

BLACK HORSE HILL INFANT SCHOOL



FIRST AID POLICY

13th May 2025

Approved by Committee _____

25th June 2025

Approved by Full Governing Body _____

C Brierley

Signed _____ (Chair)

J Morris

Signed _____ (Headteacher)

Black Horse Hill Infant School

FIRST AID POLICY

Please refer to Medical conditions policy

A. ILLNESS

If a child is taken ill during the school day, he/she will be made as comfortable as possible by the person in charge. Parents/Carers/Emergency Contacts will be informed and asked to come to collect the child. School will call the people on the list until contact is made and arrangements have been put in place to collect the child. If Parents/Carers/Emergency Contacts are not available, the children will be looked after in school. In an emergency situation, the ambulance will be called.

Contagious Diseases

If it is suspected that a child is suffering from a contagious disease Health Protection Agency guidance will be followed.

B. POLICY RELATING TO ILLNESS, ACCIDENTS AND FIRST AID REPORTING

1. All staff should be aware of and have read 'Guidance on First Aid for Schools: a good practice guide (February 2022). This is available in revised form in the medical room. All staff should familiarise themselves with the document and comply with the recommendations.

2. Qualified First Aiders are:-
(Certificates are displayed in the medical room)

Mr Ray Pritchard – Caretaker (Refresher training due October 2025)
Mr Stuart Dagnall – Teaching Assistant (Refresher training due October 2025)

Paediatric First Aiders are:-
All teachers and teaching assistants received the 6 hour first aid.

The following staff have completed the 12 hour Paediatric First Aid
Miss Melissa Barnes Teaching Assistant (Refresher training due December 2028)
Mr Callum Jones Teaching Assistant (Refresher training due December 2028)
Mrs Annabel Underwood Teaching Assistant (Refresher training due December 2028)
Miss Sharon Barnes Foundation Stage Teaching Assistant (Refresher training due December 2028)
Mrs Aileen Boardman – Foundation 1 Teaching Assistant (Refresher training due January 2028)
Miss Vivienne Siddall Teaching Assistant (Refresher training due January 2028)
Mrs Emma Carter Jenkins Out of School Club Manager (Refresher training due January 2028)
Mr Stuart Dagnall Higher Level Teaching Assistant (Refresher training due January 2028)
Miss Cara Benson– Midday Supervisor/Admin Assistant (Refresher training due January 2028)
Mrs Sue Mason – Midday Supervisor (Refresher training due January 2028)
Mrs Lindsay Peddie – Midday Supervisor (Refresher training due October 2028)
Mrs Laura Maskill – Midday Supervisor (Refresher training due January 2028)

There is at least one Paediatric First Aider in each Foundation Stage class.

3. First Aid boxes are available in:-
 - i. Medical Room
 - ii. Kitchen
 - iii. F1 Classroom
 - iv. Year 2 corridor

Boxes are available for and must be taken on school trips.

4. Should a child require First Aid it is the responsibility of the member of staff working with that child to administer such treatment as he/she deems necessary, or to contact a qualified First Aider or appointed person for advice or to administer such treatment in more serious cases.

Playtime

If the accident happens during playtime, send the child to the medical room, where a member of staff will be on duty. All accidents should be recorded.

Lunchtime (Midday Staff)

If the accident occurs during lunchtime, the person responsible for First Aid that day will attend to the child in the medical room or take advice from a qualified first aider. The children know which member of staff is the designated first-aider because they wear an orange high-visibility vest.

It should be remembered that in the event of an accident occurring to one child in a group, the safety of the whole group is paramount.

5. Disposable plastic gloves should be worn, especially when dealing with nose bleeds, wounds etc. A supply of these is kept in the medical boxes.
6. Clean cold water only, applied with a tissue to be used when dealing with cuts and grazes. Wounds containing grit should be cleaned with antiseptic Mediwipes. Plasters may be used, but children must first be asked if they are allergic to them and the list on the wall of the medical room should be checked.
7. Should injury prove serious it is essential to contact a qualified First Aider. In these cases, reference should always be made to the Headteacher as soon as possible. Parents/Carers should be informed.
8. Recording and Reporting Accidents and Injuries

Serious accidents must be notified to the school secretary who will inform the LA representative on 606 2211 the day they occur. If a child attends hospital, form M13 should also be completed and sent 1st class to the WBC Building Services, Conway Street, Birkenhead, CH41 6JD. **(SEE APPENDIX A)**

All injuries should be noted in the Accident Book **(SEE APPENDIX B)**.

Where the first aider or Headteacher/Centre Manager considers that hospital treatment is required, the school should summon the emergency services for transport by ambulance. Parents/Carers will also be informed/contacted at this point.

If, despite being fully appraised of the situation, the emergency service does not consider it necessary for transport by ambulance, but the school consider that further medical advice is required, the school should contact the pupil's next of kin. If the next of kin cannot be contacted and/or do not have access to own transport, the school can, **only** in these **exceptional** circumstances arrange to transport the injured person using their school staff transport.

Please note that that they must be accompanied by an additional responsible adult to support the injured person. A member of staff should stay with the injured child until their parents/carers/guardians arrive at the hospital.

Minor /Serious Head Injuries

- a. If a minor head injury, a "bumped head note" **(SEE APPENDIX C)** should

be issued, signed by the person dealing with the accident. The child's class teacher must be informed of the injury so that she can monitor the child and check that the child is going straight home at the end of the day.

If the child has a serious head injury then they will be treated by a First Aider in school. Another member of staff will notify the child's parent/carers or contact the emergency services. A bumped head note will be completed so that it can be taken to hospital. M13 will be completed.

Children with a head injury should not be left unaccompanied.

b. Other Serious Injuries

Record in the accident book and proceed as for serious head injuries. M13 will be completed.

c. Slight Injuries

Minor grazes and cuts should be recorded in the medical books. If an injury requires treatment and parents/carers need to be alerted to this a sticker will be placed on the child which states where the child has been injured.

9. IT IS IMPORTANT TO RETAIN A CALM AND REASSURING ATTITUDE TO CHILDREN WHO HAVE SUFFERED ACCIDENTS. Talk of hospital, stitches, x-rays etc. is not helpful. Wherever possible children should be attended to in the Medical Room, without other children in attendance. It is equally important to reassure other children who may be upset by the accident.
10. In the event of a child stopping breathing, a C.P.R. (Cardiac Pulmonary Resuscitator) mouthpiece is available in the Medical Cupboard. IMPORTANT: the C.P.R. mouthpiece must only be used by a qualified First Aider. A defibrillator is also available in school.
11. **Asthmatics** - Children requiring inhalers should not be denied access, whatever the time of day. Preventative inhalers and spacers are kept in a secure place in the classroom. All inhalers and spacers are marked with the child's name. A list of asthmatics and their medication is pinned on the Medical Room wall. If a child has an asthma attack, a quiet, calm environment is essential. Keeping an upright position, sitting on a chair, leaning forward with elbows on a table or back of another chair, gentle breathing in through the nose and out of the mouth will ease the airflow. Asthmatics who require their inhalers before exercise should take them before beginning any sport related activity. Parents/Carers are informed of this. If a child has had to use their inhaler, a sticker will be placed on their school jumper.

A Paediatric First Aider will be given the responsibility of checking all inhalers in school are "in date". A Paediatric First Aider will ensure all lists are kept up to date.

12. Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. All teaching and non-teaching staff have been trained how to use an epi-pen and two pens are available in school (one is kept in the medical room and one is in the classroom of the child with a nut allergy). A risk assessment has been completed for nut allergies. Should a severe allergic reaction occur, an ambulance must always be called. Kitchen staff are aware of the children who have allergies and this is reinforced by pupils wearing a red wrist alert band.

13 Prescribed Medicine in School

If a child needs to take any form of medication, which has been prescribed by their doctor, the parents/carers must fill in a medication permission form. **(SEE APPENDIX D)** A register of all children requiring medicine is kept in school. Parents/carers must take responsibility for bringing the medicine to school and collecting it at the end of the day. If bringing medicine to school is unavoidable, parents/carers must bring it to the office to be locked in the cupboard. Except for inhalers and epi-pens, medicines are not allowed in classrooms. However, antihistamines and creams may be stored in grab bags.

A Supervisory Assistant or other suitable person will supervise the administration of all medicine before lunch. Children who have been given medicine in school will be given a sticker (not daily medicine) to say that they have had their medicine. The member of staff administering the medicine will complete a form stating time and the dose given to the child.

Non Prescribed Medicine

Each request to administer medicine will be considered on an individual basis.

14 Dental Injuries

Injuries such as fractures or chips to second teeth which are less than 2mm should be reported to parents/carers. They should be advised to attend their own dental practitioner.

With injuries over 2mm time is all important. Contact the parent/carer and if unavailable the child should be taken to the hospital. If the tooth is knocked out DO NOT PUT IT IN WATER OR IN TISSUE. DO NOT SCRUB THE TOOTH, just try to place it back in the socket if possible. Alternatively keep the tooth in MILK and take the child to a dentist as soon as possible. If the child does not have a dentist, contact the local practice and ask for emergency treatment.

15 Disposal of Clinical Waste

Under the new laws, clinical waste which includes swabs, bandages or tissues used to clean wounds and mop up any body fluids must be disposed of properly. One clinical waste bin is provided and is kept in the medical room. This container is emptied periodically.

Disposal of Nappy Waste

A second bin is available for nappy waste. This container will also be emptied periodically.

16 Children who Soil Their Clothing

Please also refer to Intimate Care policy

If a child has an 'accident' and soils their clothing, they will be taken either to the toilets or the first aid room. Children will be encouraged to clean themselves as much as possible. The children will be given clean underwear and clothes. Soiled clothing will be put in a plastic bag for the child to take home. Parents/carers will be notified and asked to pick the child up if the soiling was due to an upset stomach or if the child is distressed. If the parent/carer is not contactable, the staff will ensure that the child is cleaned properly. Staff must wear gloves when handling the dirty clothes. **(SEE APPENDIX E)**

No child is to be excluded because of continence issues. Accidents should be dealt with in school as there are facilities to dispose of soiled nappies and there is access to a shower.

If a child has ongoing continence issues a Health Care Plan will be written by BHHIS SENDCO with the help of professionals.

The above system will also be used for children who are sick.

17 Dealing with other bodily fluids such as vomit, blood, urine or faeces

If the incident occurs during the caretaker's designated hours the caretaker will deal with the bodily fluids.

If the caretaker is not on the school premises another member of staff will deal with the incident adhering to the procedures and risk assessment.

Staff will wear suitable protective equipment to deal with the bodily fluids (waterproof apron and gloves). Staff will cover the area with medicated sawdust and leave for a couple of minutes to absorb the bodily fluid. After this, the spillage will be brushed up and tied in a disposable plastic bag. The area will be disinfected. Staff will wash hands thoroughly.

18 Analysis of Accidents

Children's accidents will be analysed by the Headteacher monthly to ascertain if there is a pattern of types of accident or areas when safety is of concern. This report will then be given to the governors to make a decision if any action is required. **(SEE APPENDIX F)**. The Local Authority collect accident data every three months.

19 Staff Accidents

All staff accidents should be recorded in the staff accident book, which is kept in the filing cupboard in the school office. For more serious accidents where a visit to the hospital is necessary, a green accident form should be sent to the Education Office as in 8 above.

Updated by
J Morris – May 2025