedure is established for handling accidents that require first aid, ensuring a structured and efficient response.

Employees are informed of the school's first aid arrangements, so they are aware of their responsibilities and available resources.

Lastly, a comprehensive risk assessment is carried out to evaluate the school's first aid requirements, ensuring that provisions remain sufficient and effective in addressing potential risks.

Guidance

The policy has been written considering guidance from the Health & Safety Executive and the Department for Education.

Risk Assessment

Conducting a risk assessment for First Aid requirements is essential to ensure adequate provisions are in place. This process involves identifying pupils with specific medical conditions, such as asthma or allergies, recognising potential hazards within the school environment, determining appropriate situations that require additional medical assistance, and maintaining accurate records of all treatments administered.

Roles and Responsibilities

The Responsible Team

Administration team regularly check that materials and equipment are available. The Administration team will order new materials when supplies are running low.

The school has First Aid stations installed in the main school office, science lab, the sick bay, the kitchen, and in the Hall. The appointed person checks the containers each week to ensure that these stations are fully stocked.

There is a portable first aid bag stored in the school office for trips. It is the responsibility of the adults on the trip to notify the appointed person if stocks in the trip bag are running low.

Science Room:

There is a fully stocked First Aid Box in the science room. This is specifically stocked to meet the needs of first aid during science lessons. The First Aid Box in the science room is regularly checked by the Appointed Person. There is also a wall mounted first aid station installed in the science room to be used for all purposes.

Playground:

There is a First Aid station in the Reception. For dealing with accidents/incidents on the playground, staff should follow the 'First Aid Flowchart' (appendix 1). Any major accident needs to be reported to the appointed person: Christine Simm, in case of her absence these should be reported to the Headteacher. If an ambulance is called the Headteacher needs to be notified immediately, (or the person in charge).

Staff

All staff should be aware of available First Aid personnel, facilities, and the location of First Aid boxes and information. This information is available on the SharedDrive. A list of Qualified First Aiders is available on displays situated around the building and on SharedDrive.

First Aiders are required to complete a recognised First Aid course approved by the Health and Safety Executive (HSE) and must attend refresher training every three years. They should be dependable, possess strong communication skills, remain calm under pressure, and be capable of quickly learning and applying new knowledge. A list of staff members with First Aid responsibilities or relevant training is available on the school's SharedDrive..

- Adequate First Aid coverage will be ensured across the whole school and during break times. The Appointed Person and Headteacher is responsible for overseeing and maintaining high standards of First Aid practice within the school, as well as at all school-organised events and activities. A minimum of two qualified First Aiders will be present on-site whenever children are in attendance. In Early Years

Foundation Stage (EYFS) settings, the majority, if not all, staff members are trained in Paediatric First Aid (PFA).

- According to the Health and Safety Executive (HSE), First Aid does not typically include the administration of medication; however, there are no legal restrictions preventing it. If a pupil has a long-term medical condition requiring medication, it may be administered by a trained First Aider or self-administered where appropriate, provided parental consent has been obtained. Additionally, First Aiders who have received the necessary training are permitted to use Epi - Pens. A comprehensive list of pupils with specific medical conditions, such as asthma, epilepsy, and diabetes, is displayed on staff notice boards and Reception for easy reference.
- First Aid provision is always available, including out of school trips, during PE and other times the school facilities are used e.g. Summer Fair.

A log is kept of all staff that are First Aid trained, this has their qualification date and the date of expiry of their qualification (3 years). Staff whose First Aid qualification is ready to expire will be notified and invited to attend a refresher course.

There is 1 AED (De-fib) machine, which can be accessed on the Middle Floor. The machine is clearly marked, easily accessible and all staff are aware of its location.

All staff are given information on the provision of First Aid at their induction.

Reporting & Recording of Incidents

We have a duty to report incidents that involve the:

- Health & Safety at Work Act 1974;
- Social Security Regulations 1979 and
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 – HSE Guidelines attached.

Procedures

While every effort is made to minimise the risk of accidents, we acknowledge that they may still occur. Any incident involving pupils, staff, parents, or visitors, regardless of its severity, will be documented and reported accordingly.

Cuts

The nearest adult deals with small cuts. All open cuts should be covered after they have been treated with a cleansing wipe. Any adult can treat severe cuts, however a fully trained first aider must attend the patient to give advice. Minor cuts should be recorded in the accident file on School Pod. Severe cuts should be recorded in the accident file on School Pod and parents informed by phone call.
A major incident form needs to be filled out by the person dealing with the injury and given to the parents. Major injuries need to be reported to the appointed person.

ANYONE TREATING AN OPEN CUT SHOULD USE RUBBER GLOVES.

Head injuries

Any bump to the head, no matter how minor is treated as serious. The adults in the child's classroom should keep a close eye on the child. All bumped head accidents should be recorded in the accident log on School Pod. Children with a bumped head should have parents notified by telephone immediately.

Children who have a concussion after a head injury will need to be taken to hospital.

Allergic reaction

In case of a less serious allergic reaction a first aider should examine the child and follow care plan instructions.

Please also see the section on 'Arrangements for Medicine at school'.

Members of the maintenance or housekeeping team will be responsible for cleaning up any bodily fluids and disposing of them in the Yellow Bag (Clinical Waste) located in the Basement Cleaning Room (unless otherwise advised by any attending medical personnel). Normal hygiene procedures must be adhered to during this process i.e. absorbent crystals, gloves and aprons.

Record Keeping: First Aid and Medicine files

Accident forms are completed online via SchoolPod during the school day. Any accident happening in breakfast, afterschool club or Holiday club will have a paper form completed and these will be stored in a file with the Lead TA. The senior practitioner will review the accident forms on a weekly basis.

The contents of these files are collected at the end of the academic year by the appointed person and kept together for a period of 3 years as required by law. The school follows the HSE guidance on reportable accidents/ incidents for children and visitors.

Employees/ staff:

The school has a responsibility to provide first aid to all staff. In case of an accident/incident staff should seek First Aid from any of the qualified First Aiders. All First Aid treatment to staff should be recorded on an accident form that can be obtained from the office/SchoolPod and is reported to the appointed person. In case an accident/incident results in the individual being taken to hospital, where they receive treatment and are absent from work for 3 days or more, the appointed person needs to be notified. The appointed person and the Headteacher will review the accident/ incident and will decide if it needs to be reported to the HSE.

Notifying parents

The school complete accident forms via SchoolPod or paper versions in Out of Hours Care. Telephone calls are made to parents with regards to any injury from the neck upwards.

Arrangements for Medicine in school

Administering medicine in school

At the beginning of each academic year, any medical conditions are shared with staff. Children with Medical conditions must have a care plan provided by a professional and signed by parents/ guardians. These need to be checked and reviewed regularly.
Medications kept in the school for children with medical needs, are stored in the school office. Each child's medication is in a clearly labelled container with their care plan. All medicines in school are administered following the agreement of a care plan.

Asthma

Children with Asthma do not require a care plan. It is the parents'/carers responsibility to provide the school with up-to date Asthma Pumps for their children. Adults in the classroom are to check the expiry date on the pumps regularly (at the end of each half-term) and inform parents should the pumps expire or run out. Asthma pumps should be carried by the person who it has been prescribed to and clearly labelled with the child's name. Asthma sufferers should not share inhalers. Only Blue (reliever) Asthma Pumps should be kept in schools.

Short term prescriptions

Medications such as the short-term use of antibiotics or painkillers can be administered only if the parent /guardian fill out the 'Parental consent form for administering medicine' form on the day the request is made. The form can be obtained from the school office. Parents need to give the completed form to the school office together with the medication. The office is to notify the person responsible for medicine, Christine Simm, who will administer it. A completed copy of the 'Parental consent form for administering medicine' form must be kept. Medications that need to be kept in the fridge can be stored in the Medicine Fridge which is located in the office. Children must always be aware of where their medication is kept. If a child refuses to take a medicine, staff should not force them to do so. Instead, should note this in records and inform parents/ carers or follow agreed procedures or the Care Plan.

Record keeping - Medicine

Staff should record any instances when medicine is administered. The records need to include, date and time of medicine administered, its name and the dose given, signed by the person responsible for administering the medicine. Older children may take their own medicine under the supervision of an adult; this need to be recorded, and the adult still needs to sign the record sheet. Record sheets are in the office.

Calling the Emergency services

In case of a major accident, it is the decision of the fully trained first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision. The Headteacher should be informed if such a decision has been made, even if the accident happened on a school trip or on school journey. If the casualty is a child, their parents/ guardians should be contacted immediately and given all the information required.

If hospitalisation is required and the parent or guardian is unavailable, a member of staff will accompany the pupil along with all relevant medical and contact information.

If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are available from the school office.

Infectious Diseases

If an infectious or communicable illness is identified within the school, parents and carers will be promptly notified via email or Class Dojo post. The school is committed to providing clear and timely information regarding the source of the illness and the measures being implemented to minimise its impact.

For further guidance and information, please refer to the Health Protection in Children and Young People Settings, Including Education section on the GOV.UK website: www.gov.uk.

Care plans

Allergic Reactions Management

Teaching staff will be made aware of any child with life threatening allergies by email at or before the beginning of term by the Appointed Person.

Signs and symptoms of mild allergic reaction:

- Rash
- Flushing of skin

Itching or irritation Treatment:

- Remove allergen if possible, e.g. rinse skin, wash out mouth etc.
- Administer prescribed antihistamine as prescribed
- Observe victim closely for at least 30 minutes How to Recognise Anaphylaxis An anaphylactic episode is a severe life-threatening condition and must be treated accordingly. Each pupil will have their own Individual Care Plan detailing his triggers provided by the parents and/or professional medical personnel.

However, in general the signs and symptoms of anaphylaxis are:

- Swollen lips, tongue, throat of face
- Nettle type rash (Hives) anywhere on the body
- Difficulty swallowing and/or speaking
- Alteration in heart rate - pounding heart - pulse rapid but weak
- Abdominal pain, nausea and/or vomiting
- Sense of impending doom
- Sudden feeling of weakness (due to drop in blood pressure)
- Collapse and unconsciousness

Anaphylaxis Management

First of all, DO NOT PANIC! And if possible DONT NOT LEAVE PUPIL

Mild symptoms, including tingling lips and/or itching – If prescribed give them their liquid of tablet antihistamine.
If Severe

1. Give them their liquid antihistamine if possible
2. Administer their Auto-Injector (AI) urgently as follows
    - Take grey safety cap off and hold Auto Injector in fist
    - Strong jab into top outer side of leg (through clothes)
    - Check to hear CLICK sound
    - Leave in leg for 10 seconds
    - Massage leg for 10 secs where the needle went it If possible at this stage, contact the main office and ask them to call 999. Be sure they state that there is a child suffering from an Anaphylactic Shock, difficulty breathing and losing consciousness. Note: IF ON YOUR OWN ALWAYS GIVE AI FIRST THEN CALL 999
    - TAKE NOTE OF TIME AI WAS GIVEN
3. If no better Give 2nd AI injection 5-10 minutes after the 1st injection was given
4. Give used AIs to the ambulance staff and tell them what time the 1st dose was administered.
    - A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.
5. Contact the pupil's parent/guardian after the ambulance has been called. All pupils who have been given an AI must go to hospital even if they are improving.

Position of Pupil
The position of the pupil is very important because anaphylactic shock involves a drop in blood pressure. If the pupil is feeling faint, weak, or looking pale lay them down with their legs raised; they should not be standing.

If there are signs of vomiting, lay them on their side, in the recovery position to avoid choking.
If they are having difficulty breathing caused by asthma symptoms or swelling of the airways, they need to be supported sitting up.

After the emergency

- Document events. This should include where and when the emergency occurred, how much medication was given and by whom.
- Carry out a debriefing session with staff members involved.
- Ask parents/guardian to replace any used medication.

Asthma Management

Teaching staff will be made aware of any child with severe asthma by email at or before the beginning of term by the Administration Team

Auckland College recognises that asthma is a serious condition which can be life threatening. We ensure that all pupils with asthma can and do fully participate safely in all aspects of school life including out of school activities.

Trigger factors for asthma may include:

- change in weather conditions,
- animal fur,
- viral or chest infection,
- exercise,
- pollen,
- chemicals,
- air pollutants,
- emotional situations and excitement.

Persons with asthma need immediate access to their reliever inhaler (usually blue). Younger pupils may need help/encouragement to administer their inhaler. It is the parents' responsibility to ensure that School is provided with a named, in date reliever inhaler which is always accessible to the pupil. All pupils should carry their own inhalers except Nursery pupils, whose inhalers are kept in the classroom locker with the class teacher. A named spare inhaler as above must also be provided by the parent for keeping in the School Office in case the pupil should forget or lose theirs. If possible, pupils are encouraged to be responsible for their reliever inhaler which is to be brought to school and kept on them at all times. It is the pupil's responsibility to take their inhaler on any out of school activities.

How to Recognise an Asthma Attack

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

Call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

What to Do in The Event of an Asthma Attack

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own prescribed inhaler – if not available, use the emergency inhaler. This is kept in the main school office,
- Remain with the child while the inhaler and spacer are brought to them. Loosen tight clothing
- Call for a first aider for help

- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, ask the school office to call 999 for an ambulance
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.
- Document events. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom

Diabetes Management

Low blood sugar level (hypoglycaemia)

Onset can be quite quick and may be due to a missed/late meal, missing snacks, infection, exercise, warm weather, too much insulin and stress. Individuals should test their own blood sugar levels if testing equipment available.

Signs and symptoms:

- pale
- glazed eyes
- blurred vision
- confusion/incoherent
- shaking
- headache
- change in normal behaviour-weepy/aggressive/quiet
- agitated/drowsy/anxious
- tingling lips
- sweating
- hunger
- dizzy
- leading to unconsciousness

Action

- Give fast acting glucose (Lucozade drink or glucose tablets) - the casualty should have their own emergency supply in School Office. Most individuals carry glucose tablets in their pocket. This will raise the blood sugar level quickly
- Call First Aider
- After 5 - 10 minutes follow this up with 2 biscuits, a sandwich or a glass of milk. Do not leave the casualty unaccompanied at any time
- Allow access to regular snacks and check blood sugar level again and as necessary
- Inform parents as soon as possible Action to be taken if the pupil becomes unconscious
- Place casualty in recovery position and call First Aider

- Do not attempt to give glucose by mouth as this may cause choking
- Telephone 999
- Inform parents/next of kin as soon as possible
- Accompany casualty to hospital and await arrival of parent

High blood sugar level (hyperglycaemia)
This develops much more slowly over time but can be much more serious if untreated. Caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal.

Symptoms may include:

- feeling tired and weak
- feeling thirsty
- passing urine more often
- nausea and vomiting
- drowsy
- breath smelling of acetone
- blurred vision
- unconsciousness Action
- inform First Aider at once
- inform parents/next of kin as soon as possible
- call 999 and accompany casualty, await arrival of parents/next of kin Note: Pupils with Type 1 Diabetes will have their own care plan issued by the healthcare professionals. This may include the administration of Insulin by injection. In this case, specific training is required from the parent and/or healthcare professional and will be documented separately.

Epilepsy Management

How to recognise a seizure
There are several types of epilepsy, but seizures are usually recognisable by the following symptoms:

- casualty 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 and/or face
- possible incontinence

Action

- try to help casualty to floor if possible but do not put yourself at risk of injury
- move furniture etc., away from casualty in order to prevent further injury
- place a cushion or something soft under the casualty's head
- clear the area of students
- call First Aider
- cover casualty with a blanket as soon as possible in order to hide any incontinence
- stay with casualty throughout duration of the seizure

- as the seizure subsides place casualty into recovery position
- inform parents as soon as possible
- send for ambulance if this is the casualty's first seizure or, if a casualty known to have epilepsy has a seizure lasting for more than 5 minutes, or if an injury occurs as a result of the seizure. Casualty must be accompanied until parent/next of kin arrives
- casualty to rest for as long as necessary
- reassure other pupils and staff

Head Injury Management

The aim of this document is to ensure that pupils at Auckland College receive a high standard of care following a Head Injury. The care will reflect current practice and national sporting recommendations. Head injuries often occur during contact sports such as rugby, but they can also occur from a fall and as a result of an accident. Caring successfully for a pupil or adult with a head injury relies on good communication with colleagues and parents/guardians.

Head injury is a trauma to the head that may or may not include injury to the brain. Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head.

Assessment

All persons who receive a Head Injury at Auckland College should receive an assessment by a First Aider.

Any one or more of the following visual clues can indicate a concussion:

- Dazed, blank or vacant look
- Lying motionless on ground/slow to get up
- Unsteady on feet/balance problems or falling over/incoordination
- Drowsiness
- Nausea or vomiting
- Vision or hearing problems, ringing in ears
- Loss of consciousness or responsiveness
- Confused/not aware of events
- Grabbing/clutching of the head
- Seizures (fits)

After assessment a person with signs of serious injury must be transferred by ambulance to hospital (see NICE Criteria below)

NICE (2014) criteria for Transfer to hospital following a head injury

NICE (2014) criteria for Transfer to hospital following a head injury
Glasgow Coma Scale (GCS) of < 15
Any loss of consciousness
Any focal neurological deficit since injury
Any suspicion of a skull fracture or penetrating injury
Amnesia for events before or after the injury
Persistent headache since the injury
Any vomiting episodes since the injury (clinical judgement should be used regarding the cause, especially in those < 12 years)
Any seizure since the injury
Any previous brain surgery
A high-energy head injury
Any history of bleeding or clotting disorders
Anti-coagulation therapy
Any safeguarding concerns
Continuing professional concern

On field management of suspected concussion during training or a match
Any pupil with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, using appropriate emergency management procedures. Once safely removed from play, the injured player must not be returned to activity that day and until they have been assessed by a First Aider or a medical professional.

If a neck injury is suspected, the player should not be moved, and a First Aider should be called. In any doubt of a spinal injury, instruct the office to call 999 keep the patient warm; do not move them.

PE staff, match officials, parents and teammates who suspect a player may have concussion must do their best to ensure that the player is removed from the field of play in a safe manner.

Less serious injuries will remain with the first aider until he/she is happy that the casualty is stable. Until it is clear that no significant injury has affected the brain the pupil will be regularly monitored and observations recorded.

When the pupil is cleared by the First Aider to return to school, or to return home accompanied, they will receive a head injury advice form and be advised to attend A/E if symptoms persist.

The PE department must be informed if a pupil has sustained a head injury outside of sporting activities so that continuity of care is provided.

Communications
All relevant personnel will be informed of events this includes parents, key members of staff at Auckland College and PE department. For all head injuries, an 'Accident/Incident Form' must be completed by the member of staff present at the time or a first aider; a copy is given to the parents. The Head Teacher should be notified of any pupil being transferred to hospital.

If a pupil has sustained a head injury at the weekend and has been diagnosed with concussion whilst playing outside of Auckland College, it is the responsibility of the parent or guardian to inform the school on return to school.

Concussion and RTPP/GRTP
Graduated Return to Play Protocol which act as mandatory 'guidelines' on the timing of return to training and match play for contact sport at Auckland College and emphasise the necessity for follow-up checks and supervision. The advice is currently a supervised return to sport over a period of 3 weeks.

Any pupil diagnosed with concussion will be placed on the Concussion Register at their Respective site and relevant staff will be informed as soon as possible. The protocol is based around a period of minimum rest and then a supervised Graduated Return to Play (GRTP – see below).

The GRTP will be carried out for all pupils by PE staff. PE staff will have access to the RTPP and understand the importance of undertaking the stepped approach to returning to full

match play and of discussing any concerns during this phase with the First Aid Team and parents. On completion of GRTP, both the pupil and PE member of staff will sign the form, the original will be kept in the PE office, a copy given to the pupil and a copy logged on the school MIS. Any pupil who has a head injury that produces signs/ symptoms of concussion must be managed under the RTPP/GRTP pathway, regardless of how the concussion occurred.
It is recognised that on occasion concussion may not be evident until several days after the event or injury.

Graduated return to play (GRTP) programme
A graduated return to play (GRTP) programme is a progressive exercise programme that introduces an athlete back to sport in a stepwise fashion. This should only be started once the athlete is symptom free and off treatments that may mask concussion symptoms, for example drugs for headaches.

The GRTP programme consists of six distinct stages:

- The first stage is the recommended rest period
- The next four stages are training based restricted activity
- Stage 6 is a return to play Under the GRTP programme, the player can proceed to the next stage only if there are no symptoms of concussion during rest and at the level of exercise achieved in the previous GRTP stage. If any symptoms occur while going through the GRTP programme, the player must return to the previous stage and attempt to progress again after a minimum 24-hour period of rest without symptoms.

It is recommended that a medical practitioner or approved healthcare professional confirm that the player can take part in full contact training before entering stage 5.

Rest Periods
The following minimum rest periods (no excessive physical exercises) are to be followed by all players if diagnosed with a concussion or when a player is suspected of having concussion during a game or training at which there is no appropriately qualified person present. GRTP (Graduated Return to Play) should only be commenced after the completion of the minimum rest period for each age group and only if the player is symptom free and off medication that modifies symptoms of concussion.

Note 1. Any player with any symptoms following a head injury should not return to training or playing whilst symptoms persist.

Note 2. A second head impact in a player who has not fully recovered from concussion could lead to dangerous neurological complications, including death.