



FIRST AID POLICY

All staff in school deal with minor incidents requiring first aid and their training is updated at regular intervals either through Inset or through outside courses.

A useful document to consider is Health and Safety, Responsibilities and Duties for Schools (2018).

During lessons first aid may be administered by the class teacher, teaching assistant or members of staff located in the school office.

Break Time Arrangements

If an accident occurs in the playground dedicated members of staff are available to provide first aid. At morning break time this will usually be Mrs Staples or Mrs Wade. At lunchtimes, midday supervisors on the playground will provide first aid from 12.20pm to 1.50pm. After this time, when the majority of children are outside, a member of the teaching staff will be on first aid duty in the infant block shared area. For more serious first aid emergencies, a qualified first aider is available in the school office.

The main qualified first aiders at Ayscoughfee Hall School are: - **Mrs Staples, Miss Lawniczak and Mr Hutton, Mrs Climo, Mrs Forster, Mr Clark, Mrs Kenneally, Mrs Mitchell, Mrs Adams and Mrs Li** are trained in **Paediatric First Aid** and a paediatric first aider always accompanies any EYFS trips. Their qualifications and training must be renewed every 3 years. We do additionally try to train as many staff as possible on a First Aid at Work training course. There is always at least one qualified first aider in school when children are present.

Children in the EYFS will always be supervised by a person trained in paediatric first aid whilst eating, in line with EYFS guidelines (2025)

First Aid Boxes

There are eight boxes. One is located in the School Office, Main Corridor, Art Room, PTFA Kitchen, Cookery Room, Music Corridor, Infant Block and Junior Changing Rooms.

Each box contains: scissors, bandages, plasters (single and strip), sterile gauze and disposable gloves. Supplies of ice compresses are kept in the School Office and the Infant Block.

The School Secretary is responsible for checking the First Aid supplies and for keeping a record of when they have been checked. She will replace out of date items and replenish stocks when necessary from the First Aid Store. Staff should notify her if they notice that stocks are running low.

Medical Room

Minor first aid issues will be dealt with either in the infant block foyer area (break times) or the school office. If a medical room is required for more serious incidents, these are located in the Junior boys' / girls' changing rooms. Both rooms have a locked first aid cabinet, the key to which is stored in the PE Office. In the rare event of the Medical Rooms being in use during PE sessions children will change in classrooms.

Defibrillator

A defibrillator is kept in the office for use if necessary. All staff have been trained in the use of this equipment, but full instructions are available. In the case of an emergency, someone must contact the emergency services immediately, while another member of staff collects the defibrillator from the office

and, where possible, another member of staff should accompany them to the casualty. The defibrillator should be returned to the school office as soon as practicable after use.

Safety/HIV Protection

All staff must wear disposable gloves when dealing with any accident involving blood or any other bodily fluids. Any waste (wipes, pads, paper towels etc.) must be placed in a disposable bag, fastened securely

and placed in the Clinical Waste Bin located in the staff toilet in the Infant Block. Any soiled children's clothes must be placed in a plastic bag and fastened ready to take home.

Treatments:

Cuts/scratches

Use only clean water or antiseptic wipes. It is policy not to use antiseptic liquids/ointments, as these could delay healing. Plasters may be applied, if necessary, after ascertaining the child is not allergic to them.

Bleeding

Clean as above. If profuse, apply direct pressure and raise the wound before sending for the first aider.

Head Injuries

In the event of a head injury, it is important that staff follow these steps:

- If the child is unconscious, immediately send for the first aider and call for an ambulance.
- If conscious, initially check that the child is able to stand safely before attempting to move them. If not, send for the first aider who will assess next steps.
- In the event of a minor head injury, proceed as follows:
 - Handle the head and neck very gently.
 - Run hands over the scalp to identify any bleeding, swelling or any area that feels soft or indented.
 - Apply a cold compress and monitor continuously.
 - If the child shows any signs of confusion, reduced consciousness, vomiting etc. call parents immediately and consider need for more immediate medical treatment (e.g. calling an ambulance or transferring to local minor injuries unit).
 - If the child is otherwise well, ensure the class teacher is aware of the bump and knows to monitor for signs of concussion (this may occur at a much later stage).
 - Contact the school office and ask that parents be made aware that their child has suffered a more serious bump to the head.
 - If parents are notified by phone, record the injury on My Concern- it is the responsibility of the person telephoning the parent to log the concern.
 - Log in the accident book and ensure the class teacher is given the associated slip.
 - Class teacher, or adult in charge of the class at the end of the day, should speak to whoever collects the child and make them aware of the injury.

Choking

In the event of a choking incident, the first line of treatment is to encourage the individual to cough. If the cough is not effective, shout for the attention of another person and ask them to call Emergency Services and administer 5 back slaps. If the obstruction has not been cleared, follow by 5 abdominal thrusts. Repeat sequence until the blockage is removed. In the event of the individual becoming unconscious, the school has a LifeVac choking device located in the PTFA kitchen off the hall. This should only be used by staff who have received training (the majority of staff have this; a list of trained staff is displayed above the LifeVac device).

Falling

Children tend to fall over quite frequently when playing, and they react in different ways. It is advisable to watch the situation carefully and assess it. If the child is unable to get up and is in obvious distress, call the first aider, who will assess the situation and take the appropriate action. If the child is unable to stand unaided, **do not lift them** –this could cause other injuries.

Unconsciousness

Call the first aider immediately

Breathing difficulties

Ask the child to stand or sit quietly, do not lay them down. If they have an inhaler, check that they use it correctly. If they do not use an inhaler, **call the first aider immediately.**

Fainting/Epilepsy

If a child is falling, try to support him/her or ease the fall, loosen clothing around the neck and **call the first aider.**

Haemophilia

This condition affects the clotting of the blood and can cause haemophiliacs to bleed more freely than other people. If the child concerned is a sufferer and is experiencing a 'bleed', **call an ambulance immediately and inform the parents.**

Anaphylaxis

This is the result of a severe allergic reaction. The child can experience severe difficulties with breathing. Common allergies are:

- Food e.g. eggs, fish, nuts (especially peanuts)
- Insect stings
- Immunisation or antibiotics

Procedures for Auto-Injector Pens

Children with a severe allergy may have an Adrenaline Auto Injector pen in school in case of anaphylaxis. Any child requiring an auto injector pen should have two separate pens in school. All staff are instructed on the use of auto injector pens and training is updated yearly. The school policy for the storing of auto injector pens is as follows:

- One pen will always be kept in the school office, in a named box with the child's individual allergy action plan inside and their photograph on the box lid. These pens will always be stored on top of the filing cabinet to the left of Mrs Staples desk. All staff should make themselves aware of where these auto injector pens can be found.
- Children with auto-injector pens will have an individual risk assessment, carried out in conjunction with parents, to determine how the auto-injector pen is stored in school. This may vary from child-to-child, depending on the type of allergy, likelihood of exposure to risk etc.
- The second auto injector pen should always be in the vicinity of the child for whom it is prescribed, the following apply. For the majority of the time this will be the child's usual classroom and the pen should be stored safely and a sign displayed clearly showing where it is. The child should be able to access this themselves and all members of staff should know where to find it.
- If the child is out of the school, whether on a visit, sports fixture or for outdoor PE, both auto injector pens should be taken with them and carried by the member of staff who is directly responsible for supervising that child.
- At lunchtimes, should an anaphylaxis incident occur, one member of staff should immediately go to the school office for the relevant auto injector pen. Whilst this is being administered, a midday meal supervisor or other adult on duty should use their 'Green Card' to summon the class teacher, headteacher or deputy headteacher who will bring the second auto injector pen to the scene.
- The usual procedures, in line with training, about calling the emergency services etc. still apply in addition to summoning the second auto injector pen.
- Time is of the essence, if staff are in any doubt whatsoever as to the location of the first auto injector pen, send immediately to the school office for the backup pen in the first instance.
- In ideal circumstances, two members of staff should be present when the adrenaline is administered, however, it is essential not to delay the process if this is not immediately possible.

After using an Adrenaline Auto Injector for anaphylactic shock, follow up treatment will be needed. The used Adrenaline Auto Injector should be given to the paramedic attending. If the person administering the Adrenaline Auto Injector accidentally stabs themselves with the needle, then they should squeeze the area until it bleeds, run it under the tap and then go to casualty. Anaphylactic shock sufferers should be known to all, they appear on the regularly updated child medical list which is distributed to all staff, there are photographs and names on the staffroom board, Adrenaline Auto Injectors are kept in the main school office in plastic boxes with photographs of the children on the container and the Allergy Action Plan inside, staff receive regular training on the use of Adrenaline Auto Injector. Children needing treatment to any 'sensitive' part of the body should always be treated in the presence of two members of staff.

The school holds two spare auto-injector pens – one adult and one child dose to be used in an emergency. These are stored in the school office.

Allergies/ Long -Term illness

Parents are asked to inform the School Secretary of any known allergies to any form of medication, food products or insect stings, as well as details of any long-term illness, e.g. asthma, and details on any child whose health might give cause for concern. The School Secretary records this information and keeps a record on the pupils' school record. A Medical List is compiled and distributed to class teachers at least

annually or as needed. Please note this is a **Confidential List** and should be treated as such. Class teachers are given a **Confidential List** of all children known to have long-term or chronic conditions, any treatment required and instructions for dealing with possible emergencies.

Accidents

Most injuries resulting from accidents in school are minor ones (cuts and grazes).

All treatable injuries must be recorded in an accident book

School Accident Report books and first aid supplies are kept in the infant block and the school office and are readily available to all staff. Any accident resulting in the need for treatment must be recorded fully (including treatment given) by the member of staff on first aid duty/and or the member of staff who witnessed the incident if applicable; this may include minor cuts, scrapes etc. if there is a visible mark, bruise or blood loss. Early Year classes keep School Accident Report books in their classrooms for any accidents during class play. Head injuries are also recorded in the School Accident Report book as per the 'Head Injuries' section of this policy. The School Accident Report book should be kept for 3 years.

Minor bumps which do not require treatment do not need to be recorded in the school accident book unless this relates to a child in kindergarten, in which case they should be recorded and the relevant slip handed to the class teacher to be sent home to parents.

Injuries sustained by any child which require a phone call home to parents, even if the child remains in school, should be recorded on My Concern. The responsibility for logging on My Concern falls to the person making the phone call.

Lunchtime Supervisors are responsible for taking out an insulated First Aid bag with pen, School Accident Report Book and essential first aid requirements, including an ice pack. Any items used should be replaced regularly.

In the event of a more serious injury (suspected fractures, damage to an eye, unconsciousness etc.), the Headteacher must be informed and an ambulance must be summoned immediately. A parent (or other emergency contact) must be informed and asked to meet the ambulance at the hospital. The Headteacher or Deputy Headteacher must be kept informed throughout.

It is the responsibility of any member of staff dealing with an accident to complete the relevant forms or book. Staff who have an accident should report the matter to the School Secretary who will make a note in the Staff Accident Report book.

RIDDOR (Reporting of injuries, diseases and dangerous occurrences regulations)

Major accidents resulting in death or serious injury should be reported to the authorities. This applies also to accidents involving teaching staff and other employees. The health authorities must also be informed of any reportable illnesses in school. The Head teacher has ultimate responsibility for conforming to RIDDOR 1995

Vomiting and Diarrhoea

There are buckets and cleaning materials in the School Office and Staffroom for pupils who feel sick. Vomit must be treated as a biohazard and the area must be thoroughly disinfected. 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. This includes if the child is sick at home.

Chicken Pox and other Diseases and Infections

If a child is suspected of having Chicken Pox a member of staff will look at their arms or legs. To look at a child's back or chest would only be done if the school were concerned about infection to other children. In this case another adult would be present and would not be completed without the child's consent. If a child has Chicken Pox or any other suspected infection, they will need to stay off school for a prescribed period of time. The School Office will advise timescales. We refer to the 'Guidance on Infection Control in Schools and other Childcare Settings' as produced by the HSC Public Health Agency and follow their guidelines for dealing with and responding to different diseases and infections.

All parents must ensure they adhere to the guidelines above to control the spread of infection within the school.

First Aid on School Trips

A first aid pack must be carried on all school trips. All teachers should carry a mobile 'phone to enable contact with the ambulance service and the school. (See Educational Visit Policy). Most staff are trained in general first aid and we try to ensure there is a first aider on all school trips. A Paediatric First Aider must be present on all EYFS outings.

Arrangements for Children who Feel Unwell During the Day

It is important that children who are clearly unwell and / or infectious should be sent home as soon as possible.

The following guidelines should be adhered to:

If a child says he / she feels unwell, staff should:

- Check to see if the child is on the "medical condition" list
- Ask the child how he / she feels
- Look at the child's face to check if there are any signs of illness i.e. pale face, flushed face, spots, lack lustre eyes etc.
- Check to see if the child appears to be lethargic
- Check the child's temperature with a thermometer.
- Note if the child has been sick, fainted etc.

If any of these signs are apparent, then the following should occur:

- Child could be sent to the office
- Teacher to be informed if applicable.
- Parent should be telephoned
- Child should be kept comfortable with first aider present – temperature monitored if necessary
- First aider to explain the nature of the child's symptoms to parent on arrival
- Class teacher to be informed when child has been taken home
- In the case of an obvious rash or spots, the child should be isolated until collected

It is necessary to note that some children will say they are poorly when they are not.

If there is any suspicion that a child is malingering:

- Check whether the child has tendencies towards hypochondria and has done this before
- Check with the teacher what subjects and / or tests are taking place to establish a reason for malingering
- Leave the child in the classroom situation to see if there is any improvement or the child “forgets” to act poorly at any stage
- The child may be sent to the school office for monitoring to see if they show signs of recovery
- If nothing is apparent and the child wants to talk, then do listen, but without prompting
- Do not send the child home if there are any suspicions that he / she may not be ill – if necessary, ring the parent to see how they were in the morning or if there are any problems of which the school is unaware
- The headteacher should be informed before parents are called to take the child home

Asthma

Liaison with Parents

The school will ask all parents whether their son/daughter has asthma (or is ever wheezy) when the child joins the school and on regular questionnaires throughout the child’s school career. A record of all pupils with asthma will be maintained. Details of treatment will be obtained from parents, together with clear guidance on correct usage and kept on an Asthma record card in the Office. Parents will be encouraged to contact the School when dosages change etc. These details will be given to teachers and treated as confidential.

Access to Inhalers

Pupils will need to have one reliever inhaler to keep at home and it is the parent’s responsibility to provide an additional one to bring with them to school. Common relievers are Ventolin, Bricanyl and Salbutamol.

The issue of access to inhalers is an especially important one. For infant children, unless otherwise directed by the parents, the inhaler will be kept by the teacher. These must be kept in an easy access location and should not be kept in locked cupboards or out of reach. For junior children, the inhaler will be kept by the pupils themselves if parents and school are happy that they are mature enough for this responsibility. Parents or pupils may choose to follow a similar approach to that of the infants if deemed safer or the pupil prefers to do this.

Reliever inhalers are of particular importance. IT IS ESSENTIAL THAT THE PUPIL HAS IMMEDIATE ACCESS TO THEIR RELIEVER INHALER AT ALL TIMES. Delay in taking a relief treatment can lead to a severe attack and, in rare cases, could even prove fatal.

The school will ensure that the pupil has easy access to their reliever inhaler, when provided by parents, at all times, in the classroom, on the sports field, at the pool, at break and lunchtimes and on school trips.

Sports

The aim of total normal activity is the goal for all but the most severely affected pupil with asthma; however, nearly all young people with asthma can become wheezy during exercise.

Sports teachers should be aware that some of pupils with asthma will take a dose of their inhaler before exercise. If the pupil does become wheezy or breathless, a further dose of the reliever inhaler will be made available.

Pupils on the asthma register should not be forced to participate in games if they say they are too wheezy to continue.

A pupil who is noted to be over-reliant on their reliever inhaler has poorly-controlled asthma and needs to consult their doctor (non-urgently). Teachers must consult with parents regarding this matter.

Nebulisers

Some children with severe asthma may use an electric device called a Nebuliser to deliver the asthma drugs. The School needs to liaise with the child’s GP on correct management.

Other Guidelines

- Teachers should avoid sitting the child next to a radiator when the central heating is on.
- Fumes from science experiments should be avoided.
- If necessary, children should be allowed to stay inside in very cold weather.
- If it is causing a problem, children should be kept away from pollen as much as possible.
- Be aware that visiting animals or encounters with animals on trips out may trigger an asthma attack.

THE ASTHMA ATTACK – WHAT TO DO.

A pupil having an asthma attack will normally respond well and quickly to their reliever treatment. However, severe attacks of asthma need urgent medical attention. In rare cases, asthma can prove fatal and so it must never be underestimated.

If the pupil does not respond to their reliever inhaler call 999 immediately and follow the advice given by the operator. While you wait for an ambulance sit them up and give them a puff of their inhaler every 30 – 60 seconds up to ten puffs.

Medication

Mrs Staples can administer medication that has been prescribed by the doctor and is essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. For example antibiotics, if they have been prescribed to be taken four times per day. If your child needs prescribed medication during the school day, the following procedures must apply:

Prescribed Medicines

- The medication must be in its original packaging
- A medication form must be completed and signed by parents/ carers in the school office. Before any medication can be administered in school.
- Only medication prescribed for the child will be administered.
- Medication must be brought into the school office by the parent/ carer. Children must never be given their own medication to bring in.
- For safety's sake, children are not permitted to keep medication of any kind, other than asthma inhalers for junior children, in their bags, pockets etc. All medication must be handed in to Mrs Staples (or class teachers in the case of infant inhalers).

Non-Prescribed Medicines

In the event of a child needing non-prescription medication, the school is prepared to administer this only if the child is otherwise well enough to be in school. The following procedures must apply:

- Ibuprofen or Aspirin based medications cannot be administered unless prescribed by a doctor (see above).
- A medication form must be completed and signed by parents/ carers in the school office. Before any medication can be administered in school.
- Children's paracetamol based medication (such as Calpol) may be administered, however this must be brought into school by a parent/ carer and must be in the original packaging with all the instructions/dosage available.
- The school cannot provide Calpol or any other medicine.
- Children must not bring medication into school; this must be delivered to the school office by parents or carers (see above). This includes throat lozenges etc.

Recording of Administered Medication

If there is a need to administer medication during the school day, prescribed or otherwise, the adult administering or supervising the taking of the medication should complete the 'Medication Administration' book to show the time and date that the medication was given.

All staff should check this book **before** administering any medication to avoid the possibility of an overdose.

Self-Management

It is good practice to support and encourage young people to take control of their medication and illness from a young age and we encourage this. Administering and managing asthma and diabetes medication are examples of this. Inhalers should only be used on the child they are prescribed for.

Safe Storage

A few medicines need to be refrigerated. They can be kept in a refrigerator in the School Office containing food but should be airtight and clearly labelled. There is restricted access to a refrigerator containing medicines. Should a child be in after school club their medication is passed to the Kids Club supervisor who will then store it in another restricted access refrigerator, so it is ready to pass to the parents when they collect the child.

Outings and Educational Visits

The same guidelines should be adhered to when children are off the premises. Careful note should be made of any medical conditions which may require the administration of medicine. Risk Assessment forms for visits out of school require staff to check and take correct medication for children with them.

Health Care Plans / Allergy Action Plans

Children taking regular prescribed medicines including being prescribed an Adrenaline Auto Injector should have a Health Care Plan or Allergy Action Plan, which is completed by parents and read by school, stating:

- Who they are
- Medical details
- Contact details
- Facilities required

This should be kept up to date and give clear guidance as to what should be done in an emergency.

Staff Taking Medication

All staff have a duty of care to ensure that all regular medication is stored in a safe place and is inaccessible to children. The School Office will do so if you wish. Such regular medication should be logged on the relevant Emergency Information Staff Sheet maintained by the School Secretary, it is the member of staff's responsibility to keep the School Secretary informed of any changes.

All staff must seek medical advice and inform the Headteacher if they are taking medication which may affect their ability to care for children.

At Ayscoughfee Hall School we cover first aid for staff as well as pupils.

Procedures are monitored by the Senior Management Team which reports to the Governing Body through the Headteacher.

This policy was approved by the Governing Body on 1st December 2025

Any reference to the word 'School' implicitly includes all its associated clubs/activities including Kids Club. This policy also applies to EYFS

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