



First Aid Policy

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General Policy Statement

The Health and Safety (First Aid) Regulations 1981 (taking note of the amendment in 2013) place a duty on employers to provide adequate and appropriate first-aid equipment, facilities and qualified first-aid personal.

At Lipson Vale Primary School, we have a First Aid Policy in place to support the provision of appropriate first aid procedures and arrangements for our children, staff and visitors to the premises.

We aim to ensure that our policy is in line with the DfE Guidance on First Aid for Schools – a Good Practice Guide (2000). An electronic copy of this can be found [here](#).

At Lipson Vale Primary School, we review our first aid needs annually to ensure that our provision is adequate.

Liability

All staff are covered under the schools arrangements for 'Employers Liability Insurance' and 'Public Liability Insurance' when dealing with an injury. Those not trained in First Aid are also covered, providing any action they have taken can be deemed a reasonable measure according to circumstance and that the action they have taken was the appropriate immediate step.

Trained First Aiders:

Please see Appendix A

First Aid Duty

A list of qualified first aiders will be displayed in the window of the First Aid Base, staff room and office.

Minor injuries (small cuts, grazes) are dealt with by trained staff on duty on the playground. Injuries requiring more significant first aid or monitoring (large cuts, heavy bleeding, bumps to head, cuts in the mouth) are dealt with by the first aider in the first aid room. Staff on playground duty can request an additional first aider by radioing to a senior leader.

A first aid trained member of staff is available for support from 8.30am each morning as children arrive for school.

If first aid assistance is required to deal with an injury during lesson time, call for the assistance of the individual first aider nearest to your class.

First Aid provisions

Each class holds a small First Aid Kit containing:

*10 assorted plasters
4 individually wrapped wipes
1 wound dressing*

1 pair of disposable gloves

At the start of each term these first aid kits will be collected in, topped up and returned to class. Throughout the term, it is the responsibility of the class teacher to make sure that the kit is topped up as necessary and kept in an easily accessible place.

Large First Aid kits are situated in the school office; Angle Sharks classroom and the First Aid Room. Each kit contains (according to HSE guidance):

A leaflet giving general advice on first aid (HSE)
20 individually wrapped sterile adhesive dressings (assorted sizes)
2 sterile eye pads
4 individually wrapped triangular bandages
6 safety pins
6 medium sized (12cm x 12cm) individually wrapped sterile unmedicated wound dressings
2 large (18cm x 18cm) sterile individually wrapped unmedicated wound dressings
4 pairs of disposable gloves

Additional items include:

Individually wrapped wipes

Resuscitation mask (First Aid Base)

Two large first aid backpacks are located in the First Aid room to be used for the purposes of external trips, excursions and sporting activities. These remain fully stocked at all times.

The large First Aid backpack held in the First Aid Base is available to be taken out onto the school playing field during sporting activities.

It is the responsibility of the last person using these kits to re-stock them as specified. These kits will be checked and topped up at the start of each term.

A central supply of first-aid provisions/equipment is kept in the first-aid room. This includes forehead thermometers, a digital thermometer and sickness bags.

First Aid Procedures

In the event of an individual needing first aid assistance, the following procedure should be adopted:

1. Alert a first aider
 - a. The first aider will assess the situation; provide help and call for further first aid support if necessary.
 - b. If a first aider considers that medical advice may be necessary, parents will be contacted.
 - c. In the case of an emergency or more serious injury, the emergency services should be called by dialling 999 and parents contacted. The headteacher or a member of the senior leadership team and the office staff will be informed.

Information about making an emergency call is available in the first aid room and the school office. Please see Appendix B

Head and Facial Injuries

If a child experiences a bump to the head or face during the school day, they should see a first aider who will assess the incident/injury to determine whether further medical assistance is needed and what this should be.

The first aider will inspect the bump or facial injury and make an informed judgement regarding whether parents should receive a phone call, in addition to the red note. First aiders will seek further support from other trained staff if it is needed to make an informed judgement.

Following a bump to the head or face, the class teacher/TA will be informed of the incident so that the child may be monitored, and a red note sent home.

The first aider should complete a 'Head and Facial Injury' incident form for the child to take home at the end of the day.

For children in Foundation and Key Stage One this should be handed directly to the parent/carer at the end of the day or when the child is collected from school.

Head bump letter (*this will be printed on red paper*)

Dear Parent / Guardian,

Name.....

Your child has sustained a head injury at school today at approximately.....am/pm and has been monitored since the accident and we have not identified anything that caused concern up to the time of them going home.

Details.....

.....



.....

.....

If any of these symptoms are present, particularly loss of consciousness (even for a short period of time), you should call an emergency ambulance (999 / 112) or NHS Direct on 111 / 0845 4647

- Lasting headache that gets worse or is still present over six hours after the injury;
- Extreme difficulty in staying awake, or still being sleepy several hours after the injury. It is fine to let children go to sleep after a slight bump to the head, but you should check on them regularly and make sure you are able to wake them.
- Nausea and vomiting several hours after the injury;
- Unconsciousness or coma;
- Unequal pupil size;
- Confusion, feeling lost or dizzy, or difficulty making sense when talking;
- Pale yellow fluid or watery blood, coming from the ears or nose (this suggests a skull fracture);
- Bleeding from the scalp that cannot be quickly stopped;
- Not being able to use part of the body, such as weakness in an arm or leg;
- Difficulty seeing or double vision;
- Slurred speech; and
- Having a seizure or fit.

Regards,



If at any time a head bump is considered at all worrying, parents should be contacted and given the option to collect their child from school if they feel this is appropriate.

Other Injuries

Other minor injuries sustained in school should be noted on the white 'I've had a bump!' slip. This should be sent home with the child to inform the parent/carer that the child has been seen by a first aider and the reason for this.

For children in Foundation and Key Stage One this slip should be handed to parents upon collection/at the end of the day and not put into book bags where it may go unnoticed.

Recording of First Aid Incidents

A central record of first aid support is kept within the first aid room. First Aiders should record all cases of first aid support administered on the first aid record shown below. The information should include brief details of the incident and the first aid treatment given.

Lipson Vale Primary School First Aid Records

This form must be completed by the First Aider or designate and kept available.

Name of Injured Person	
Date of Injury	
Nature of Injury	
Parent notified	
Nature/Location of Treatment	
Name of First Aider	

Name of Injured Person	
Date of Injury	
Nature of Injury	
Parent notified	
Nature/Location of Treatment	
Name of First Aider	

Name of Injured Person	
Date of Injury	
Nature of Injury	
Parent notified	
Nature/Location of Treatment	
Name of First Aider	

The Health and Safety Coordinator will collect the first aid logs each month.

More serious injuries will require an accident report form to be completed and forwarded to the LA. These forms are held in the school office.

Children with Specific Health Conditions

To be read in conjunction with the Administration of Medicines in School Policy.

The administration of medicines is a voluntary duty undertaken by staff. There is no legal or contractual duty on teachers to administer medicine or to supervise a pupil taking it.

Some children have a specific health condition that may require emergency medication (e.g. asthma, epilepsy, severe allergies). The names of these children, along with copies of their individual healthcare plan, will be kept in the first aid room, the office and the classroom so that emergency information is easily accessible to relevant staff.

The medication required for these children, will be stored safely according to individual healthcare plans to enable swift access if needed by the child.

Members of staff trained in the administration of required medication (i.e. Epi-pens, Blood monitoring, emergency epilepsy medication) are covered for liability and should therefore be solely responsible for its correct management.

Hygiene and Infection Control

All staff should take precautions to avoid infection and should follow basic hygiene procedures.

Staff should have access to single-use disposable gloves, aprons and hand washing facilities.

Gloves should be worn when dealing with blood and body fluids. Soiled dressings/equipment should be disposed of in a sealed bags/bin.

A yellow sharps bin for the disposal of contaminated needles is available in for use in the first aid room.

A medical waste bin is situated in the first aid room for the disposal of soiled/bloodied wipes and plasters.

Links to other policies

Supporting Pupils with Medical Conditions Policy

Administration of Medicines Policy

Intimate Care Policy

Equality and Diversity Policy

Accessibility Plan

Appendix A

First Aid

Name	Qualification	Expiry date
Abbie Devlin	Emergency Paediatric First Aid	April 2027
Katrina Coomber	Emergency Paediatric First Aid	April 2027
Julie Hood	Emergency Paediatric First Aid	April 2027
Jenny Milan	Emergency Paediatric First Aid	April 2027
Alison Watson	Emergency Paediatric First Aid	April 2027
Helen Wainman	Emergency Paediatric First Aid	April 2027
Kerry Nightingale	Emergency Paediatric First Aid	April 2027
Kerry Collins	Emergency Paediatric First Aid	April 2027
Karen Renouf	Emergency Paediatric First Aid	April 2027
Di Pope	Emergency Paediatric First Aid	April 2027
Esther Forster	Emergency Paediatric First Aid	April 2027
Julie Brown	Emergency Paediatric First Aid	April 2027
Anna Renouf	Paediatric First Aid	May 2025
Linda Healey	Paediatric First Aid	May 2025
Jayne Smart	Paediatric First Aid	May 2025
Linda Stapleton	Emergency First Aid at Work	March 2025

Appendix B



Ringling 999 for an ambulance, a guide for education

It is always better if someone who is with the patient can ring 999, so you will need to get a telephone to the patient or get the patient to a telephone.

This is important for a variety of reasons, if the call is about an illness the call handler may want to know if there is a rash, what their breathing sounds like, any rapid swelling of the lips, face throat or tongue, does their skin feel a normal temperature etc. If the call is about an injury the call handler may ask questions like, is the limb cold, pale or blue, can the patient weight-bear, are there pins and needles in the limb, any bleeding etc.

When you first ring 999 you will go through to an emergency operator who will ask you what service you require (Police, Fire, Ambulance or Coastguard)

The South Western Ambulance Service uses a triage tool called Medical Priority Dispatch System (MPDS). MPDS is an International Academy of Emergency dispatch computer based operating system that provides a suite of clinical protocols for triaging 999 calls based on the symptoms reported when calling. Calls are prioritised so that patients with life threatening conditions receive the fastest response. The ambulances are only sent on lights and sirens to the most serious conditions, thus minimizing the risk to other road users and the public.

When you are connected to the ambulance service you will initially be asked if the patient is breathing, you will then be asked if they are awake, or if there is any serious bleeding. If the patient is awake & breathing you will be asked what the problem is, at this point we only want to know a brief summary of what is happening, i.e. "they have injured their ankle", "they have breathing difficulties" etc. and how this has happened.

You will then be asked to confirm the address of the emergency.

The call will then be triaged; in order to do this effectively we need to speak to either the patient or someone with the patient and we will also want to know the age of the child.

The call handler will carry out a safe effective assessment of the symptoms reported, as the clinical assessment progresses; each answer determines the next question to be asked. Obviously these questions will vary depending on the symptoms and condition of the patient so it really requires the patient or someone with the patient to answer these questions.

By answering these questions it enables us to prioritise the call response. We may get a clinician (Paramedic, nurse or doctor) to call you back who will assess further & also might ask you if the school or the parents are able to transport the patient to hospital, Doctors surgery or Minor Injury Unit (MIU) following the assessment.

Appendix C

Guidance notes on emergency First-Aid

Emergency First Aid
Asthma Attacks
Abbreviations
Banged Heads & Faces
Broken Limbs
Burns
Bleeding
Eye Injury
Nose Bleeds
Objects in nose
Objects in ear
Choking
Stings

Emergency First Aid

When dealing with an open wound you must always wear protective gloves.

Abbreviations - A. Check airways
 B. Check breathing
 C. Check circulation
 SMA - Seek medical attention

Asthma Attacks

See attached guidance notes 'The Asthma Attack – what to do'.

Banged heads and Faces

Minor

Clean any broken skin with a medical wipe.
Apply an icepack if deemed necessary.

Serious

A.B.C. Place in recovery position.
Treat wounds.
Heavy bleeding, use a thick pad of material – Seek medical advice

Broken limbs

A.B.C.
Do not move unless you have to.
Immobilise the fracture, support the limb.
Treat any open wounds – Seek medical advice

Burns

Treat with cold water for as long as the child can manage (a minimum of 10 minutes is suggested).

If area larger than the size of an adult's hand – SMA

Bleeding

Put on a pair of protective gloves.

Clean area with medicated wipes.

Cover effected area with a dry dressing/plaster.

For more serious injury follow attached notes on 'Bleeding'.

Eye injury

Where a foreign body is evident irrigate eye with water/saline solution.

For a more serious injury cover the eye with a bandage and seek medical advice.

Nose Bleeds

Sit child down and tilt the head forward, breath through mouth, pinch the soft part of the nose

Maintain pressure on nose for a minimum of 10 minutes.

Objects in nose

Block the clear side and encourage the child to blow through their noses

If this does not work seek medical advice

Objects in ear

Insects – pour in tepid water/saline solution and the insect should float out.

If not insects, SMA.

Choking

Ask the child to cough.

If this does not work bend the casualty forward and give **5** back slaps between the shoulder blades in an upward motion.

If this fails place your closed left fist against the upper abdomen just below the ribcage with the thumb pointing upwards. Grasp with your right hand, pressing suddenly and sharply into the casualty's abdomen with a quick upward thrust.

Repeat action **5** times.

Repeat this sequence up to three times – SMA

Stings

Bee stings – Remove poison sack with tweezers, do not break the sack. If possible, keep the wound area in cool water to try to ease the pain. Bicarbonate of soda dissolved in water should relieve the pain.

Wasp stings – If stung in the mouth/throat give the casualty an ice cube to suck – SMA. Vinegar on the wound should help to relieve the pain.

In the case of anaphylactic shock – **AMBULANCE IMMEDIATELY**

Signs of an asthma attack

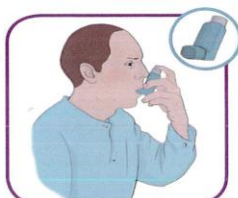
- You need to take your blue inhaler a lot
- Your chest feels tight
- You are coughing and wheezing a lot
- You cannot breathe well
- It is hard to talk

1.



Sit up straight - don't lie down. Try to stay calm

2.



Take one puff of your inhaler every minute until you feel better. You can take up to ten puffs of your blue inhaler.

3.



If you don't feel better after ten puffs of your blue inhaler, call 999 for help.

This has been made by Asthma UK, a charity that helps people with asthma.

☎ 0300 222 5800
www.asthma.org.uk

