



# **First Aid Policy**

**Issued: Sep 2024**  
**Review by: Sep 2025**

## **Rationale**

Students 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.

## **Guidelines**

New staff are given a copy of this policy when they are appointed. As part of the induction process new staff are given details of the first aiders in school, are trained in accident reporting and shown where first aid supplies are stored. This policy is annually reviewed and updated. This policy is written with reference to the West Midlands First Aid Procedure.

## **First Aid Policy Guidelines**

We ensure that there is at least one emergency first-aid trained and one paediatric first-aid trained member of staff in school at all times. This is to ensure that all areas of the school have at least one competent person present; with sufficient 'spare' to cover off-site visits, part-time staff and as far as possible staff absences.

In Foundation Stage all staff members have emergency first aid training and at any one time there is a member of staff with Paediatric first-aid training. When children are taking part in off-site visits, we ensure that a first-aider accompanies all groups. Staff are expected to identify this member of staff when planning any visits.

## **Medical Information About Pupils**

- Medical enquiry forms are completed before entry to school. A copy of this is kept on the pupil's record file in the School Office, on the school database and in the medical room. Care is taken to ensure access to confidential and sensitive information is restricted;
- Parental consent forms are completed for consent to first aid treatment during school hours and for treatment with 'Over the Counter Medications & Homely Remedies
- Specific medical conditions of pupils are made known to relevant staff, with the consent of the pupils and parents.
- All medical records are kept in a filing cabinet in the school office, which is kept locked.

## **When A Pupil Is Unwell Or Has An Accident**

If a pupil is unwell in class or has an accident, he/she can be sent to see the school's first aider with an escort of another pupil or member of staff, depending on the severity of the accident.

The school's first aider will assess the pupil and decide on the course of management. This may include: allowing the pupil to rest for a short time; giving some simple treatment eg: applying a bandage/plaster, administering an Over the Counter medicine in an age-specific dose.

In consultation with the Class Teacher and/or Deputy Head where appropriate, parents will be informed of a pupil's condition if they stay in the medical room for longer than an hour.

Other courses of management will include telephoning for an emergency ambulance if a pupil is seriously unwell or injured. NICE Clinical Guidelines are followed regarding cases of Head Injury.

The school's first aider will document each visit and treatment given, noting details of time of attendance, the name of the pupil and his/her class, the presenting complaint and how it is managed (these notes are locked away outside school hours). The school's first aider will also communicate with the pupil's class teacher and keep them informed of the pupil's condition and outcome.

The school's first aider if necessary will attend an accident at any location on the School Premises and administer first aid as necessary.

### **Informing Parents**

In the case of a head injury, where a pupil has hit his/her head or has been hit on the head, the pupil's parents will be telephoned and informed as soon as possible. Parents need to be informed (whether there are any signs of injury or not) about the nature of the accident, and any medication or treatment that might have been administered. A head injury advice form (appendix 4) will also be given to the class teacher to ensure it is given to the parent or guardian collecting the child when he/she leaves the school premises.

A pupil's parents will be contacted by telephone whenever a pupil attends the medical room for anything other than a minor complaint or accident. The School first aider will convey the nature of the pupil's illness and its severity to the parent/guardian and, if necessary, will ask the parent/guardian to collect their child as soon as possible. The class teacher is also informed about the accident or illness.

### **Accident Forms**

The school will keep records according to Health and Safety Regulations. There is an in-house system for recording accidents, or near-miss accidents.

### **Accidents to pupils**

An accident form is to be completed by the member of staff who is responsible at the time of the accident; the relevant section must also be completed by the School first aider if he/she is involved in the subsequent care and treatment of the pupil. Accident forms are to be found on the school office:

If an accident occurs away from the School premises the member of staff responsible should record the injury as soon as possible after the accident, ideally starting an Accident Form, or if one is not available, making notes. On returning to School formal documentation should be completed in accordance with the school policy.

### **Accidents to staff and other adults**

If the injured person is a member of staff, or a visiting adult, they are responsible themselves for recording the injury.

### **First Aid for Events Outside The School Premises**

For games lessons and school trips or lessons off the school premises, there will be a designated teacher in charge of first aid or ensuring that first aid facilities are available, including knowing the location of the nearest AED (Automated External Defibrillator).

Risk Assessments for School Trips and off-site sporting fixtures must specify the responsible person for First Aid.

First aid trained staff will always be available for sporting activities off the school premises. It is the responsibility of the teacher in charge or designated first aider to carry a first aid bag.

### **First Aid Bags and Boxes On School Premises**

It is the responsibility of the School first aider to check the contents of each first aid bag, whenever it is brought back from a school trip and before one is given to a teacher for a school trip.

The first aid bag taken to Games is similarly checked regularly. It is replenished whenever anything from it is used. It is the responsibility of the teacher to bring the first aid bags used to the School for replenishment whenever anything from it is used.

The contents of first aid bags are in accordance with health and safety guidelines and specifically do not include any medicines or topical treatments. A specific remedies kit is available & may be taken together with the first aid bag. In this kit are a few homeopathic remedies and topical treatments with instruction of how and when to use them. This remedies kit should only be taken by a member of staff confident in using common homeopathic remedies and given to pupils whose parents have agreed that they may be administered to their son or daughter.

It is the duty of the School Matron to make regular checks (at least twice a term) of the first aid boxes situated in the school building.

There are first aid boxes located:

- school office
- school medical rooms;
- Classroom 1&4

## Allergies

Staff are informed of children with allergies, so that they may avoid contact with foods to which they are allergic. There is a list in the school office, of pupils who have severe food allergies, accompanied by photographs and details of the location of emergency medicines.

Nuts in any form are not given to any pupils at all at school mealtimes or break times. Staff receive training in how to recognise when a child is having an allergic reaction and how to deal with it.

Parents of pupils with allergies are expected to keep the School regularly updated as to their condition and to ensure that the medicines are within date.

**The teacher in charge** of any outing away from the School Premises **has the responsibility** of being acquainted with any specific medical needs of the pupils in their care, including having a knowledge of, for example, pupils with asthma, and their need for inhalers, and pupils with allergies, at risk of anaphylaxis.

Fully completed risk assessments identify pupils at risk on each trip. The risk assessment should identify which member of staff checks that pupils' medication is available and that it is in date. Pupils must remain in school if they do not have their medication with them.

Where pupils attend residential visits, parental consent forms must include details required medication and indicate clearly whether the parents gives consent for staff to administer the medication or not. The designated First Aider must check medical forms and consent details before departure.

## When To Call An Ambulance

The School First Aider would make the decision to call an ambulance. In the case of a First Aider dealing with an incident, their training informs them of the point at which to call an ambulance.

All staff are advised to call an ambulance immediately when a pupil or member of staff has any difficulty breathing; suffers significant blood loss quickly; loses consciousness – other than fainting.

## Medication

Medicines, as prescribed by doctors, can only be administered to pupils with specific written consent from the parent or legal guardian; see separate 'Administration of Medicines and Supporting Pupils with Medical Conditions Policy'.

### **Confidentiality**

Medical information about pupils will remain confidential. However, in providing medical care for pupils, it is recognised that the first aider may liaise with parents, or other staff and that information, with the pupil's prior consent, will be passed on as appropriate.

### **Hygiene Procedures for Spillage Of Blood Or Body Fluids**

The risk of infection through exposure when dealing with blood/bodily fluid spillage will be minimised by immediate, safe, and effective cleaning, as detailed below:

- All staff should wear protective clothing (disposable gloves and apron), and cover any open cuts.
- Apply contents of a biohazard spillage kit and clean as directed
- Clear away and use fresh paper towels with water/detergent solution to clean
- Clear all items used and dispose of appropriately (wrap in paper or plastic first)-place in clinical waste disposal bag. Dispose in the designated waste bin.
- Ensure area is safe after cleaning
- Perform hand hygiene both before and afterwards.
- Splashing must be avoided and mops should NOT be used.
- One person should be primarily responsible for each area.

### **Health and Safety and Awareness of Hazards in Subject Teaching**

Prevention of accidents is given ongoing consideration within the school. (See also Health and Safety Policy Document.)

Risk assessments are prepared before any outing, sporting activity or public performance, to ensure careful consideration has been given to the impact of any hazard on pupils, staff and the public. The Science, in the Art and Sports lessons, teachers must pay careful attention, through risk assessment and following their respective advisory guidelines to all activities e.g BAALPE & COSHH etc. All staff to follow a code of practice regarding safety and assessment of hazards. Completed risk assessments are kept electronically and signed copies in the school office.

### **RIDDOR**

#### **The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013**

#### **Who reports accidents / incidents within St James?**

The School is responsible for informing the HSE of any accident that could be reportable, as soon as possible.

Staff, or organising activities out of normal school hours off the school premises, should be clear about the School's responsibility to contact HSE within a given timescale, in the event of an accident.

All staff are responsible for filling out an Accident/Incident report where the accident/incident takes place to themselves, or to a pupil during an activity for which they are responsible.

Completion of RIDDOR 2508 forms must be authorised by the school head teacher.

### **What Accidents / Incidents need to be reported?**

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013) the Health and Safety Executive must be notified as soon as possible by telephone or e-mail of:

- accidents to employees causing either death or major injury
- certain industry related diseases suffered by employees
- dangerous occurrences
- Accidents to members of the public (remember the “public” includes pupils and visiting pupils) where any is killed or taken from the premises to a hospital. (Playground injuries etc. and sports injuries, unless caused by defective equipment, defective premises or defective supervision etc., are not notifiable.)

Accidents to employees which result in injury causing absence from work of more than seven days (incapacitation) not counting the day on which the accident happened must be notified within fifteen days of the accident occurring.

The notifiable major injuries, reportable dangerous occurrences and reportable diseases relevant to the employer are as follows:

Major injuries:

- fractures, other than to fingers, thumbs and toes;
- amputations;
- any injury likely to lead to permanent loss of sight or reduction in sight;
- any crush injury to the head or torso causing damage to the brain or internal organs;
- serious burns (including scalding) which: covers more than 10% of the body; or causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment;
- any loss of consciousness caused by head injury or asphyxia;
- any other injury arising from working in an enclosed space which: leads to hypothermia or heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.

### **Dangerous occurrences include:**

- Any explosion or fire caused by an electrical short circuit or overload (including those resulting from accidental damage to the electrical plant) which either: results in the stoppage of the plant involved for more than 24 hours; or causes a significant risk of death.
- The complete or partial collapse (including falling, buckling or overturning) of: a substantial part of any scaffold more than 5 metres in height; any supporting part of any slung or suspended scaffold which causes a working platform to fall (whether or not in use); or any part of any scaffold in circumstances such that there would be a significant risk of drowning to a person falling from the scaffold.
- the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment.
- the accidental release of any substance which could cause injury to any person.

Diseases include:

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- hand-arm vibration syndrome;
- occupational asthma;

- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

Reporting may be done in a number of ways: e.g. telephone: 0845 300 99 23; online; email; post – by completing form 2508.

*(Information and quotes taken from the St James Junior School H & S Policy document.)*

### **Record Keeping**

It is essential that a record of any treatment that has been administered to a child is kept. Nominated first aiders have a notebook for such records. Such a record should include: name of child, date, time, treatment given, reason given, signature of staff and printed name. The parents should be informed of any treatment given when the child is returned to their parents care.

*See also 'Administration of Medicines and Supporting Pupils with Medical Conditions Policy' with regard to keeping records of any medication given.*

## Appendix 1 Asthma Guidance

What is Asthma?

- Asthma is a condition that affects the airways, the small tubes that carry air in and out of the lungs.
- When a pupil with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscle around the walls of the airways tightens so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell.
- All these reactions cause the airways to become narrower and irritated making it difficult to breathe and leading to symptoms of asthma.

Management of the Pupils' Asthma

- Control symptoms
- Prevent exacerbations
- Achieve best possible lung function
- Minimise side

effects Aim of this

Guidance

The aim is to develop comprehensive guidance to improve the management of pupils with asthma on the school site, on school trips and at school events. Encouraging them to achieve their potential in aspects of school life,

Objectives

- To recognise that asthma is a condition affecting many school children and the school welcomes all pupils with asthma.
- To ensure pupils with asthma participate fully in all aspects of school life including P.E, & "Off Site" activities.
- To recognise that immediate access to reliever inhalers are vital.
- To ensure, whenever possible, that the school environment is favourable to pupils with asthma.
- To ensure that updates are given to all staff who come into contact with asthmatic pupils in order that they know what to do in the event of an asthma attack.
- To work in partnership with all parties involved with pupils including school staff, parents and school medical team to ensure the policy is implemented and maintained successfully.
- To teach pupils who have asthma about the disease and its management and encourage them to take care of their symptoms.
- To ensure that annual training is given to all staff attending asthmatic pupils.

Actions

- For the School first aider to liaise with School Staff.
- For the School first aider to ensure that the Medical At Risk List is regularly updated and this list is available to all Staff either through their respective departments, Staff rooms or accessible on the School database.
- School Staff will allow pupils to administer their own medication when needed.
- Parents will be notified when inhalers become out of date by the School



first aider, to enable parents to replace aforementioned out of date inhaler.

### School Trips

- Ensure trip leaders will request completion of trip list containing relevant medical information prior to the trip.
- Care plans will be issued to trip leaders with relevant medication and trip leader will be invited to see the School first aider to go through care plans and correct use of inhaler.
- All students with a diagnosis of asthma MUST have their asthma inhaler with them prior to setting off. The trip leader is responsible for ensuring this and must visualise the inhalers, with the named spare inhaler being kept with the designated first aider for the trip.
- If the School first aider has not been provided with a named spare inhaler, then the student will not be allowed to join the trip. If time allows, then the trip leader may wish to contact the parents and request them to bring an inhaler into school.

### Common Signs of an Asthma Attack:

- Coughing
- Shortness of breath
- Wheezing
- Tightness of the chest area
- Difficulty in speaking

### What to do if a pupil has an Asthma Attack

- Ensure that the reliever inhaler is taken immediately – (1 puff followed by a further puff 1 minute apart, using a spacer device if normally used) this is usually the blue inhaler and opens up the narrowed airways.
- Stay calm and reassure the pupil – attacks can be frightening, so stay calm. Listen carefully to what the pupil is saying. Do not put your arms around the child as this may restrict their breathing.
- Help the pupil to breathe – encourage the pupil to breathe slowly and deeply. Most people find it easier to sit upright or lean forward slightly. Lying flat on the back is not recommended. Get someone to contact the School first aider to assess the pupil.
- After the attack – minor attacks should not interrupt a pupil's involvement in school. As soon as the pupil feels better, a return to normal activities should be encouraged but the School first aider should be informed and the pupil checked before returning to lessons.

If there is no improvement within five minutes, continue to give the inhaler (1 puff followed by a further puff 1 minute apart, using a spacer device if normally used) until symptoms improve.

If the symptoms do not improve between 5 – 10 minutes, or if:

- the pupil is too breathless, distressed or exhausted to talk
- the pupils lips are blue, chest tightness or wheezing
- OR YOU ARE IN DOUBT at all about the girl's condition

Dial 999 or contact the School first aider and continue to give reliever medication every minute until help arrives.

- A pupil should be taken to hospital in an ambulance. School staff should NOT take them in their car as the student's condition may deteriorate very quickly.
- Never give aspirin or ibuprofen (Neurofen) to anyone with asthma.

#### Asthma in P.E. and School Sports

- P.E. staff must know which pupils have asthma, by referring to the At Risk list provided by the School first aider and encourage and support them.
- Remind pupils whose asthma is triggered by exercise to take a dose of reliever medication 15 minutes before they start the lesson/class.
- Encourage pupils with asthma to do a few short sprints over 5 minutes to warm up.
- Make sure pupils bring their reliever inhalers (blue) to all sports/PE/Gym events.
- Ensure that pupils who say they need their asthma medication, take their reliever inhaler and rest until they feel better. Speak to the School first aider if a pupil needs more reliever inhaler than usual or ask the pupil to be checked by the School first aider.
- Speak to the School first aider if Staff are concerned that a pupil has undiagnosed asthma.

## Appendix 2 Diabetes Guidance

### Information

Diabetes (diabetes mellitus to give it its full name) is a life-long condition in which the amount of glucose (sugar) in the blood is too high because the body's way of converting glucose into energy is not working as it should.

Our bodies need glucose for energy. Glucose enters the bloodstream when you digest carbohydrate from various kinds of food and drink, including starchy foods (such as bread, rice, potatoes), fruit, some dairy products, sugar and other sweet foods. Glucose is also produced by the liver.

In people without diabetes, a hormone (a chemical messenger) called insulin carefully controls the amount of glucose in the blood. Insulin is made by a gland called the pancreas, which lies just behind the stomach. It acts as the 'key' that 'unlocks' the body's cells to let the glucose in. The body's cells then convert the glucose into energy.

### Aim

- To identify pupils who may be at risk of developing diabetes.
- To optimise care of the disease.
- To identify and optimise care of co-existing conditions.
- To prevent complications of the disease.
- To promote pupil education and self-care.

### Procedure

The diabetic students will be seen by the RGN who ideally has diabetes training. The Health

Professional will:

- Discuss weight, urine, blood pressure, foot care and diet intake, assessed by using evidence- based points system.
- Discuss blood monitoring and technique.
- Encourage maintenance of blood glucose monitoring record.
- Discuss lifestyle issues, give education and literature as necessary.
- Ensure pupil has HBA1c checked annually.
- Ensure pupil has regular follow ups with hospital paediatric department.
- Refer to GP if any abnormalities found.

### Signs and Symptoms of Hypoglycaemia and Hyperglycaemia

**Hypo** (when blood glucose drops

too low) Common symptoms:

- sweating
- hunger
- tiredness
- blurred vision
- lack of concentration
- headaches

- feeling tearful, stroppy or moody
- going pale
- feeling shaky

#### Causes

- too much insulin
- a delayed or missed meal or snack
- not enough carbohydrate food
- unplanned physical activity
- if they are old enough, drinking large quantities of alcohol or alcohol without food
- sometimes there just is no obvious cause.

#### Management:

- Get pupil to stop what they are doing – ignoring a hypo means it will only get worse.
- If there is time, do a test just to make sure. If not, get them to eat first and test later.
- Make sure they eat or drink something sugary, such as glucose tablets, jelly babies or an ordinary (not diet) drink. This quick-acting carbohydrate will raise their blood glucose levels quickly. The amount needed will vary from child to child.
- Don't use chocolate – because of its fat content, it doesn't work quickly enough.
- Try to sit them down until they feel better.
- After about 10 minutes, check their blood glucose again.
- Many students will need a longer-acting carbohydrate, eg fruit, biscuit, small sandwich or their next meal (if it's due). This will prevent their blood glucose levels from dropping again. Again, the amount needed will vary.

#### **Hyper** (when blood glucose rises

too high) Common symptoms:

- increased thirst
- passing urine more frequently
- headaches
- lethargy
- abdominal pain

#### Causes:

- missed insulin dose
- too little insulin given
- eating too much sugary or starchy food
- over-treating a hypo
- stress
- being unwell with an infection

#### Management:

If the pupil's blood glucose level is high for just a short time, emergency treatment

won't be necessary. But if it stays high you need to take action to prevent the pupil developing diabetic ketoacidosis. Contact the Health Professional/First Aider on duty.

- Check the pupil's blood or urine for ketones if their blood glucose level is 15mmol/l\* or more.
- If ketones are present it is likely that the pupil does not have enough insulin in their body, so you may need to increase their insulin or give an extra insulin dose. Talk to the Medical team about how to do this.
- Make sure your child drinks plenty of sugar-free fluids.
- If your child has ketones and is unwell, especially if they are vomiting, you must contact your Health Professional/First Aider/Parent/paediatric diabetes team for advice.

*REF: Diabetes UK*

## **Appendix 3 Sun Protection Guidance**

### Background

Skin cancer is one of the most common cancers in the UK. Malignant melanoma, the most serious type of skin cancer, has seen the largest increase in incidence rates in the last 25 years. Up to 80% of these cases can be prevented by taking adequate measures to protect ourselves from the sun.

Sunburn when young can double the risk of skin cancer later in life. Pupils/students are at school during the peak UV hours of 11-3, thus making sun protection at school vitally important.

### Aim

This guidance has been drawn up with the intention of enabling all who work at St James (pupils/students and staff) to enjoy the sun safely.

### Education

- Pupils will receive at least one lesson on sun safety during the science or PSHE programme.
- At the start of the summer term pupils will have an assembly on the importance of sun protection.
- Parents and guardians will be sent a letter explaining the school's guidance regarding sun protection and how they can help at the beginning of the summer term.
- Staff will be given advice on sun protection so that a whole school approach is achieved.
- We will invite the school first aider to discuss this issue when appropriate.

### Protection

- South facing windows have been fitted with shades.
- Shaded pagoda areas are provided.
- As part of the new development project and long term building plan we aim to increase the amount of shade available.
- Pupils are advised to apply 15+ sunscreen when outside at break/lunchtime.

### Timetabling

- The timetabling of outdoor events will be adjusted to take into account spells of hot weather.

### Outdoor activities/visits and PE lessons

- Pupils are encouraged to apply factor 15+ sunscreen for all outdoor trips and activities, such as PE lessons.
- All teachers will encourage students/spectators to wear hats during outdoor activities/visits and sports day.
- Students should bring water bottles to avoid dehydration/ water to be supplied by school when necessary (sports day etc.).
- Extra shade will be supplied, in the form of gazebos, for sports day.

**Appendix 4**

Dear Parent / Guardian,

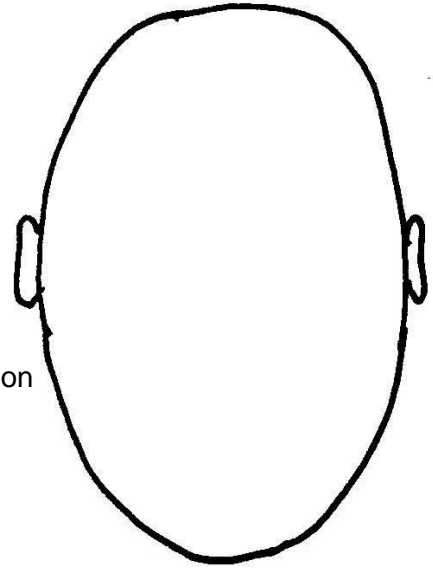
Name.....

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,