

-St. Peter's Catholic Primary School

part of the wider Christus Trust, Multi Academy Trust



Mission Statement

Loving and learning together, with Jesus

First Aid Policy

Policy Ref No	PUP013
Date of Policy	March 2026
Review date	March 2027

Contents

What is first aid?	Page 3
First aid and medication	Page 3
First aid kits	Page 3
Accident books	Page 3
Ofsted requirement to notify parents and the Data Protection Act	Page 4
Administration of medicines at St Peter's	Page 4
Arrangements for children who are competent to manage their own medicine in school	Page 4
Medical emergencies at St Peter's	Page 5
Sickness	Page 5
Treatment of injuries	Page 6
Treatment of head injuries in children	Page 6
Treatment of suspected breaks/fractures	Page 6
Risk Assessments in School	Page 6
Disposing of blood	Page 7
Splinters	Page 7
Ice Packs	Page 7
Asthma	Page 8
Epi-Pens	Page 8
Training	Page 8
Appendices	Page 9

Purpose

The aim of this policy is to set out guidelines for all staff in school in the administering of First Aid to children, employees or visitors.

This policy shall be shared with all employees during their induction to ensure they are familiar with the school's first aid procedures.

The LGC are committed to the Local Authority's procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

What is first aid?

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 and medication

At least one member of staff with current first aid training is on the premises at any one time. The first aid qualification includes first aid training for infants and young children.

The school currently has 19 emergency first aiders with valid certificates.

Our First Aid Kits:

- Comply with the Health and Safety (First Aid) Regulations 1981 and British Standard (BS) 8599.
- Include assorted plasters, disposable sterile triangular bandages, ice packs, thermometer, eye pad dressings, eye wash, medium-sized dressings, large-sized dressings, sterile cleansing wipes, nitrile powder-free gloves, first aid in an emergency booklet, safety pins, resuscitation aide, finger dressings, conforming bandages, and microporous tape.
- Are re-stocked as necessary;
- Are easily accessible to adults;
- Are kept out of the reach of children

Class teachers and support staff are responsible for maintaining the kits in their individual rooms. The lunchtime First Aider responsible for the resourcing of their lunch time bags. The school office also has a first aid kit which is regularly checked and restocked by the office team.

Accident books:

- There are several accident books on the school premises. These are retained by the office, lunchtime First Aider, and teachers. These are kept safely but accessible to first aiders.
- There is a separate book for accidents/incidents that happen at lunchtimes.
- All accidents/incidents which result in a visit to hospital must be recorded on the same day on an accident form, located in the office, by the staff member who witnessed the accident/incident. This is then handed to an office staff member who is then required to report it online through ECC's Corporate H&S service mysafety.com. This includes any accidents / incidents reported under RIDDOR. All staff and volunteers know where they are kept and how to complete them.

These accident records are completed on the same day of the incident, and must include:

- The date, time and place of the incident.
- The name of the injured or ill person.
- Details of the injury or illness and first-aid given.

The information in the accident books can:

- Help the school identify accident trends and possible areas for improvement in the control of health and safety risks;
- Be used for reference in future first-aid need assessments;
- Be helpful for insurance and investigative purposes.

All completed accident books are stored according to the Schools Retention Policy Document.

Ofsted requirement to notify parents and the Data Protection Act

Parents/carers must be informed of any accidents, injuries sustained and/or first aid treatment given to their child whilst in school. This is usually done by a medical slip sent home with the children (Appendix A). If it is a visible head injury or the child is marked, then a phone call will be made. The office team will inform the parents/carers of what happened and recommended next steps.

Staff must be aware of the Data Protection Act and not allow parents to view personal information other than that relating to their child and must not allow parents to take photographs other than of their own child. It is not standard practice to give parents copies of the school's accident record. However, if a parent requests a copy of the accident form, then this will need to be authorised by a member of the senior leadership team.

Administration of Medicines at St Peter's

This applies to all pupils, including those who do not have an individual health care plan.

Medicines will be safely stored in the school office. Parents / carers complete a 'Request to Administer Medicine' form which is kept by the Office Staff and stored in the medical file in the office. This will include name of medicine, reason, date, time, dosage.

- Any parent / carer can request that their child is given prescription medicine in school. St Peter's Primary School will only accept medicine that has been prescribed by a GP or hospital doctor, or presented to us by the parent.
- If medicines (including asthma pumps) are to be administered in school, the parents / carer must complete and sign an agreement form which must be handed into a member of the office team before any medication can be administered.
- It is preferable that pupils take medicine at home, before or after the school day. Parents / carers are encouraged to ask their GPs for medical prescriptions that fit around the school day.
- No pupil will be given medicine without parental consent unless there is a clear and direct emergency and ambulance / emergency personnel are in attendance.
- Prescribed medicines must be in date, prescribed by a NHS doctor and provided in the original container with the child's name. This must also have dosage instructions.
- Parents / carers must regularly renew the school supply of medicines and be responsible for visiting the GP to collect repeat prescriptions.
- At the end of the school year in July, the school will return all medicines in store to the parents / carers.
- The school will not be held responsible for any side-effects due to the correct administration of prescribed drugs
- If the administration of prescribed medication requires medical knowledge, individual training will be provided for the relevant member of staff by a health care professional.

Arrangements for children who are competent to manage their own medicine in School

A child who has been prescribed a medicine may be responsible enough to carry and administer drugs or medical testing equipment e.g. blood sugar testing kit. The school will consult with parents and relevant school staff about the advisability of an individual child or young person taking responsibility for their own treatment. The decision in cases of dispute will rest with the Head of School who has a duty to ensure the safety of all children and young people.

Medical Emergencies at St Peter's

All members of staff who have contact with pupils who have medical conditions will be informed about the best course of action if a child becomes seriously ill and needs emergency treatment. The child and the parents/carer will be informed about the school's arrangements and there will be details in the plan if appropriate.

The school will call an ambulance if a child becomes seriously ill – this applies to all children and not only those with health care plans. A parent will be contacted at the same time.

The school will arrange for a competent member of staff to travel to hospital in an ambulance who will accompany the child until the parents / carers arrive. The member of staff will have the right to sanction emergency procedures as advised by medical staff in the ambulance or at the hospital.

Sickness and other illnesses

Our policy for the exclusion of ill or infectious children is communicated with parents at the start of each academic year.

This includes procedures for contacting parents – or other authorised adults – if a child becomes ill while in the school.

- If a child becomes ill during the school day, their parent will be contacted and asked to collect their child as soon as possible.
- We do not provide prolonged care for children who are unwell e.g. have a temperature, sickness, diarrhoea or who have an infectious disease. Parents have a duty to collect or arrange collection of their child as soon as possible.
- Children with head lice are not excluded but must be treated to remedy the condition. If a child is suspected to have head lice in school, the parent/carer will be contacted and requested to take the child home to be treated but can then return to school.
- Parents are notified if there is a case of head lice in their child's year group.
- Good hygiene practice concerning the clearing of any spilled bodily fluids is carried out at all times by the Health and Safety Coordinator and the Emergency First Aiders.

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
- Parents / carers should be called whenever a fracture or break is suspected and whenever the first aider is unsure of the severity of the injuries. The parent/carer should collect the child immediately

Treatment of head injuries to 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 a cold compress (wet tissue or cloth) for the child's own comfort. Parents/carers must be contacted by telephone if the child has a visible bruise/mark or raised bump to the head. All head bumps must be recorded in the accident book and a red accident slip (APPENDIX B) sent home informing parents of possible symptoms to look out for. The child is also given a bumped head sticker. It is the responsibility of the first aider dealing with the head bump to inform the school office. A phone call will then be made to the parent/carer. These phone calls are logged in the accident book which is kept in the School Office.

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.

Risk Assessments

If a child returns to school with a bandage, dressing or cast, a parent / carer must complete a risk assessment which can be found on the school website, the school office also has a copy of this available. Parents/carers must inform the school of what protection needs to be in place i.e. no P.E or lunchtime playground etc. This must be signed by the class teacher and Headteacher / Deputy Headteacher once completed.

If any of the above symptoms occurs 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 (even if this is in the toilets or playground) so long as it is safe to do so and the emergency first aider must be called immediately to assess the situation.

Treatment of suspected breaks/fractures

The seven things to look for are:

1. Swelling
2. Difficulty moving
3. Movement in an unnatural direction
4. A limb that looks shorter, twisted or bent
5. A grating noise or feeling
6. Loss of strength
7. Shock

- If it is 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. This should ease any pain and prevent any further damage.

- Once you've done this, call 999 or 112 for medical help. While waiting for help to arrive, don't move the injured person unless they're in immediate danger.

Keep checking the casualty for signs of shock.

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.

The parent/carers will be contacted by the office team.

Disposing of blood

Blooded items should be placed in the yellow clinical waste bin located in the school office or in the visitor's toilet near KS1.

Splinters

First aiders will not attempt to remove splinters. The area will be cleaned with an antiseptic wipe and covered with a plaster.

Ice Packs

Ice packs are used for the treatment of sprains, strains and bruises and must be kept out of children's reach. These are stored in the freezer in the school office and cookery room.

Guidance on the use of ice packs: Ideally an ice pack should be applied within 5 -10 minutes of the injury occurring. The pack must be wrapped in a cloth or paper towels to prevent cold burns and applied to the injured area for 10-15 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.

Precautions when using ice and heat:

DO NOT USE ICE OR HEAT

- 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 known infection(s)
- If the skin is broken and there is a risk of infection

Asthma

We have many children at St Peter's with Asthma. All pumps are labelled and kept in the child's classroom in a distinctive medical box which is stored in the teacher's secure drawer. The medical box location is labelled with a green cross.



The class medical box is taken to the hall/playground/field for PE lessons. It is also taken to the playground during playtime and at lunchtime, sits on the medical table with the First Aider on duty.

The office staff regularly check expiry dates of pumps and update parents/carers accordingly if a new pump needs to be brought into school. Parents complete an Asthma Plan for their child and a consent form for the school to administer an emergency Salbutamol inhaler if necessary.

All inhalers should accompany children when they are off the school grounds e.g. on a trip, swimming, visiting another school, etc. Children on the asthma register who have parental consent for the use of the emergency inhaler are clearly indicated. An emergency inhaler can be used if the child's prescribed inhaler is not available (for example, because it is broken, or empty). There are emergency kits which are clearly labelled for use in school, on trips and in the event of an evacuation. These are kept in the school office. Please refer to the Asthma Policy, available on the school website, for further information.

ALWAYS SEEK THE ADVICE/ATTENTION OF A QUALIFIED FIRST AIDER IN THE EVENT OF AN ASTHMA ATTACK

Epi-Pens

Each child with a prescribed EpiPen should have 2 in school – one to be kept in the school office medical cupboard and one in the classroom, in a distinctive medical box which is stored in the teacher's secure drawer. The medical box location is labelled with a green cross.



The class medical box is taken to the hall/playground/field for PE lessons. It is also taken to the playground during playtime and at lunchtime, sits on the medical table with the First Aider on duty.

Each EpiPen should be clearly labelled. The office staff regularly check expiry dates and update parents/carers accordingly if a new EpiPen needs to be brought into school.

Many members of staff have Anaphylaxis and EpiPen training. These include senior leaders, first aiders and the staff working with children who currently have an EpiPen. All EpiPens should accompany children when they are off the school grounds e.g. on a trip, swimming, visiting another school, etc. An Emergency EpiPen can be used if the child's prescribed EpiPen is not available (for example, because it is broken, or empty). Anyone can administer an EpiPen 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 EpiPen is administered.

From 1 October 2017, the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

Please refer to our [Allergy and Anaphylaxis Policy](#) for further information.

Training

A central record of all training related to first aid is held by School Business Manager and is reviewed annually to ensure that certificates are renewed within timescales.

Monitoring and Evaluation of the policy

The policy will be regularly monitored and any necessary changes will be reported to the LGC.

APPENDIX A

	ACCIDENT / ILLNESS REPORT		NAME:	DATE:																		
				TIME:																		
				CLASS:																		
<table border="1"> <tr> <td>Sprains / Twists</td> <td></td> <td></td> </tr> <tr> <td>Nosebleed</td> <td></td> <td></td> </tr> <tr> <td>Bump / Bruise</td> <td></td> <td></td> </tr> <tr> <td>Cut / Graze</td> <td></td> <td></td> </tr> <tr> <td>Headache / Earache</td> <td></td> <td></td> </tr> <tr> <td>Nausea</td> <td></td> <td></td> </tr> </table>					Sprains / Twists			Nosebleed			Bump / Bruise			Cut / Graze			Headache / Earache			Nausea		
Sprains / Twists																						
Nosebleed																						
Bump / Bruise																						
Cut / Graze																						
Headache / Earache																						
Nausea																						
Details of treatment: Cold compress / Wound cleaned / plaster applied / other																						

APPENDIX B

	I HAVE BUMPED MY HEAD TODAY		NAME:	DATE:
				TIME:
				CLASS:
What happened:		PLEASE KEEP AN EYE ON ME If you notice any of the symptoms below in your child, please seek further medical advice: Worsening headache Vomiting episodes Vision problem / double vision Change in behaviour / irritability		
First Aid Administered:				
Contact made with parent/carer:				