

ABBHEY HILL PRIMARY AND NURSERY SCHOOL



FIRST AID POLICY

Date policy agreed:	January 2025
Date of next review:	July 2026
Headteacher signature:	
Chair of Governors' signature:	



INTRODUCTION

'First Aid is the initial assistance or treatment given to someone who is injured or suddenly taken ill' (The Joint First Aid Manual 8th Edition).

Staff administering First Aid should seek to assess the situation, protect themselves and the casualty from further danger, deal with any life-threatening condition and where necessary obtain medical assistance or refer the casualty to hospital as quickly as possible.

This policy has been written by a team of staff including the headteacher, First Aiders, Early Years Leader and the School Business Manager.

STATEMENT OF FIRST AID PROVISION

The School's arrangements for providing First Aid will:

- Place a duty on the Headteacher and Governors to approve, implement and review the First Aid policy
- Place individual duties on all employees
- Record on all occasions when First Aid is administered to employees, pupils and visitors.
- Provide appropriate equipment and materials to provide First Aid treatment
- Make arrangements to provide First Aid training to employees, maintain records of training and review annually
- Establish a procedure for managing accidents in school which require First Aid treatment
- Provide information to employees on the arrangements for First Aid
- Undertake a risk assessment of the First Aid requirements of the school and review on a regular basis
- Use the information from the risk assessment of First Aid to determine the number and level of trained staff and also any additional requirements (eg specialised training for children with particular medical needs)
- Notify parent/guardian that first aid treatment was given to the child.

ARRANGEMENTS FOR FIRST AID

- During teaching time, first aid is administered by a trained first aiders across school, including in the Foundation Stage Unit.
- During breaktime first aid is administered by the trained first aider on duty.
- During lunchtime first aid is administered by midday supervisors but may be supported by additional first aid trained staff. (If needed, radios are used to request assistance by another member of staff as appropriate.)

All first aid given must be recorded on ScholarPack and notification sent to parents by email.

If a child has a **significant** first aid incident a parent/guardian should be contacted by a telephone.

The School will provide materials and equipment and facilities to provide first aid. These will be restocked and reordered by the assigned first aiders in each phase.



THE LOCATION OF FIRST AID KITS IN THE SCHOOL

The School will provide materials and equipment and facilities to provide first aid. The contents of the kits will be checked on a weekly basis by the assigned first aiders in each phase. Use of first aid materials and deficiencies should be reported to the person responsible for their replenishment.

A standard First Aid Kit will contain the following items:

FIRST AID BOXES

A leaflet giving general advice on first aid <https://www.hse.gov.uk/pubns/indg347.pdf>

• Triangular Bandages	3
• Large, Medium Small Plasters assorted to	60
• Alcohol Free Wipes	30
• Tape 1"	1
• Disposable Gloves	9
• Cold Packs	2
• Bio Hazard Bags	5
• Eye Wash	1
• Sterile Eye Pads	3
• Assorted Wound Dressings and Sterile Pads	8
• Safety pins	12
• Burn Relief Dressing	2
• Foil Blankets (adult size)	2
• Clothing cutters	1
• Conforming Bandages	2
• Finger Dressings	3
• Mouth-to-Mouth device	1

FIRST AID TRAINED STAFF

The School First Aider(s) are listed and a list of first aiders is kept next to the first aid kit. We currently have the following trained staff in school:

12	Emergency First Aid at Work (1 day)
11	Paediatric First Aid (2 days)
30	Basic School First Aid (½ day)

First aiders must take refresher training at the required intervals.

OFF SITE ACTIVITIES

Before undertaking any off-site activities, the level of first aid provision will be assessed by a member of SLT and at least one first aider and a first aid kit must be taken. If coaches are required for the offsite visit there should be a first aider and first aid kit for each coach.

INFORMATION ON FIRST AID ARRANGEMENTS

The Head Teacher will inform all employees at the school of the following:

- The arrangements for recording and reporting of accidents
- The arrangements for First Aid



- Those employees who are qualified First Aiders
- The location of the First Aid Kits

In addition we will ensure that signs are displayed throughout the School providing the following information:

- The names of employees with First Aid qualifications
- Their location
- Location of the First Aid Box

All members of staff will be made aware of the School's First Aid policy. No member of staff should attempt to give First Aid unless they have been trained.

Where the incident is identified as RIDDOR reportable (e.g., serious injury or death), the senior first aider is responsible for ensuring that a RIDDOR report is completed and sent to the NCC and the HSE.

ACCIDENTS INVOLVING BUMPS TO A PUPIL'S HEAD

The consequence of an injury from an accident involving a bump or blow to a pupil's head is not always evident immediately and the effects may only become noticeable after a period of time.

Where emergency treatment is not required a 'Head Bump' notification will still be shared with parents/carers.

If a child has an injury from the neck up that has or could potentially leave a significant mark or a **direct bump a phone call will be made to the parent/guardian and then logged.**

Further NHS guidance about headbumps can be accessed [here](#).

FIRST AID EMERGENCIES

In the event of an incident that requires immediate and experienced assistance, a call for a first aider will be made. These incidents should be dealt with by the senior first aiders:

- | | |
|---------------------|--------------|
| • A Bunce | • C Marshall |
| • H Chapman-Hale | • S Radford |
| • A Dudley | • R Eyre |
| • C Deakin | • R Christy |
| • E McCarthy-Bonser | • H Clarke |
| • C McFall | |

The senior first aider will make an initial assessment and organise support as required.

A member of SLT must be notified of the incident and will be responsible for subsequent decisions in conjunction with the senior first aider who is dealing with the incident.

If possible, the person should be moved to the Community Room. If the person cannot be moved, clear the area they are in leaving the first aider/s, and a member of SLT. In the Foundation Stage Unit the First Aider is supported by a member of SLT and the main school building is notified.

If it is decided a child requires medical attention the parent/guardian should be contacted to take the child. If the parent/guardian or other designated emergency contacts cannot be reached, SLT in conjunction with the senior first aiders will decide if school staff will take the child to hospital. It is considered good practice to contact a member of Trust Central Team and/or Partnership Link.



Where SLT/Senior first aider makes arrangements for transporting a child then the following points will be adhered to:

- Only staff cars insured to cover such transportation will be used
- No individual member of staff will be alone with the pupil in a vehicle
- A second member of staff will be present to provide supervision of the injured pupil.

Should emergency services be required, a joint decision between the first aider dealing with the incident and a member of SLT will be made. If possible, the call should be made using a portable phone (this may include a mobile phone, including in the Foundation Stage Unit) to ensure the member of staff making the call can easily relay messages and questions between the parties involved. The parent/guardian should also be contacted.

Always call an ambulance in cases of:

- Anaphylactic shock, when the EpiPen has been administered
- Convulsions or epileptic fits (unless individual pupil medical care plans says different)
- Severe asthma attacks where inhaler do not appear to be helping
- Severe loss of blood
- Broken limbs where patient cannot move unaided
- Suspected spinal injuries
- Serious head injuries, involving heavy bleeding and suspected skull damage
- Unconsciousness, where the patient does not regain full awareness within 2-3 minutes
- Suspected heart attacks or strokes
- Choking- where emergency (abdominal thrusts under the ribs) procedure has been used (not required in cases relieved by back slaps)

Consider calling an ambulance or calling parent/guardians and seek the opinion of the senior First Aider available in cases of:

- Allergic reactions (to stings, bites, etc.) where Piriton or similar has been administered without easing symptoms
- Large cuts where blood loss has been controlled by steristrips but stitches could be needed. Fractures or suspected fractures where the patient can move but is clearly in great discomfort Unconsciousness where the patient regains awareness very quickly.
- Severe eye injury or chemicals in the eye.
- Severe burns
- Nosebleeds lasting up to or more than 30 minutes

If in any doubt whether or not to call an ambulance, a decision will be taken based on the professional judgement of at least 3 members of staff, these staff will include 2 first aiders and a member of SLT.



AMBULANCE CALLING PROTOCOL

A joint decision made between the senior first aider dealing with the incident and a member of SLT to call Ambulance:

- Dial 999 or 112 specify “Ambulance service” required
- Ambulances should be called from a mobile phone
- If there are issues with phone signal the office phone must be used
- During the phone call being made to the emergency services the office will contact the parents/guardians or named first contact (for staff) and explain to them what is currently happening
- Person making the call will relay messages and questions to senior first aider
- Member of SLT make site staff aware if access is required

If the parent/guardian cannot accompany their child in the ambulance a member of the school staff should accompany the patient. Usually this will be 1 member of staff in their own car and 1 in the ambulance. As soon as the parent/guardian arrives, the members of staff can then make their way back to the workplace

The member of staff cannot give consent for medical treatment as they do not have parental permission. However, consent is generally not required for any lifesaving emergency treatment given in Accident and Emergency departments.

Ambulance controller will need information including:

- Approx. age and gender of the patient
- Exact location including the postcode NG17 7NZ
- What has happened, where and how long ago?
- Does the patient have any conditions which may have caused what has happened?
- Has it happened before?
- Is the patient allergic to anything (penicillin tetanus etc.)?
- Is the patient breathing?
- Is the patient conscious?
- Has the patient been unconscious?



ADMINISTRATION OF MEDICINES

All medication will be administered to pupils in accordance with the DfE document https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf

LONG-TERM MEDICATION

Parents may request the school to administer medication for children who require emergency medication on a long-term basis because of the chronic nature of their illness (for example, asthma, diabetes, epilepsy etc.). In these circumstances, an agreement is reached between the parent, Head Teacher and member of staff involved.

Where long-term needs for emergency medication exist, Abbey Hill requires specific guidance on the nature of the likely emergency and how to manage. Detailed written instructions should be supplied to the school and the parent/guardians should liaise with the SENDCO in writing a health care plan.

Emergency day- time contact numbers **must** be provided where the parent/guardian can be reached at all times.

Trust Policy 201: Supporting Pupils with Medical Conditions Policy should also be referred to.

PRESCRIBED MEDICATION

Parents are responsible for the administration of medicines to their children. It is normally possible for doses of medication to be given outside school hours. If your child is on 3 doses a day, the recommendation is to administer immediately before school and after school and again at bedtime.

If a child needs a dose of medicines at lunchtime, the parent/guardian should come in to school to administer the medicine.

For Abbey Hill to agree to assist with medication, parents should complete the appropriate medical forms obtained at the school office. (Each case will be considered individually depending on the child's medical needs).

The medication should be prescribed by a doctor and brought into school in a suitable container and clearly labelled stating the child's name, the name of the medication, the dosage, and the time of administration.

Whenever possible, the medicine should be self-administered under the supervision of an adult. Medicines are kept in fridge or a locked cabinet (if not requiring refrigeration), in a locked staffroom, in accordance with safety practises.

When medication is administered by a member of staff it is logged on ScholarPack.



ADMINISTRATION OF ‘OVER THE COUNTER’ MEDICATION

Sometimes parents may ask for their child to be given over the counter medication at school e.g. antihistamines, eyedrops. In order to do so, the Trust Policy 201: Supporting Pupils with Medical Conditions Policy should also be referred.

For Abbey Hill to agree to assist with ‘over the counter medication’, a member of SLT must first approve the medication being administered and in accordance with the Medical Conditions policy.

If approved, the medication must be brought into school in the original packaging and parents should complete the appropriate medical forms obtained at the school office. Whenever possible, the medicine should be self-administered under the supervision of an adult.

Medicines are kept in a locked First Aid cabinet or fridge in the code-locked staffroom, in accordance with safety practises. When medication is administered by a member of staff it is logged on Medical Tracker and parents are notified via email.

Non-prescribed pain killers (Calpol, Nurofen, etc.), should not be brought into school. If a child requires such medication, parents will be contacted and asked to come into school to administer a dose to the child.

The administration of non-prescribed pain killers e.g Calpol, held by school, will be reviewed and an addendum may be made to the policy in consultation with Trust and Governors.

ADMINISTERING MEDICATION PROTOCOL

Parent completes the appropriate medical forms obtained at the school office

Office staff check the medication:

- Has been prescribed by a doctor
- Is in a suitable container
- Is clearly labelled, stating the child’s name, the name of the medication, the dosage, and the time of administration

Office staff ensure ALL medication with the exception of inhalers, adrenaline auto-injectors and creams should be locked in the first aid cupboard (key held in staffroom) or in the fridge in the lockable staffroom. Only school staff know the code for this.

A First-Aider administers medication

Medication use is logged on ScholarPack and parents notified by email

Parents collect the medication from the school office at the end of the day

Staff in the Foundation Stage Unit hand the medication to the parent/carer when the pupil is collected.

STORAGE OF MEDICATION

ALL medication (with the exception of inhalers, adrenaline auto-injectors and creams) should be locked in the first aid cupboard (key held in staffroom) or in the fridge in the lockable staffroom or in the lockable staffroom in the Foundation Stage Unit. Only school staff know the code for this.



INHALERS

Parents should complete the appropriate medical forms obtained at the school office. The inhaler should be prescribed by a doctor and brought into school in a suitable container and clearly labelled stating the child's name, the name of the medication, the dosage, and the time of administration.

Where possible, we ask for an inhaler to be left in school during term time. The children should be able to use them independently but will be assisted by school staff whenever required. Children who have a prescribed inhaler (long-term) should have an asthma care-plan provided by their GP or other medical professional, as part of their yearly-review.

Storage of Inhalers

- Inhalers will NEVER be locked away. They should be kept in the child's classroom so that the children and staff can immediately find them
- All children with asthma will have rapid access to their inhalers as soon as they need them
- Where possible we ask for an inhaler to be kept in school during term time
- Devices will always be taken with the child when moving out of the classroom for lessons, trips or activities.
- N.B. In the unlikely event of another pupil using someone else's blue inhaler there is little chance of harm. The drug in reliever inhalers is very safe and overdose is very unlikely.

Where a child has used their blue inhaler, this is communicated to parents.

In an emergency, where a child, who is a known asthmatic, is experiencing significant symptoms and has not got their own blue inhaler with them or it is found to be empty, it is acceptable to use the school's emergency inhaler and spacer. Emergency inhalers are stored in each Key Stage area.

When an emergency inhaler has been given by a member of staff it is logged on ScholarPack and parents are contacted by phone as well as being notified via email.

ADRENALINE AUTO-INJECTORS (AAIS)

Children and young people diagnosed with allergy to foods or insect stings are frequently prescribed AAI devices, to use in case of anaphylaxis. Detailed written instructions should be supplied to the school and the parent/guardians should liaise with the SENDCO in writing a health care plan. Emergency day-time contact numbers must be provided where the parent/guardian can be reached at all times.

Always call an ambulance in cases anaphylactic shock, when an Adrenaline Auto-Injector (AAIs) has been administered.

Storage of Adrenaline Auto-Injectors (AAIs)

AAI devices are kept in the learning environment where the child is based, with the pupil's name but NOT locked in a cupboard or a place where access is restricted. School will request for an EpiPen to be left in school.

STORAGE OF CREAMS

Over the counter creams can be stored in classrooms/changing rooms for easy access. Prescribed creams should to be clearly labelled in accordance with school's policy for prescribed medication.



TREATMENTS

When dealing with blood, plastic gloves and apron must be worn.

Cuts/scratches

Use only prepared medi-wipes. It is policy not to use antiseptic liquids/ointments, as these could delay healing or cause allergic reactions.

Plasters may be applied, if necessary, after ascertaining the child is not allergic to these.

Bleeding – As above if profuse, apply direct pressure and raise the wound. In the instances of severe bleeding, a trained first aider will be sought.

Head Bumps

Cold compress. Run hands over scalp to find bleeding, swelling or any area that feels soft or indented. Handle head and neck very gently.

If staff are unable to reach the parent/guardian by a phone, then children's other provided contacts will be tried along with an SMS to parent/carer.

Falling

Children do fall over at school from time to time and they react in different ways. It is advisable to watch the situation carefully and assess it. If the child is unable to get up and is on obvious distress, call a First Aider, who will assess the situation and take appropriate action. If the child is unable to stand unaided, do not lift them – this could cause other injuries.

Unconsciousness

Call a First Aider immediately.

Breathing Difficulties

Ask the child to stand or sit quietly. Ask if they use an inhaler. If they do, check if they have it with them and ensure they use it. If the child does not use an inhaler, a First Aider should be summoned.

Epilepsy/Fainting

If a child is falling, try to support him/her or ease the fall, loosen clothing around the head/neck and call a First Aider.

Haemophilia

This condition affects the clotting of the blood and can cause haemophiliacs to bleed more freely than other people do. **If a known haemophiliac is having a 'bleed', call an ambulance to take them to hospital.**

Diabetes

Diabetics can display either lethargic or more active characteristics than usual. If a diabetic has high or low blood sugar, contact his/her class teacher and/or a First Aider.

Anaphylaxis

The result of severe, generalised, allergic reaction. The child could experience severe difficulties with breathing. **If a known anaphylactic has an attack, the named staff should administer the child's adrenaline and call for an ambulance.** Common allergies are:

- Food, e.g. eggs, fish, nuts, especially peanuts
- Insect stings
- Immunisations or antibiotics



SAFETY/HIV PROTECTION

Disposable gloves and a plastic apron should always be worn when treating any accidents/incidents that involve body fluids. Make sure any waste (wipes, pads, paper towels, etc.) is placed in a disposable bag and fastened securely. Any children's clothes should be placed in a plastic bag and fastened ready to take home.

