

# First Aid Policy



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| <b>Completed by:</b> | Lucy Bailey | <b>Date:</b> |
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|                     | Local Governing Body |  |
| <b>Approved by:</b> |                      |  |

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| <b>Last reviewed on:</b> | September 2026 |
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| <b>Next review due by:</b> | September 2027 |
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# **First Aid Policy Statement**

## **Rationale**

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school. This care should extend to emergency first aid provision and dealing with Asthma and headlice.

## **Purpose**

This policy:

1. Gives clear structures and guidelines to all staff regarding all areas of first aid and medicines
2. Clearly defines the responsibilities and the staff
3. Enables staff to see where their responsibilities end
4. Ensures the safe use and storage of medicines in the school
5. Ensures the safe administration of medicines in the school
6. Ensures good first aid cover is available in the school and on visits

## **Guidelines**

New staff to the school are given a copy of this policy when they are appointed. This policy is regularly reviewed and updated. This policy has safety as its priority. Safety for the children and adults receiving first aid or medicines and safety for the adults who administer first aid or medicines.

## **Conclusion**

The administration and organisation of first aid and medicines provision is taken very seriously at Shirley Manor. There are annual procedures that check on the safety and systems that are in place in this policy. Adjustments are made immediately if necessary.

# **First Aid Policy Guidelines**

## **First Aid in school**

### **Training**

A number of support staff are fully trained first aiders. First aiders attend retraining courses as required (page 7).

### **First aid kits**

**Playtimes** – First aiders on duty all have their own First Aid Bum bag Kit with essential basic first aid equipment in it. The first aiders will need to access the injuries in the playground. If First Aid need to be administered, then it can be done in the playground.

**Lunchtimes** – Support on duty will need to assess injuries in the playground. First aiders on duty all have their own First Aid Bum Bag Kit with essential basic first aid equipment in

it. The first aiders will need to access the injuries in the playground. If First Aid need to be administered, then it can be done in the playground.

All first aid administered must be recorded in the Accident book. After recording the incident, the white copy will need to be torn out and given to the office who will pass onto the class teacher to send home. These children will also be given a sticker to show that they have been given first aid.

### **Cuts**

All open cuts should be covered after they have been treated with a medi-wipe. Children should always be asked if they can wear plasters **BEFORE** one is applied. Children who are allergic to plasters will be given an alternative dressing. Minor cuts do not need to be recorded in the accident file.

### **ANYONE TREATING AN OPEN CUT SHOULD USE LATEX FREE RUBBER GLOVES.**

All blood waste is disposed of in the yellow bin stored in the cupboard by the school office.

### **Bumped heads**

Any bump to the head, no matter how minor is treated as serious. Parents and guardians must be informed **BY TELEPHONE** as well as SLT being notified. **ALL** children must have a **bumped head** sticker. The child's teacher should be informed and keep a close eye on the progress of the child. **ALL** bumped head incidents should be recorded in the accident book and a note will be sent home.

### **Accident book**

The accident book is kept in the school office. Staff accidents are logged and recorded on IAM. Old books are stored in the school office.

### **Calling the emergency services**

In the case of major accidents, it is the decision of the fully trained first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision.

An ambulance should be called if a pupil is:

- unconscious,
- not breathing,
- in case of anaphylaxis (and after the use of AAI),
- breakage of bones,
- eye injuries,
- excess blood loss,
- seizures,
- asthma attack (not controlled even after use of inhaler),
- choking and;
- any other injuries of such nature that require further medical assistance.

If a member of staff is asked to call the emergency services, they must,

1. State what has happened
2. The child's name
3. The age of the child
4. Whether the casualty is breathing and/or unconscious

## 5. The location of the school

In the event of the emergency services being called, a member of the Admin staff OR another member of staff, should wait by the school gate and guide the emergency vehicle into the school.

If the casualty is a child, their parents should be contacted immediately and give all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are clearly located in the school office.

It is the duty of all first aiders to check the first aid box and to replenish any shortages.

The suggested items for use in the first aid kit are:

- Individually wrapped adhesive sterile dressings
- Sterile eye pads with attachment
- Triangular bandages
- Safety pins
- Selection of medium, large and extra-large sterile un medicated dressings

**Ice packs will be kept in the school office.**

### **ITEMS NOT PERMISSIBLE IN A FIRST AID KIT ARE:**

- Tablets or medicines
- Sharp scissors

## **Allergy Safety and Anaphylaxis**

The school follows the Department for Education statutory guidance “Allergy safety in schools” (July 2026). This guidance applies to maintained schools, academies and pupil referral units in England and requires schools to have regard to the guidance when fulfilling their statutory duty to have an allergy safety policy.

**Please see the Schools Allergy and Anaphylaxis policy for detailed guidance of how school manage allergies and anaphylaxis in school (September 2026)**

## **Inhalers**

Children have their inhalers with them at all times. Key Stage 2 children are expected to take their inhalers with them whenever they do rigorous activity. EYFS and Key stage 1 children will keep their inhalers with their class teacher for safety. Inhalers will be taken with children on educational visits.

Parents’ permission is sought by the school at the beginning of the year to administer the emergency inhaler in the event the child does not have their own inhaler. An emergency asthma inhaler kit will be kept in the school office.

## **Headlice**

Staff do not touch children and examine them for headlice. If we suspect a child has headlice, we will inform parents and ask them to take appropriate measures. Repeated failure to deal with headlice may be seen as 'neglect' and outside agencies may be contacted. When we are informed of a case of headlice in school, we send a standard letter to the class where the case has been identified.

## **Vomiting and diarrhoea**

If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until 48 hours after the last symptom has elapsed.

## **Chicken pox and other diseases/rashes**

If a child is suspected of having chicken pox etc, we will look at their arms or legs. To look at a child's back or chest would only be done if we were concerned about infection to other children. In this case, another adult would be present and we would ask the child if it was alright.

If your child has any of these infections, they will need to stay off school for a prescribed period of time. The Head of School or school office will advise Timescales (refer to disease schedule).

## **Impaired mobility**

Providing the GP or hospital consultant has given approval and a risk assessment is in place, children can attend school with plaster casts or crutches. There will be obvious restrictions on games and on some practical work to protect the child (or others). This includes outside play. Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

## **Off-Site visits**

A First Aider will be present when children are taken off-site. Buckets and towels, in case of sickness on a journey, are also sensible precautions.

All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They should receive information about the type of condition, what to do in an emergency and any other additional medication or equipment necessary.

## **Prevention Measures**

A First Aider will be present in the hall during lunchtime.

In the reception and nursery areas, staff will ensure a safe and hazard-free environment by regularly reviewing and abiding by risk assessments in reception and nursery areas. Small objects, toys, or food that pose a choking hazard will be closely monitored and removed from children's reach. Staff will abide by the prevention measures outlined in the EYFS risk assessment documents and guidance from the Food Standards Agency.

Any children with special education needs who have PICA or present with sensory seeking behaviours by mouthing or putting objects in their mouths will be identified on the RABH035 PICA Mouthing Objects Risk Assessment and have additional prevention measures in place.

### **Staff Training**

All first aiders will receive appropriate training on recognising the signs of choking and administering first aid. Training will be regularly refreshed to ensure staff members are up-to-date with the latest techniques and protocols. All First Aiders will watch the choking child first aid training video each term. This can be found here: [https://www.youtube.com/watch?app=desktop&v=3G\\_0YxMEViE](https://www.youtube.com/watch?app=desktop&v=3G_0YxMEViE) and read the information on the St John's website: <https://www.sja.org.uk/get-advice/first-aid-advice/choking/child-choking/> There are also posters in the dining hall and reception and nursery units that show what to do in the event a child is choking.

### **Supervision**

A First Aider will be present in the hall during lunchtime along with other members of staff who are supervising the children.

Children in reception and nursery will be closely supervised during snack and meal times, play sessions, and activities involving small objects.

Staff members will maintain a vigilant presence, proactively identifying potential choking hazards and promptly intervening to prevent incidents.

### **Responsive Action**

If a child is observed choking, staff members will immediately respond according to their first aid training – posters are displayed in the hall and in the early years classrooms.

The child's airway will be assessed, and if necessary, the appropriate first aid techniques, such as back blows or abdominal thrusts, will be administered.

Emergency services will be contacted if the child's airway remains blocked or if the child's condition worsens.

### **Reporting and Communication**

Any choking incident will be reported to the senior leadership team, who will ensure appropriate documentation and reporting procedures are followed. Parents or guardians will be promptly informed about the incident, the actions taken, and any necessary follow-up steps. Where a medical need is identified, a risk assessment and Health Care Plan will be put into place.

## **First Aid Equipment is in the main office.**

## Use of Emergency Auto Adrenaline Injectors (AAI) Epipens

Dear parents/carers

You have confirmed that your child has been diagnosed with an allergy and has a prescribed Adrenaline Auto-Injector (AAI) pen (for example Epi-pen, Jext pen, Emerade pen) and signed an updated Health Care Plan at the beginning of this academic year. It is your responsibility to ensure that your child has two working, in date AAIs in school at all times.

From 1 October 2017, the Human Medicines (Amendment) Regulations 2017 allows schools to obtain, without a prescription, adrenaline auto-injector (AAI) devices, if they wish, for use in emergencies. The AAI can only be used if the pupil's prescribed AAI is not available (for example, because it is broken, or empty).

The school will use emergency adrenaline auto-injector (AAI) devices in accordance with the current Department for Education statutory guidance. Advance written parental consent is good practice, but in a life-threatening emergency prior consent must not delay treatment.

Yours faithfully,

Miss Bailey

**Head of School**

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1. I can confirm that my child has been diagnosed with an allergy and has been prescribed an adrenaline auto-injector (AAI) device.

2. My child has two working, in-date adrenaline auto-injector (AAI) devices, clearly labelled with their name, which they will keep in school.

In the event of my child displaying symptoms of allergy and anaphylaxis, and if their prescribed adrenaline device is not available or is unusable, I consent for my child to receive adrenaline from a spare emergency AAI held by the school. I understand that emergency treatment will not be delayed if prior consent cannot be confirmed.

Child's name: .....

Class: .....

Parent's name: ..... Signed: .....

Date: .....

# HEAD BUMP FIRST AID PROCEDURE

## Step 1: Assess the Injury

- Stay calm and reassure the child.
- Check for swelling, cuts, or bruising.
- Observe for signs of serious injury (vomiting, dizziness, confusion, loss of consciousness).

## Step 2: First Aid Administered

- First aid must be administered by a **trained first aider only**.
- Apply a cold compress or ice pack (wrapped in cloth).
- Keep the child comfortable and resting.
- Continue to monitor the child closely.

## Step 3: Head Bump Sticker

- Ensure the child wears a head bump sticker.
- This alerts all staff that the child has had a head injury.
- Continue to monitor while the sticker is worn.

## Step 4: Ongoing Observations

- Keep regular observations of the child throughout the day.
- Watch for changes in behaviour, balance, alertness, or mood.
- Record any concerns immediately.

## Step 5: Call Home

- Always contact parent/guardian to inform them of the head bump.
- Explain what happened, observations made, and first aid given.

## Step 6: Record the Incident

- Complete a First Aid Slip.
- Record details of the incident, observations, and treatment provided.
- Ensure the slip is taken home by the child.

**IMPORTANT** If symptoms worsen or you are concerned at any time, seek medical attention immediately.