The Shevington Federation

Millbrook Primary School

First Aid Policy

Written By: K Tomlinson

Review Date: September 2026

Contents

1. Purpose and scope

This policy sets out how Shevington Vale Primary School provides safe, effective first aid on site and during offsite activities, including clear procedures for allergic reactions/anaphylaxis, diabetes and asthma.-site activities, including clear procedures for allergic reactions/anaphylaxis, diabetes and asthma.

It applies to all staff, pupils, visitors, and volunteers and reflects the DfE's first aid and medical conditions guidance.

2. Legal and guidance framework

- **Health and Safety (First Aid) Regulations 1981** and DfE *First aid in schools, early years and further education* (non statutory guidance). -statutory guidance).
- **Children and Families Act 2014, s100** and DfE *Supporting pupils at school with medical conditions* (statutory guidance).
- **Human Medicines (Amendment) (No. 2) Regulations 2014** – schools may purchase **salbutamol** inhalers and spacers for emergency use.
- **Human Medicines (Amendment) Regulations 2017** – schools may purchase **adrenaline autoinjectors (AAIs)** for emergency use. **-injectors (AAIs)**
- **Resuscitation Council UK (RCUK)** *Emergency treatment of anaphylaxis* algorithm (latest guideline).
- **NICE/BTS/SIGN Asthma Guideline NG245 (2024)** for diagnosis and chronic management (for liaison with health teams). [nice.org.uk]
- **Diabetes UK—Diabetes in Schools** (operational expectations for schools). [diabetes.org.uk]

Policy principle: The school will follow statutory guidance unless there is a clear, documented reason not to, and will have regard to non-statutory guidance to ensure best practice. [gov.uk]

---

3. Roles and responsibilities

- **Governing Body:** Ensures adequate first aid provision, approves this policy, and monitors compliance. [gov.uk]

- **Executive Headteacher:** Implements the policy; ensures risk assessment, training, equipment and records; appoints a First Aid Lead. [gov.uk]
- **First Aid Lead:** Maintains needs assessment, kits, medical registers, emergency medication protocols, training matrix and audits. [gov.uk]
- **Designated First Aiders:** Provide immediate care and record incidents; keep qualifications current. [gov.uk]
- **All Staff:** Know how to summon help, locate emergency medication, follow Individual Healthcare Plans (IHPs), and call 999 in life threatening emergencies. [gov.uk]-threatening emergencies.
- **Parents/Carers:** Supply up to date medical information and prescribed medication; collaborate on IHPs. [gov.uk]-to-date medical information and prescribed medication; collaborate on IHPs.
- **Paediatric/Community Health Teams:** Provide training/advice for complex conditions and contribute to IHPs. [gov.uk]

---

4. First aid needs assessment, training and equipment

- **Needs assessment:** Reviewed annually (or after significant changes) to determine the number and location of first aiders, kits and emergency medication. [gov.uk]
- **Training:**
  - Paediatric First Aid/Emergency First Aid as appropriate; refresh per HSE/DfE guidance. [gov.uk]
  - Condition specific training (anaphylaxis, asthma, diabetes) for relevant staff and trip leaders; at least **two** trained staff per pupil with diabetes. [diabetes.org.uk]
- **Equipment:**
  - First aid kits (contents consistent with DfE/HSE guidance). [gov.uk]
  - **Emergency salbutamol inhaler kit** (inhalers + spacers) and **spare AAIs**, centrally held and retrievable within **5 minutes**; never locked away. [assets.pub...ice.gov.uk], [anaphylaxis.org.uk]

---

5. Medical registers and Individual Healthcare Plans (IHCPs)

- The school maintains **medical registers** for pupils with asthma, diabetes, allergies/AAIs, and other conditions. [gov.uk]
- Each identified pupil has an **IHP** co-created with parents/carers and clinicians, stored securely but accessible to staff; reviewed at least annually or after changes. [gov.uk]
- Templates (parental consent, medicine administration, staff training logs) follow DfE resources. [gov.uk]

---

6. Storage, access and administration of medicines

- Prescribed medicines are stored per manufacturer guidance, accessible to trained staff, and logged when administered. [gov.uk]
- **AAIs:** Pupils at risk should have **two** personal AAIs on site; the school holds **spare AAIs** for emergencies. [gov.uk], [questions-...liament.uk]
- **Asthma:** Pupils should have their own reliever inhaler (and spacer where needed); the school may hold **emergency salbutamol** inhalers. [assets.pub...ice.gov.uk]
- **Diabetes:** Insulin, glucose monitoring devices, hypo treatments and care plans are kept per IHP; pupils must never be prevented from testing or treating hypoglycaemia. [diabetes.org.uk]

---

7. Emergency procedures

7.1 Allergic reactions and anaphylaxis

Recognise

- Mild–moderate reaction: swollen lips/face, hives/itching, abdominal pain/vomiting, behaviour change—follow the pupil's allergy plan and monitor. [assets.pub...ice.gov.uk]
- **Anaphylaxis** suspected if any of: persistent cough/hoarse voice/swollen tongue; difficult/noisy breathing/wheeze; dizziness, pallor, collapse or loss of consciousness. **Act immediately.** [assets.pub...ice.gov.uk]

Act

1. **Lie the child flat with legs raised** (or semi upright if breathing is difficult). Avoid sudden posture changes. [assets.pub...ice.gov.uk], [resus.org.uk]-upright if breathing is difficult). Avoid sudden posture changes.
2. **Administer AAI without delay** (outer thigh). If no improvement after **5 minutes**, give a **second dose** using another device. [assets.pub...ice.gov.uk]
3. **Call 999** – state "**anaphylaxis**"; stay with the child until ambulance arrives; commence CPR if no signs of life. [assets.pub...ice.gov.uk]
4. Do **not** stand the child; observe continuously; inform parents. [assets.pub...ice.gov.uk]

Note: RCUK emphasises **early, repeated IM adrenaline** and **de-prioritises antihistamines/steroids** during the initial life-saving phase; antihistamines must **not** delay adrenaline. [resus.org.uk]

Spare AAIs

- From **1 Oct 2017**, schools may purchase AAIs without prescription for emergency use if a pupil's own device isn't available or fails. [gov.uk]

7.2 Asthma (including acute exacerbations)

Recognise

- Increasing breathlessness, wheeze, cough, chest tightness; often worse at night/early morning or with triggers/exercise. [assets.pub...ice.gov.uk]

Act

1. Help the child to **use their own salbutamol inhaler with spacer**: **one puff at a time**, up to **10 puffs**, **1 minute** between puffs; sit them upright and reassure. [assets.pub...ice.gov.uk]
2. If no personal inhaler available or ineffective, use the **school's emergency salbutamol kit** per DHSC guidance. [assets.pub...ice.gov.uk]
3. **Call 999** if symptoms are severe, the child is exhausted, cyanosed, has silent chest, or not improving after treatment; continue 2–10 puffs every 10 minutes until help arrives. [assets.pub...ice.gov.uk]

4. Inform parents and record the incident; review the child's IHP and inhaler technique. [assets.pub...ice.gov.uk]

Ongoing management and liaison

- Maintain an **asthma register**, ensure **IHPs** are current, and designate an **asthma lead/champion** with staff training coverage (Asthma Friendly School standards). [transforma...ers.nhs.uk]-Friendly School standards).
- Liaise with families and health teams in line with **NICE/BTS/SIGN NG245** to support control and participation in all activities. [nice.org.uk]

7.3 Diabetes (Type 1/Type 2 in childhood)

Principles

- No pupil should be excluded from curriculum or trips because of diabetes; **staff must be able to provide care during the school day** (parents should not be relied upon to attend). [diabetes.org.uk]
- Each pupil has an **IHP** covering testing, insulin (pen or pump), meals/snacks, PE/exercise adjustments, exams, trips, and emergency procedures. [digibete.org]

Hypoglycaemia (low blood glucose)

- **Signs:** sweating, shakiness, hunger, pallor, irritability, drowsiness, confusion; may progress to collapse/seizure. [digibete.org]
- **Immediate actions:**
    1. **Never leave the pupil alone**; follow IHP. Give **fast-acting carbohydrate** (e.g., glucose tablets/gel or sugary drink), re-check levels, then provide a **longer-acting snack** as per plan. [diabetes.org.uk]
    2. If **unconscious or unable to swallow**, **do not give food/drink**. Call **999**. If trained and per IHP, administer **glucagon**. [digibete.org]
    3. Record and notify parents/diabetes team per IHP. [digibete.org]

Hyperglycaemia (high blood glucose)

- Follow IHP: check ketones (if applicable), ensure hydration, and give correction insulin per plan; seek urgent clinical advice or **999**

for vomiting, abdominal pain, deep breathing, drowsiness (possible DKA). [digibete.org]

Exams and assessments

- Make **reasonable adjustments** under the Equality Act 2010 (e.g., snacks/drinks, BG monitoring, supervised rest breaks, and agreed access to diabetes tech); some adjustments require **awarding body approval in advance**. [diabetes.org.uk]

---

8. Off-site visits, PE and clubs

- Trip and sports risk assessments include first aid arrangements, conditions specific needs (asthma, diabetes, allergies), emergency medication access and trained staff coverage. [gov.uk]
- Pupils with asthma or allergies must always have personal medication accessible; for diabetes, staff carry agreed supplies, hypo treatments and contact numbers per IHP. [assets.pub...ice.gov.uk], [diabetes.org.uk]

---

9. Record-keeping and reporting

- Keep a **central record** of first aid incidents and medicine administration; retain per data protection requirements. [gov.uk]
- Report serious incidents to parents promptly and consider RIDDOR reporting where applicable (employees). [gov.uk]

---

10. Infection control and hygiene

- First aiders follow standard precautions (hand hygiene, PPE as required, safe disposal of sharps) consistent with DfE/HSE guidance. [gov.uk]

---

11. Training matrix (minimum standards)

- **Induction:** Locating kits/AAIs/emergency inhaler, calling 999, IHP awareness. [gov.uk]
- **Annual:** Whole staff refresh on anaphylaxis, asthma and diabetes basics; scenario using The National College- Aug/Sep of each year
- **Role specific:** First aid qualifications; AAI/salbutamol kit handling; diabetes care competencies verified with paediatric diabetes team where required

---

12. Procurement and maintenance of emergency medication

- **Salbutamol inhalers + spacers:** Purchased under 2014 regulations on an occasional, not for profit basis with headteacher's signed request; check expiries monthly; replace promptly. [gov.uk]
- **AAIs:** Purchased under 2017 regulations; maintain stock (age-appropriate doses/brands as advised), check expiries monthly, and ensure clear visibility/access. [gov.uk]

---

13. Communication and review

- Communicate the policy to staff and parents annually;
- Publish on the school website; review after incidents or guidance updates (e.g., RCUK/NICE changes).