**First Aid Policy**

**Revised September 2026**

| Document control | |
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| Document title | First Aid Policy |
| Document status | Approved |
| Author | Louise Doel and Nurse Lan (School Nurses) |
| Effective date | September 2026 |
| Version | V.9 |
| Date of next review | September 2027 |
| Location | Website/School Network |

| Version | Date | Changes |
|---|---|---|
| V3 | October 2020 | Appendix 5 added: Automated External Defibrillator Policy |
| V7 | October 2024 | Specific reference to Boarders added |
| V8 | October 2025 | No changes |
| V9 | September 2026 | Retains the existing policy structure but with updates to legal references, emergency procedures, first aid provision, reporting, confidentiality and clinical instructions. |

Related policies include Allergy Policy; Supporting Pupils with Medical Conditions/Individual Healthcare Plans; Medication policy; Health and Safety Policy; Educational Visits Policy; Boarding Medical Arrangements Policy, Safeguarding Policy and Information Sharing Policy.

## CONTENTS


| Section | Page |
|---|---|
| Policy Statement | 3 |
| First Aiders | 3 |
| Procedures | 3 |
| Medical Information and Confidentiality | 4 |
| Facilities | 4 |
| First Aid Needs Assessment | 5 |
| Reporting | 5 |
| Appendix 1 – Initial Response to Medical Conditions | 6 |
| A. Anaphylaxis / Severe Allergic Reaction | 6 |
| B. Asthma | 6 |
| C. Diabetic hypo / low blood sugar | 6 |
| D. Convulsions / Seizures | 7 |
| E. Bodily-fluid Spillages | 7 |
| Appendix 2 – Adrenaline Auto-Injector Arrangements | 7 |
| Appendix 3 – Sickness, Diarrhoea and Fever | 7 |
| Appendix 4 – Automated External Defibrillator (AED) | 8 |
| Appendix 5 – Implementation and Review Checklist | 8 |

**Policy Statement**

The School's primary concern is the welfare of the School community. The School will provide first aid in a timely and competent manner to pupils, staff and visitors. First-aid provision will be based on a documented first-aid needs assessment and will cover the School day, boarding, evenings, weekends, trips, fixtures and other off-site activities.

The definition of First Aid is as follows: • In cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until help is obtained; and, • Treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner or nurse.

The School will have regard to current Department for Education first-aid guidance and will meet applicable requirements under the Health and Safety at Work etc. Act 1974, Health and Safety (First Aid) Regulations 1981, Management of Health and Safety at Work Regulations 1999, School Premises (England) Regulations 2012 and Education (Independent School Standards) Regulations 2014.

**First Aiders**

First aiders will be trained by a competent training provider to a level appropriate to the risks identified in the School's first aid needs assessment. The School will maintain a current register of first aiders and qualification/renewal dates.

- At least one appropriately trained person will be available whenever required in line with the First Aid needs assessment.
- Provision will account for staff absence, annual leave, training and changes in staffing.
- Cover will be available during the main school day and during boarding, evenings, weekends and off-site activities.
- First aiders will receive appropriate refresher/practice training to maintain competence; qualification renewal will be monitored.
- Staff supporting pupils with medical conditions will receive appropriate information and training
- First aiders must summon emergency services when necessary and must not delay emergency treatment while trying to locate the School Nurse.

The School Nurse is normally on site from 08:15–17:30 on weekdays. Outside those hours, the designated duty/boarding first-aid arrangements apply. The School will ensure those arrangements provide competent cover whenever boarders are present. There is always an on-call nurse outside of school days, and boarding staff have access to telephone on-call duty nurse.

**Procedures**

If a pupil feels unwell or has an accident, the situation should be assessed promptly. During nurse-covered hours the Health Centre should be used where appropriate. If the School Nurse is unavailable, a trained first aider must assess the situation, there is a list of trained first aiders in the school office and on the notice board in the common room area.

After 17:30, duty House/boarding staff must follow the same emergency principles and summon additional assistance or emergency services where required.

- Call 999 immediately for a life-threatening emergency or where current emergency criteria in this policy are met. *Do not wait for the School Nurse*.
- Suspected serious injury, significant head injury, suspected fracture, collapse, severe breathing difficulty, severe allergic reaction, prolonged seizure or other serious deterioration requires urgent medical assessment.
- Do not move a casualty unnecessarily where serious spinal injury or major trauma is suspected.
- Remain with the pupil and provide appropriate first aid until care is transferred.
- Parents/guardians will be contacted as soon as reasonably practicable without delaying emergency care.
- A member of staff will accompany a pupil to hospital where required and where parents/guardians are unavailable, subject to receiving-service arrangements.

Boarding staff may administer first aid within their training and the School's medication arrangements. All treatment and medication must be recorded in the appropriate record.

**Medical Information and Confidentiality**

The School will maintain a system for identifying pupils who may require emergency care. Photographs of pupils with medical conditions, together with relevant information about their medical needs and emergency treatment, may be displayed in the staff common room area to ensure that staff are able to identify pupils quickly and provide appropriate emergency care when required. The information displayed will be kept up to date and will be available to staff who may need to respond to a medical emergency, in a room that pupils do not have access to.

- Information must be accurate, current and reviewed when a condition, medication or emergency plan changes.
- Staff will receive the information necessary to respond safely while respecting confidentiality.
- Individual Healthcare Plans and Emergency Action Plan will be accessible to relevant staff
- Medical information must not be disclosed more widely than necessary for care, safeguarding or another lawful purpose.

**Facilities**

The Health Centre provides accommodation for first aid and short-term care. It will remain suitable for medical examination/treatment and short-term care, including appropriate handwashing facilities and access to a toilet.

Existing first-aid-box locations are retained: Staffroom; Bursar's Office; Main Kitchen; Sports Hall; PE Department; Science Department prep room; Theatre; Sixth Form Kitchen; Boarding House; Food Technology; Art T3 & T4; Simon Richmond Music Centre; Maintenance Workshop; Minibuses.

First Aid boxes will be checked and replenished at defined intervals, with checks recorded. Emergency Equipment will be maintained in accordance with manufacturer instructions. The AED remains outside the Sports Hall.

**First Aid Needs Assessment**

The School will maintain a written first aid needs assessment and review it at least annually and following significant changes, serious incidents or identified shortfalls.

- Numbers and ages of pupils, staff and visitors.
- Buildings, grounds and higher-risk areas/activities.
- Boarding, evenings, weekends and other out-of-hours provision.
- Sports, laboratories, workshops, kitchens and maintenance activities.
- Trips, fixtures, expeditions, transport and off-site activities.
- Distribution and availability of trained first aiders and nurses.
- Absence, shift patterns and emergency response times.
- Needs arising from pupils or staff with medical conditions or disabilities.

**Reporting**

All accidents and first-aid interventions will be recorded in the School's approved accident/medical record system at an appropriate level of detail. Serious incidents and near misses will be escalated promptly.

The School will assess incidents against the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Reportable incidents will be submitted through the current HSE RIDDOR reporting process within the applicable time limits. The old 0845 number and reference to RIDDOR 1995 are removed.

- RIDDOR reports are the responsibility of the appropriate responsible person within the School, with the Bursar/Health and Safety lead coordinating reporting as designated by the School.
- Reports should be made through the current HSE online RIDDOR service. Telephone reporting is limited to the categories for which HSE provides a telephone service.
- Records will include the incident, treatment, onward referral and relevant actions taken.
- The School Nurse/Health and Safety lead will review accidents and near misses and provide relevant information to the Health & Safety Committee.
- Trends and lessons learned will be used to review first-aid provision and risk controls.

## Appendix 1 – Initial Response to Medical Conditions

### A. Anaphylaxis / Severe Allergic Reaction

Luckley House School has a separate Allergy Policy. This First Aid Policy must be read alongside it. The School holds spare adrenaline auto-injectors in accordance with its allergy arrangements.

- Suspect anaphylaxis where there is a rapid or severe allergic reaction, particularly involving breathing difficulty, throat/tongue swelling, collapse or other signs described in the pupil's Allergy Action Plan.
- Administer adrenaline promptly in accordance with the pupil's Allergy Action Plan and the current emergency guidance. Do not delay treatment whilst locating the School Nurse.
- Call 999 immediately and state that anaphylaxis is suspected.
- Keep the pupil under continuous observation and follow the emergency operator's instructions.
- Where a second device is available and the response is inadequate after approximately 5 minutes, administer the second dose in accordance with the individual plan and emergency guidance.
- Parents/guardians should be informed as soon as practicable without delaying emergency care.
- Record the incident, device, time and treatment in the appropriate medical/incident record.
- Do not write the pupil's name or treatment details on the pupil's hand.
- Used adrenaline devices should accompany the pupil to hospital where possible.
- Replace used or expired prescribed devices in accordance with the School's Allergy Policy.

### B. Asthma

- Pupils with Asthma will be supported in accordance with their Individual Healthcare Plan or asthma action plan. Reliever medication must be immediately accessible. There is a spare inhaler for pupils who may have lost/mislaid their own inhaler.
- Help the pupil to use their prescribed reliever inhaler according to their individual plan and current clinical instructions.
- Do not assume that every reliever inhaler is blue or that the same dose applies to every pupil.
- Keep the pupil sitting upright and reassure them.
- Do not leave a pupil experiencing a significant asthma attack alone.
- Call 999 if the pupil is struggling to breathe, cannot speak normally, is becoming exhausted, becomes blue/grey, collapses, or is not improving in accordance with current emergency guidance.
- Inform parents/guardians and record the incident.

### C. Diabetic hypo / low blood sugar

- Follow the pupil's Individual Healthcare Plan (IHP).
- If conscious and able to swallow safely, give the agreed fast-acting glucose treatment.
- Do not give food, drink, glucose or anything else by mouth to an unconscious or semi-conscious pupil.
- If unconscious, having a seizure, unable to swallow safely or not recovering promptly, call 999, assess breathing and follow the individual emergency plan.
- Record treatment and inform parents/guardians as required.

**D. Convulsions / Seizures**

- Protect the pupil from injury and move nearby hazards when safe.
- Do not restrain the pupil and do not put anything in their mouth.
- Time the seizure and stay with the pupil.
- Follow the pupil's Individual Healthcare Plan, including rescue medication where prescribed and staff are trained.
- Call 999 if the seizure lasts 5 minutes or longer, repeated seizures occur without recovery, breathing is compromised, serious injury occurs, it is a first seizure, or other circumstances indicate urgent emergency assistance.
- After the seizure, check breathing and place the pupil in the recovery position where appropriate.

**E. Bodily-fluid Spillages**

- Restrict access to the contaminated area.
- Use disposable gloves, apron and other PPE required by the risk assessment.
- Use the School's approved spill kit and cleaning/disinfection products according to manufacturer instructions.
- Do not mix cleaning chemicals.
- Dispose of contaminated materials safely and according to the School's waste procedure.
- Wash hands thoroughly after removing PPE.
- Report any blood/body-fluid exposure to a person's eyes, mouth or broken skin promptly and seek medical advice where appropriate.

**Appendix 2 – Adrenaline Auto-Injector Arrangements**

This Appendix is supplementary to the School's separate Allergy Policy. The Allergy Policy remains the primary document for allergy prevention, training, registers, individual Allergy Action Plans, spare auto-injector arrangements and incident learning.

- Parents must provide prescribed devices and current allergy information as required by the School.
- Pupils who are prescribed an auto-injector should have it accessible in accordance with their individual plan.
- Prescribed devices and spare devices must be available quickly enough to allow emergency treatment without avoidable delay.
- Staff training and refresher arrangements will follow the School's Allergy Policy and current statutory guidance.
- Devices will be checked routinely for expiry, damage and availability.
- Emergency treatment must never be delayed while waiting for a particular member of staff.

**Appendix 3 – Sickness, Diarrhoea and Fever**

The School will follow current public-health advice regarding exclusion following sickness and diarrhoea. The existing 48-hour exclusion arrangement is retained unless current public-health guidance changes.

Fever should be assessed in the context of the pupil's overall condition and other symptoms. A temperature reading alone should not replace clinical judgement.

- Encourage appropriate fluids when safe.
- Remove excessive clothing or bedding if the pupil is uncomfortably hot.
- Do not use ice packs in a manner that causes discomfort or shivering.
- Seek urgent medical assistance for serious deterioration, breathing difficulty, altered consciousness, severe dehydration, a non-blanching rash or other concerning symptoms.
- Any medication given must be recorded in the medication record, including name, dose, date, time and administering staff member.

The current NHS and UKHSA guidance support keeping a young person at home when they have a high temperature/fever and returning when the temperature has resolved and they are well enough to attend. Mild respiratory symptoms such as a runny nose, sore throat or slight cough do not by themselves require absence from school if the young person is otherwise well and has no high temperature.

A fever is a body temperature of 38°C or above. For pupils aged 11–18, a pupil with a temperature of 38°C or above should remain at home and avoid close contact with others while they have a high temperature. They may return to school/college when their temperature has returned to normal without the need to reduce it with medication and they are well enough to participate in normal activities.

### Appendix 4 – Automated External Defibrillator (AED)

The AED is located outside the Sports Hall. The previous age restriction of eight years and older is removed. The AED should be used in accordance with its manufacturer's instructions and current resuscitation guidance.

- Ensure the scene is safe.
- If the person is unresponsive and not breathing normally, call 999, send for the AED and start CPR.
- Switch on the AED and attach the pads as soon as it arrives.
- Follow the AED voice/visual prompts and ensure nobody touches the casualty during rhythm analysis or shock delivery.
- Resume CPR immediately when instructed and continue until emergency services take over, the person shows signs of normal breathing, or the rescuer cannot continue.
- Arrange for someone to meet and direct the ambulance to the casualty.
- The AED will be checked at the frequency specified by the manufacturer/School procedure, with checks recorded.
- Spare pads and the resuscitation kit will be maintained and replaced before expiry.

### Appendix 5 – Implementation and Review Checklist

- Complete and sign the first aid needs assessment.
- Confirm first-aid cover for the full school and boarding operation.
- Verify training, qualification and refresher records.
- Confirm first-aid-box and AED inspection records.
- Confirm the separate Allergy Policy is current, published where required, and includes spare auto-injector arrangements and staff training.

- Confirm Individual Healthcare Plans/emergency action plans are current.
- Confirm the secure system for essential medical information.
- Confirm the Health Centre meets applicable accommodation requirements.
- Confirm RIDDOR responsibilities and current HSE reporting process.
- Obtain approval from the Governors' Business Committee and publish the approved version.