



Three Towers
An Alternative Provision Academy
Expanding Horizons

First Aid Policy

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Statutory:

Required on website:

THREE TOWERS



Policy Document Version Control

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Related Policies:	<i>Administering Medication Procedures Asthma Policy First Aid Needs Assessment First Aid Risk Assessment Health & Safety Policy Safeguarding & Child Protection Policy Supporting Learners with Medical Conditions Policy RLT First Aid Policy</i>
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1 Aims

The principles of first aid, as set out by the Health and Safety (First Aid) Regulations (FAR) 1981, are to:

- **Preserve** life;
- **Prevent** the condition from getting worse/minimise its consequences until medical help arrives (if needed);
- **Promote** recovery of the person requiring first aid;
- **Provide** treatment where medical attention is not required.

We aim to ensure that:

- ensure the health and safety of all staff, learners, and visitors;
- ensure that staff and governors are aware of their responsibilities with regards to health and safety;
- provide a framework for responding to an incident and recording and reporting the outcomes.

2 Legislation & Guidance

This policy is based on advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and guidance from the Health and Safety Executive (HSE) on [incident reporting in schools](#), and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel;
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees;
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training;
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept;
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records;
- [The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space be provided to cater for the medical and therapy needs of learners.

This policy complies with our funding agreement and articles of association.

3 Roles & Responsibilities

3.1 The Rowan Learning Trust (RLT) has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.2 The headteacher is responsible for the implementation of this policy, including:

- ensuring that an appropriate number of appointed persons and/or trained first aiders are present in the school at all times;
- ensuring that first aiders:
 - have an appropriate valid qualification which is refreshed every three years;;
 - keep training up to date;
 - remain competent to perform their role;
- ensuring all staff are aware of:
 - first aid procedures;
 - where first aid boxes are located;
 - who the first aiders are;
- ensuring appropriate risk assessments are completed, and appropriate measures are put in place;
- ensuring that adequate space is available for catering to the medical needs of learners;
- reporting specified incidents to the HSE when necessary (see section 6).

3.3 All staff are responsible for:

- being aware of and following first aid procedures;
- ensuring they know who the first aiders in school are;
- with the Director of Operations, completing accident reports for all incidents they attend to where a first aider/appointed person is not called;
- informing the headteacher or their manager of any specific health conditions or first aid needs.

3.4 Appointed person(s)

It is our policy that the appointed person is **not**, in the first instance, to be used in a First Aid capacity. However, they may be called upon in the immediate absence of a trained first aider or to assist a first aider in situations requiring another trained person for help and/or advice. Our appointed persons are:

- Hindley Campus: **C Seggie**
- Whelley Campus: **C Lynch**

They are responsible for:

- overseeing the arrangements for first aid within the school;
- taking charge when someone is injured or becomes ill;
- ensuring that an ambulance or other professional medical help is summoned when appropriate.

They are assisted by office staff on each site to:

- ensuring there is an adequate supply of medical materials in first aid kits placed at strategic points across the school, and on a half-termly basis, checking that the contents of these kits have been replenished/are in date;
- ensuring that first aid boxes are available to take on all offsite visits/trips (including emergency asthma kits);
- organising and maintaining the room(s) designated for use as medical rooms as suggested by HSE;

- ensuring the appropriate medical resources (asthma inhalers, insulin, Epi-pens) are easily and readily available to those learners with specific health needs.

3.5 First Aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- maintaining their accredited training as first aiders and undertaking refresher training every three years;
- understanding their role as a first aiders and acting as first responders to any incidents;
- assessing an emergency situation where there is an injured or ill person, and provide immediate and appropriate treatment in a safe and effective manner;
- summoning an ambulance or other professional medical help when required;
- providing first aid for an adult, child, or infant who
 - is unresponsive and not breathing normally;
 - has a foreign body blocking their airway;
 - is wounded and bleeding (including self-inflicted wounds);
 - is suffering from shock;
 - has a suspected fracture or dislocation;
 - has injuries to bones, muscles, or joints.
- knowing how to administer first aid to an adult, child, or infant who
 - has a condition affecting their eyes, ears, or nose;
 - has a sudden onset illness;
 - is experiencing the effects of extreme cold or heat;
 - has sustained an electric shock;
 - has sustained burns or scalds;
 - has ingested poison;
 - has been stung or bitten.
- sending learners home to recover, where necessary;
- with the Director of Operations, filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident;
- writing up the incident on ARBOR;
- ensuring that the incident is communicated to parents/carers as soon as possible;
- keeping their contact details up to date.

We rely on the knowledge and experience of our trained first aiders in order to administer appropriate treatment to injured persons in the first instance but to retain the option of calling upon the services of the appointed person, if felt appropriate/necessary, when they are onsite. **In emergency situations**, the first aider will still call for (or will instruct another member of staff to call) 999 and request that an ambulance and/or paramedics attend but can still be supported in the developing situation by the appointed person if required/appropriate.

Our school's first aiders are listed in appendix 2. Their names will also be displayed prominently around the school.

3.6 Learners are required to:

- be aware of and comply with this policy;
- report all accidents and/or injuries;
- listen carefully to instructions given by the first aider dealing with the incident.

3.7 Parents/Carers are expected to:

- be aware of our duty and responsibility to keep all members of the school community safe by agreeing to the provision of first aid for their child;
- be aware of and comply with this policy;
- provide contact details of at least **two** people who are contactable during school hours in the event of their child being injured/unwell or involved in an accident.

3.8 Contractors working on site – our Premises Manager or Director of Operations at Hindley, or by the Caretaker or Deputy Headteacher at Whelley make contractors aware of our first aid procedures including whom they should notify if there is an accident whilst they are onsite.

4 First Aid Procedures

The term first aid means

- treating someone who is injured or unwell to keep them alive or stop their condition worsening until medical help arrives; and
- treating minor injuries which do not require medical help.

First aid does not normally include giving/administering medicines except in the event of asthma attacks or allergic reactions.

4.1 In-school Procedures

In the event of an accident resulting in injury

- the closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment.
- if called, the first aider will assess the injury and decide if further assistance is needed from a colleague or the emergency services (**Appendix 3**). They will remain on scene until help arrives.

There are three possible courses of action:

Scenario A	Refused consent to receive first aid	If the injured person (or their parents/carers, in the case of learners) has not provided their consent to receive first aid, the first aider will act in accordance with the alternative arrangements (for example, contacting a medical professional to deliver the treatment)
Scenario B	Further assistance from the emergency services is required	If emergency services are called for: ➤ a learner a member of the office staff will contact parents/carers immediately. If a parent/carer is not available, a member of staff will accompany the learners to hospital and remain there until either a parent/carer arrives or they are relieved by a member of CLT; ➤ an adult, their emergency contacts will be informed immediately by the most appropriate member of staff. <i>In both cases at an appropriate point in the injured persons care, CLT and the Headteacher must be informed that the emergency services have been called.</i>

Scenario C	Further assistance from the emergency services is not required	The first aider will: ➤ before administering first aid, consideration should be given to potential allergies (e.g. plasters); ➤ provide the required first aid treatment; ➤ decide whether the injured person should be moved or placed in a recovery position. In the event of a head injury, the first aider will ascertain: • how it happened; • when it happened; • where it happened; • how the patient/injured person feels. Patients should be monitored for 20 minutes in the designated room for signs of concussion. If the patient is to be collected, their relatives should be advised to seek medical advice if the patient's condition deteriorates. If the first aider judges that a learner is too unwell to remain in school, parents/carers will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents/carers.
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The Director of Operations will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.

4.2 Offsite Procedures

When taking learners off the school premises, staff will ensure they always have the following:

- a school mobile phone;
- a portable first aid kit containing - *based on HSE's recommendations for a minimum travelling first aid kit*
 - a leaflet giving general advice on first aid;
 - 6 individually wrapped adhesive dressings;
 - 1 large sterile unmedicated dressing;
 - 2 triangular bandages – individually wrapped and preferably sterile;
 - 2 safety pins;
 - individually wrapped moist cleansing wipes;
 - 2 pairs of disposable gloves.
- information about the specific medical needs of learners;
- parents'/carers' contact details.

When transporting learners using a minibus or other large vehicle, we will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15cm × 20 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins

- 1 pair of rustproof blunt-ended scissors

Risk assessments will be completed by the Trip Leader prior to any educational visit that necessitates taking learners off school premises.

There will always be an 'appointed' supervising adult who will take charge of a situation and organise assistance in the event of a first aid incident as well as at least 1 qualified first aider on school trips and visits.

5 First Aid Equipment

5.1 First Aid Kits/Boxes (see [Appendix 2](#) for locations) are marked with a white cross on a green background. A typical first aid kit in our school will include the following *based on HSE's recommendations for a minimum first aid kit*:

- a leaflet with general first aid advice;
- 20 individually wrapped sterile adhesive dressings (assorted sizes) including hypoallergenic ones;
- 2 sterile eye pad bandages;
- 2 individually wrapped triangular bandages (preferably sterile);
- 3 each individually wrapped regular and large bandages;
- 10 individually wrapped sterile unmedicated wound dressings assorted sizes (at least 2 large and 6 medium);
- 6 safety pins;
- adhesive tape;
- at least 3 pairs of disposable gloves;
- individually wrapped moist cleansing wipes;
- scissors;
- cold compresses;
- sterile, individually wrapped burns dressings;

No medication is kept in first aid kits.

5.2 Asthma Inhalers & Adrenaline Auto-Injectors are available to use in an emergency where parental/carer consent has been given. Our equipment would be administered where the learner's own resources were unavailable.

Learners who require asthma inhalers and/or AAI are required to have two working inhalers/pens with them. If these fail our supply will be used, having gained parental/carer agreement on induction. All such events will be logged on the learner's ARBOR profile.

5.3 First Aid Facilities are available on both sites. These are quiet rooms where injured persons can be treated for minor injuries and/or where sick/injured learners who need to rest on a bed/lying down can do so.

Foot operated refuse containers, first aid boxes and a telephone are available in these spaces, in addition to washing facilities. There is easy access to a toilet from both rooms.

5.4 Automated External Defibrillators (AEDs) are available in Reception on both sites. These can be used by anyone including the general public. Some trained first aiders have completed additional training in the use of AEDs which provides additional knowledge/skills and promotes greater confidence in the use of defibrillators. When opening the AED clear

instructions are given to follow and any equipment needed e.g. scissors/gloves are provided in the attached bag.

5.5 Wheelchair - a transit wheelchair is available on each site which can be used when it is necessary to move an injured person from one location to another, providing it is safe to do so. They are checked over for safety on a termly basis by a member of the site team and a log kept of the check. These are stored in the site office on each site.

5.6 Eye Irrigation - the science department has specific eye irrigation equipment in each lab in case of eye contact with chemicals.

6 Record-keeping & Reporting

6.1 First Aid and Accident Record Book

An accident form in the accident book will be completed by the first aider and Director of Operations on the same day or as soon as possible after an incident resulting in an injury including as much detail as possible.

For accidents involving learners, the incident will be written up on Arbor and a copy of the page from the accident book will be scanned into their file

Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of securely. Copies of accident and/or first aid form included in the learner's records on ARBOR are retained and disposed of in line with the Trust's policy on Retention and Disposal of Records.

6.2 Reporting to HSE

The Director of Operations will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Director of Operations will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident, except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e., by telephone) and followed up in writing within 10 days.

School staff: Reportable injuries, diseases, or dangerous occurrences.

These include:

- death;
- specified injuries, which are:
 - fractures, other than to fingers, thumbs and toes;
 - amputations;
 - any injury likely to lead to permanent loss of sight or reduction in sight;
 - any crush injury to the head or torso causing damage to the brain or internal organs;
 - serious burns (including scalding) which
 - ✚ covers more than 10% of the whole body's total surface area; or
 - ✚ causes significant damage to the eyes, respiratory system or other vital organs;
 - any scalping requiring hospital treatment;

- any loss of consciousness caused by head injury or asphyxia;
- any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.
- work related injuries that lead to an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Director of Operations will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident;
- occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - carpal tunnel syndrome;
 - severe cramp of the hand or forearm;
 - occupational dermatitis, e.g. from exposure to strong acids or alkalis including domestic bleach;
 - hand-arm vibration syndrome;
 - occupational asthma e.g. from wood dust;
 - tendonitis or tenosynovitis of the hand or forearm;
 - any occupational cancer;
 - any disease attributed to an occupational exposure to a biological agent;
- near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - the collapse or failure of load-bearing parts of lifts and lifting equipment;
 - the accidental release of a biological agent likely to cause severe human illness;
 - the accidental release or escape of any substance that may cause a serious injury or damage to health;
 - an electrical short circuit or overload causing a fire or explosion.

Learners and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- death of a person that arose from, or was in connection with, a work activity*
- an injury that arose from, or was in connection with, a work activity* and the person is taken directly from the scene of the accident to hospital for treatment

**An accident “arises out of” or is “connected with a work activity” if it was caused by:*

- *a failure in the way a work activity was organised (e.g., inadequate supervision of a field trip)*
- *the way equipment or substances were used (e.g., lifts, machinery, experiments etc.); and/or*
- *the condition of the premises (e.g., poorly maintained, or slippery floors)*

Information on how to make a RIDDOR report is available here: [How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm) (<http://www.hse.gov.uk/riddor/report.htm>)

6.3 Physical Assault/Injury - if they or a learner have been physically assaulted or injured by another learner, staff should complete an accident log, as well as recording the incident on ARBOR. The record should include a timeline leading to the assault, any triggers and resulting behaviours.

6.4 Notifying Parents/Carers - learners do not contact their parents/carers directly in the event of them feeling unwell or if they are injured. The first aider, relevant Head of House or member of CLT will inform parents/carers of any accident or injury sustained by a learner, and any first aid treatment given on the same day, or as soon as reasonably practicable.

For **all learners**, the following must be notified to parents/carers:

- contagious rash;
- sting or bite from an animal or insect;
- injury to the head;
- non-accidental injury.

For **KS3 & KS4 learners** there is no need to inform parents/carers for:

- minor cuts and grazes;
- a headache that goes away.

Depending on their age and wherever possible, learners are expected to take responsibility for their own health. They are also expected to be resilient and responsibly assess their need for adult assistance in terms of first aid. Learners are then expected, if possible, to inform an adult if they need first aid assistance.

Where we do not contact parents/carers (see above), the learner is expected to inform their parent/carer of any minor injury/illness that has occurred during the school day.

7 Training

All school staff are able to undertake first aid training if they would like to. All PE, science, cooking, outdoor education, outreach staff, and PRICE trainers are required to undertake emergency first aid training.

All first aiders must have completed a training course and must have a valid certificate of competence to show this. We keep a register of all trained first aiders, what training they have received and when this is valid until (see [Appendix 2](#)). Staff are encouraged to renew their first aid training when it is no longer valid.

At all times, at least 1 member of staff based on the Whelley site has a current paediatric first aid (PFA) certificate which is updated at least every 3 years.

8 Liability & Indemnity

The Rowan Learning Trust will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. Staff who undertake responsibilities within this policy are covered by the Trust/school's public liability insurance which is arranged through the DfE RPA scheme.

9 Monitoring & Evaluation

First Aiders are asked to sign confirming that they have read, understood and are willing to comply with this policy using the statement below:

I am signing to confirm that I have read and understood my roles and responsibilities as a first aider at TTAPA and will comply with all requirements within this policy or seek further clarification of policy and/or procedures as required.

This policy will be monitored by the Headteacher and appointed person and reviewed in accordance with any new guidance given or when staff changes affect named first aiders. At every review, the policy will be shared with the local governing committee.

UNICEF - UNCRC

The UN Convention of the Rights of the Child sets out human rights of every person under 18 (Article 1) and applies to every child without discrimination, whatever their ethnicity, gender, religion, language, abilities, whatever they think or say, whatever their family background (Article 2). Articles directly relating to this policy are:

2 (Non-discrimination)	24 (Health & health services)
3 (Best interests of the child)	28 (Right to education)
12 (Respect the views of the child)	29 (Goals of education)

Appendix 1: First Aid Requirements

The Health & Safety (First Aid) regulations do not oblige schools to provide first aid for anyone other than their own staff, but guidance recommends that organisations, such as schools which provide for others should include these other persons in their risk assessments and provide for them.

First aid provision must be available at all times while people are on school premises and off the premises whilst on school visits/trips.

In determining appropriate provision, we have considered:

- the nature of the work and workplace hazards and risks including offsite activities;
- higher risk curriculum areas such as PE, science, cooking, art, and drama;
- the size and location of both our sites and the distribution of staff and learners;
- the needs of travelling, remote, and lone workers;
- work patterns;
- first aid provision for non-employees;
- our historical record of incidents/accidents;
- distance emergency services would need to travel to site;
- provision for absence of first aiders due to sickness, holiday cover, staff accompanying trips/visits;
- staff and learners with medical conditions and/or disabilities;
- provision outside normal hours.

The Health & Safety (First Aid) regulations 1981 require an employer to provide an adequate number of suitable persons who are able to render first aid to employees (and in this situation learners and onsite visitors)* if they are injured or become ill during their time at work/onsite. There are two levels of provision:

- Emergency First Aid at Work (EFAW) – this level is relevant when qualified first aiders are required but the environment is deemed to be lower risk (such as an office)
- First Aid at Work (FAW) – this level is relevant when qualified first aiders are required but where the work environment is deemed to be higher risk.

It is recommended that schools provide first aiders qualified to the higher level of 'first aid at work' (FAW).

The following chart has assisted us in determining what level and how many first aiders are required:

Hazard level	No. of Employees and/or learners	Level of first aid provision required
Higher	<5	At least 1 appointed person
	5 - 50	At least 1 EFAW or FAW trained first aider, depending on the types of injuries that may occur
	>50	At least 1 FAW trained first aider for every 50 employees (or part thereof).

**Refer to the First Aid Needs Assessment for further details*

Appendix 2: First Aiders

FIRST AIDERS			
FAW = First Aid at Work (3-day course)			
EFAW = Emergency First Aid at Work (1-day course)			
PFA = Paediatric First Aid (2-day course)			
Full Name	Training		
	FAW/EFAW	Expiry date of certificate	Notes
Mr C Hill	FAW	May 2027	
Mrs C Lynch	FAW	July 2027	
Mr P King-Williams	FAW	July 2027	
Ms S Taylor	FAW	July 2027	
Mr A Worswick	FAW	October 2027	
Miss R Baldock	FAW	January 2028	
Mr J Atherton	FAW	September 2028	
Mr J Cook	FAW	September 2028	Outdoor Ed Sept 2027
Miss H Murrell	FAW	September 2028	
Ms S Box	FAW	January 2029	
Mr P Isherwood	FAW	New staff	Booked for Jan 2027
Mr D Heyes	EFAW	March 2027	
Mrs A Scott	EFAW	March 2027	
Mrs C Seggie	EFAW	March 2027	
Ms J Edwards	EFAW	November 2027	Outdoor Ed July 2027
Mr P Smith	EFAW	November 2027	
Mr S Vernazza	EFAW	January 2028	
Mr M Ratcliffe	EFAW	January 2028	
Mrs L Thorley	EFAW	March 2028	
Ms J Campbell	EFAW	June 2028	
Mr A Kindred	EFAW	September 2028	
Ms D Halliwell	EFAW	September 2028	
Mrs H Holden	EFAW	November 2028	
Miss D Rigby	EFAW	September 2029	
Miss R Gibson	EFAW	Lapsed & refresher cancelled	Booked for 2 nd Dec 2026
Ms E Arkwright	EFAW	Lapsed & refresher cancelled	Booked for 20 th Jan 2027
Ms C Harris	PFA	October 2027	
Mrs K King	PFA	December 2027	
Mrs L Thorley	PFA	September 2029	

FIRST AID BOXES / MEDICAL SUPPLIES ARE LOCATED IN:		
Hindley		Whelley
Ground floor Reception Staffroom Site Office Canteen G2 G7 (Science) G8 (Science) Workshop	First floor A2 (Meeting Room) B4 (DHT Office) C1 (Art) C2 (Cooking Room) C7 (Pastoral Office) D2 E1 (AHT Office) H5 (Cooking Room) Counsellor's Office F2 (Medical Room)	Reception Staffroom Caretakers Office Main Kitchen Cedar Classroom Maple Classroom Little Acorns Classroom Cooking Room
Spare/emergency Auto-injector Adrenalin Devices	Reception Canteen C2 (Cooking Room) C7 (Pastoral Office)	Reception Little Acorns Classroom Canteen Cooking Room
Emergency Asthma Inhalers	Reception C7 (Pastoral Office) F2 (Medical Room)	Reception Little Acorns Classroom Canteen
Trauma Kits	Reception Site Office G2 Workshop	Reception Site Office

Mental Health First Aiders			
	Type	Expiry date of certificate	Notes
Mrs H Parry	Adults	January 2028	
Mr D Heyes	Youth	March 2028	
Ms G Murphy	Youth	March 2028	
Mrs A Scott	Youth	March 2028	
Mrs C Higgins	Youth	April 2028	
Mrs V Scott	Youth	May 2028	
Mr King Williams	Youth	June 2028	
Mr M Ratcliffe	Youth	June 2028	
Ms S Box	Youth	September 2026	Booked refresher for Sept 2026

Appendix 3: Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Your name
2. Your telephone number – School telephone no: 01942 932 760
3. Your location

School addresses:

Three Towers Hindley	or	Three Towers Whelley
Leyland Park House		28 Heiland Road
Park Road		Whelley
Hindley		Wigan
WN2 3RX		WN1 3UR

4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms – **In the case of anaphylaxis state “This is an anaphylaxis emergency”**
7. Inform Ambulance Control of the best entrance to use and state that:
“the crew will be met and taken to the patient”
8. Put a completed copy of this form by the phone

Appendix 4.1: Asthma Attack Response

Common 'day to day' symptoms	Signs of an asthma attack include:	
- cough and wheeze (a 'whistle' heard on breathing out) when exercising; - shortness of breath when exercising; - intermittent cough.	- persistent cough (when at rest); - a wheezing sound coming from the chest (when at rest); being unusually quiet; - complaining of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache);	- difficulty in breathing (fast and deep respiration); - nasal flaring; - being unable to complete sentences; - appearing exhausted; - a blue / white tinge around the lips; - going blue.
These symptoms are usually responsive to use of a person's own inhaler and rest (e.g., stopping exercise). They would not usually require the person to be sent home from school, or to need urgent medical attention.		

In the event of an asthma attack:

- the closest member of staff present will seek the assistance of a qualified first aider by either clicking the appropriate first aid button in class charts, or by calling out "first aider needed in..."
- the closest member of staff, and/or first aider will:
 - keep calm and reassure the person;
 - encourage the person to sit up and slightly forward;
 - ask the person to use their own inhaler;
 - stay with the person;
 - if needed, obtain emergency asthma kit either by calling for it or sending someone to collect it.
- if their own inhaler is not available, use the emergency inhaler*
 - immediately help the person to take two separate puffs of the salbutamol via the spacer
 - if there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. Shake the inhaler between puffs;
 - if worried at ANYTIME before reaching 10 puffs, CALL 999 FOR AN AMBULANCE;
 - if an ambulance does not arrive within 10 minutes give another 10 puffs as described above;
 - if there is improvement, stay with the person until they feel better, then return the person to school activities.
- if the first aider judges that a learner is too unwell to remain in school, parents/carers will be contacted and asked to collect their child.
- upon their arrival, the first aider will recommend next steps to the parents/carers.
- the first aider will log the incident of Class Charts and complete an accident report form on the same day, or as soon as is reasonably practical after an asthma attack.

*A learner may be prescribed an inhaler for their asthma which contains an alternative to salbutamol (such as terbutaline). The salbutamol inhaler should still be used if the learner's own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE PERSON

- **appears exhausted;**
- **has a blue/white tinge around lips;**
- **is going blue;**
- **has collapsed.**

If emergency services are called for a learner a member of the office staff will contact parents/carers immediately. If a parent/carer is not available, a member of staff will accompany the learners to hospital and remain there until either a parent/carer arrives or they are relieved by a member of CLT. If emergency services are called for an adult, their emergency contacts will be informed immediately by the most appropriate member of staff. *In both cases at an appropriate point in the individual's care, CLT and the Headteacher must be informed that the emergency services have been called.*

Appendix 4.2: Allergic Reactions & Anaphylaxis Response

	Mild-moderate allergic reaction:	Anaphylaxis may occur without initial mild signs
Signs & Symptoms	➤ swollen lips, face, or eyes; ➤ itchy/tingling mouth; ➤ hives or itchy skin rash; ➤ abdominal pain or vomiting; ➤ sudden change in behaviour.	IF ANY ONE (or more) of these signs are present, treat as anaphylaxis ➤ Airway: Persistent cough - Hoarse voice - Difficulty swallowing, swollen tongue; ➤ Breathing: Difficult or noisy breathing - Wheeze or persistent cough; ➤ Consciousness: Persistent dizziness - Becoming pale or floppy - Suddenly sleepy, collapse, unconscious
In the event of an incident.....	• The closest member of staff present will seek the assistance of a qualified first aider by either clicking the first aid button in class charts, or by radioing using channel 4/calling out "first aider needed in...." • The closest member of staff will: ✚ keep calm and reassure the person; ✚ encourage the person to sit up and slightly forward; ✚ stay with the person; ✚ watch for signs of anaphylaxis. • if the first aider judges that a learner is too unwell to remain in school, parents/carers will be contacted and asked to collect their child. • upon their arrival, the first aider will recommend next steps to the parents/carers.	CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE SEVERE ALLERGIC REACTION PROCEDURE WITHOUT DELAY IF THE PERSON SHOWS SIGNS OF ANAPHYLAXIS ALWAYS use adrenaline device FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present • The closest member of staff present will seek the assistance of a qualified first aider by either clicking the appropriate first aid button in class charts, or by calling out "first aider needed in...." • The closest member of staff, and/or first aider will: ✚ keep calm and reassure the person; ✚ encourage the person to sit up and slightly forward; ✚ stay with the person; ✚ obtain the emergency AD either by calling for it or by sending someone else to collect it. ✚ ask the person to use their own AD; ▪ lie the person flat with legs raised (if breathing is difficult allow person to remain sitting up); ▪ use the AD without delay ***IF IN DOUBT, GIVE AD*** If their own AD is not available use the emergency one; ▪ do not stand the person up; ▪ commence CPR if there are no signs of life; ▪ if there is no improvement after 5 minutes, give a further dose of adrenaline using the second AD; ▪ stay with the person until the emergency services arrive.
Post incident	The first aider will log the incident of Class Charts and complete an accident report form on the same day, or as soon as is reasonably practical after an allergic reaction.	

If emergency services are called for a learner a member of the office staff will contact parents/carers immediately. If a parent/carer is not available, a member of staff will accompany the learners to hospital and remain there until either a parent/carer arrives or they are relieved by a member of CLT.

If emergency services are called for an adult, their emergency contacts will be informed immediately by the most appropriate member of staff.

In both cases at an appropriate point in the injured persons care, CLT and the Headteacher must be informed that the emergency services have been called.

Appendix 4.3 Infectious Diseases

We follow [Health protection in children and young people's settings, including education - GOV.UK](#)

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for schools and other childcare settings from the UK Health Security Agency [Public health exclusion periods in children and young people's settings - GOV.UK](#).

Infection or complaint	Recommended period to be kept away from school or nursery
Athlete's foot	None.
Campylobacter	Until 48 hours after symptoms have stopped.
Chicken pox (shingles)	Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school. A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.
Cold sores	None.
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell. Anyone with a positive test result for COVID-19 should not attend the setting for <u>3 days after the day of the test</u> .
Rubella (German measles)	5 days from appearance of the rash.
Hand, foot and mouth	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
Measles	Cases are infectious from 4 days before onset of rash to 4 days after, so it is important to ensure cases are excluded from school during this period.
Ringworm	Exclusion not needed once treatment has started.
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.
Scarlet fever	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and factsheet to send to parents or carers and staff.

Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
Diarrhoea and/or vomiting (Gastroenteritis)	Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed. For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health advisor or environmental health officer will advise. If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).
Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.
Tuberculosis (TB)	Learners and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Learners and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.
Whooping cough (pertussis)	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics, and they feel well enough to do so or 21 days from onset of illness if no antibiotic treatment.
Conjunctivitis	None.

Giardia	Until 48 hours after symptoms have stopped.
Glandular fever	None (can return once they feel well).
Head lice	None.
Hepatitis A	Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.
Hepatitis B	Acute cases of hepatitis B will be too ill to attend school, and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.
Hepatitis C	None.
Meningococcal meningitis/septicaemia	If the child has been treated and has recovered, they can return to school.
Meningitis	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
Meningitis viral	None.
MRSA (meticillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.