

STOKE ROW C OF E PRIMARY SCHOOL



FIRST AID POLICY

Policy reviewed and agreed by: Teaching, Learning and Inclusion Committee
Date: April 2026
Next review: April 2027

Introduction

The aim of this policy is to set out guidelines for all staff in school in the administering of first aid to children, employees and visitors.

First aid can save lives and prevent minor injuries becoming major ones. Under health and safety legislation employers have to ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace.

First Aid Training

The majority of staff are first aid trained. All members of staff, working in Foundation Stage, are pediatric first aid trained.

A central record of all training related to first aid is held by the Designated Safeguarding Lead and reviewed annually to ensure that certificates are renewed within timescales.

First Aid Kits

Our first aid kits:

- comply with the Health and Safety (First Aid) Regulations 1981 and British Standard – BS 8599-1:2011
- Include assorted hypo-allergenic plasters, disposable sterile triangular bandages, eye pads, medium-sized dressings, large-sized dressings, cleansing wipes, vinyl gloves, microporous tape and instant cold packs.
- The school office staff are responsible for ensuring that the medical equipment is in date and that there are full supplies. The school office staff also replenish the first aid kits in the school.

- The first aid kits are easily accessible to adults and are kept out of the reach of children.

Accident books

The accident book is kept in the staff room. All accidents are recorded in the accident book.

Our accident book keeps a record of any first aid treatment given by first aiders and other members of staff. Accident records are completed on the same day of the incident, and include:

- date, time and place of the incident
- name of the injured or ill person
- details of the injury or illness and first aid given
- what happened to the person immediately afterwards (for example, whether they went home, went back to class, or went to hospital).

The information in the accident book can help the school identify accident trends and possible areas for improvement in the control of health and safety risks. It can also be used for reference in future first-aid need assessments, and for insurance and investigative purposes.

Parents must be informed, where reasonable to do so, of any accidents, injuries sustained and/or first aid treatment given to their child whilst in school. The school office will contact the parent to inform them of what happened and recommended next steps.

The headteacher will follow the health and safety procedures and will report any notifiable accidents by RIDDOR.

Medical Emergencies

The school will call an ambulance before contacting parents if a child becomes seriously ill – this applies to all children and not only those with health care plans.

The school will arrange for a competent member of staff to travel to hospital in an ambulance and act in loco parentis until the parents arrive. The member of staff in loco parentis will have the right to sanction emergency procedures as advised by medical staff in the ambulance or at the hospital.

For those pupils who have known medical conditions, all members of staff who have contact with them will be informed in advance about the best course of action should they become seriously ill and need emergency treatment. The child and the parents will be informed about the school's arrangements and there will be details in the plan if appropriate.

Sickness

We follow the guidance produced by the Public Health Agency 'Guidance on infectious control in schools and other childcare settings.' should a child become ill. If a child becomes ill during school time, we will contact the child's parents or other authorized adult, and the child will need to be collected immediately

Treatment of injuries

Following an accident, the First Aider is to take charge of the first aid administration/emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance.

The First Aider should call an ambulance on the following occasions:

- in the event of a significant injury or head injury
- if bleeding cannot be controlled
- in the event of a period of unconsciousness
- whenever the first aider is unsure of the severity of the injuries

Head Injuries in children

Children often fall and bang themselves, and thankfully most bangs to the head are harmless events and can be dealt with by the supervising adult by applying an instant ice pack for the child's own comfort.

Parents/Carers must be contacted if the child has a visible or grazed bump to the head.

All head bumps must be recorded in the accident book and the 'bump to the head' slip sent home informing parents of the accident. It is the responsibility of the first aider dealing with the head bump to contact the parent (or ask the school administrator to contact the parents), complete the bump to the head slip and also inform the class teacher.

Emergency First Aiders should be sought if the child:

- becomes unconscious
- is vomiting or shows signs of drowsiness
- has a persistent headache
- complains of blurred or double vision
- is bleeding from the nose or ear; and/or
- has pale yellow fluid from the nose or ear.

If any of the above symptoms occur in a child who has had a bang to the head, urgent medical attention is needed. Parents should be contacted and the emergency services too.

In the event of an accident in which the child cannot stand up unaided, he/she should be left in the position that he/she was found so long as it is safe to do so, and the emergency first aider must be called immediately to assess the situation.

Suspected breaks/fractures

The three most common signs of a broken (fractured) bone are:

- Pain
- Swelling
- Deformity

If the person is conscious, prevent any further pain or damage by keeping the fracture as still as possible. Once this has been done, the First Aider should decide whether the best way to get them to hospital is by ambulance or car.

An ambulance is normally required if:

- they are in a lot of pain and in need of strong painkilling medication
- it is obvious they have a broken leg

- you suspect they have injured or broken their back

In the case of an open fracture:

- cover the wound with a sterile dressing and secure it with a bandage
- apply pressure around the wound to control any bleeding
- support the injured body part to stop it from moving.
- call 999 or 112 for medical help.

First Aid training states that clothing should only be removed if absolutely necessary. Where clothing needs to be removed which could cause a safeguarding issue then two members of staff should be present. Only one needs to be first aid trained. However, if waiting for a second member of staff puts a child's life in danger then the first aider should not withhold treatment.

Disposing of blood

Blooded items should be placed in the yellow clinical waste bags and disposed of in the sanitary bin in the staff toilet.

Splinters

Splinters can be removed if they are small, and you can see the angle it went in but not if they are embedded or in a joint. They must be extracted in the same direction they went in. Sterile single-use tweezers are stored in the medical equipment supply cupboard in the medical room.

Ice Packs

Instant ice packs are single-use only and for the treatment of sprains, strains and bruises and must be kept out of children's reach. These are stored in the medical room. Ideally an ice pack should be applied within 5 -10 minutes of the injury occurring. The pack must be wrapped in a hand towel to prevent cold burns and applied to the injured area for 20 - 30 minutes and repeated every 2 to 3 hours for the next 24 – 48 hours. Emergency first aiders must check the colour of the skin after 5 minutes of applying the pack. If the skin is bright red or pink, remove the pack.

Do not use ice:

- if the casualty is diabetic
- over areas of skin that are in poor condition
- over areas of skin with poor sensation to heat or cold
- areas with known poor circulation
- in the presence of visible or know infection(s)

Asthma

Each child who has been diagnosed with Asthma should have an inhaler and 2 spacers. These are kept in the child's classroom along with their individual Asthma Plan which is completed by their parents at the start of every new academic year.

Inhalers should accompany the child if they are attending a school trip or sporting event off-site.

Anaphylaxis

Each child who has a severe allergy (Anaphylaxis) should have a pack containing 2 EpiPens, Antihistamine (if required), an Action Plan and a Record of Administration Form/Pen. This pack should be kept in the staffroom and should accompany the child if they are offsite on a trip/sporting event.

Anyone can administer an Epi-Pen in an emergency if the adult/child is unable to do it themselves. Should a member of staff, who has not had the training have to do this, then the emergency services must be informed at the same time as the Epi-Pen is administered.

Links to other policies

Detailed information about the care of children with known medical conditions can be found in the separate Medication Policy.