

John T. Rice Infant and Nursery School

First Aid Policy



Aim high and shine

First Aid Policy

2025-2026

Selection of first aiders

All members of staff are trained to the same high standard in First Aid and have their paediatric first aid and work place first aid qualification. When selecting first aiders, we considered the persons:-

- _ reliability and communication skills;
- _ aptitude and ability to absorb new knowledge and learn new skills;
- _ ability to cope with stressful and physically demanding emergency procedures;
- _ normal duties. -A first aider must be able to leave to go immediately to an emergency.

All staff renewed their paediatric & work place first aid qualification on 22.12.2023 and will renew again in 2026.

WHAT ARE A FIRST AIDER'S MAIN DUTIES?

First aiders must complete a training course approved by the Health and Safety Executive (HSE).

At school, the main duties of a first aider is someone who:-

- _ takes charge when someone is injured or becomes ill;
- _ looks after the first-aid equipment e.g. restocking the first-aid container;
- _ ensures that an ambulance or other professional medical help is rang for when appropriate.
- _ gives immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school;
- _ when necessary, ensure that an ambulance or other professional medical help is called
- _ knows what to do in an emergency;
- _ who can perform cardiopulmonary resuscitation;
- _ can give first aid for the unconscious casualty;
- _ can give first aid for the wounded or bleeding.

A list of trained staff in 'First Aid at Work' is kept in the HT office CPD file (Health & Safety Policy). Midday Supervisors are encouraged and advised to undertake first aid at work training. Training is facilitated by Tiger Lilly First Aid who provide training (HSE approved). Off-site visits are carefully planned to ensure there is a trained member of staff still back in school as well as another out with the group.

As we are an Infant and Nursery school, Paediatric first aid training is also undertaken by all staff.

Only members of staff should administer first aid (not students). Midday Supervisors are also trained in first aid but must inform class teachers of all incidents and the appointed person of any significant treatment/ incident. An entry of all incidents needing medical administration should be made in the appropriate first aid pre-printed book and there is one

of these in each class and dinner hall. These are carbon copy books. The top white sheet should be completed in black ball point pen, dated and signed by the first aider, this should be sent home and the blue copy added to the class first aid folder. In each folder each child has a plastic wallet that is named.

It is important to state the site of the injury e.g. graze to palm of left hand. (Please do not name any other child involved in the incident). The child then needs a "Mr Bump" note filling in and given to the class teacher so parents are informed. Any major injuries/incidents should be reported to Mrs Shelley Bennett or Mrs Joanne Smith. An incident form should be filled in as soon as possible. These are found online and each class First Aid file contains blank copies.

All first aid incidents that result in a serious injury are recorded on the First Aid spreadsheet/ office/ H&S/ Accident reporting. This is completed by the Head or Deputy head teacher. An investigation into all serious accidents will be conducted by a member of SLT and parents/ carers will be informed of the outcome. If an accident is RIDDOR reportable then this will be completed by the Head teacher or deputy head teacher.

If the child needs to be sent home or taken for further treatment/medical advice, the parents/carers must be contacted. If unable to contact, the next emergency contacts on the child's record should be tried. If all this fails and the child needs to be seen by the local hospital, an insured member of staff will take the child (usually the HT) and parents/carers can meet the child there. The name of any children sent home should also be entered on the "signing out" screen in reception with details of why. Obviously any emergency treatment required, dial 999 ensuring you have all the details of the child, incident, medical/injury condition etc.(usually done by the appointed first aider or office staff) and contact parents immediately.

Treatment

Minor Injuries

Bump on the head – apply **cold** compress. The child should rest for a while. Keep an eye on him/her and ensure a "bumped head slip" goes home. These can be found in the staffroom. Parents/carers are usually contacted and given the option of coming in to school to assess the child or take the child home and monitor for any changes in condition.

Burns – immerse in cold water for at least 10 minutes.

Bruises – a cold compress can help.

Cuts – Clean with gauze, cover if necessary with plaster or clean gauze.

Nose bleeds – tilt head forwards and get child to pinch nose just below the bone. A cold compress can help. If it has not stopped after 20, minutes seek medical advice.

Splinters – Do not try to get them out (contact parents/carers if causing pain)

Eyes – irrigate with cold water

The main thing is to keep calm and use your common sense. Parents will be contacted if a staff member feels the child needs just to be checked over. This may result in the parent/ carer taking the child home or they may decide their child is well enough to stay in class. At JTR we air on the side of caution where injuries and first aid are concerned.

Inhalers (see separate Asthma Policy which mentions Asthma plans)

Children who use inhalers should have them kept in the inhaler basket in their classroom. They should be clearly labelled with the child's name and dosage. Inhalers should be taken, by the child, to PE and on school visits. Individual asthma plans should be kept in the child's class with their class teacher and a copy be given to the SENCO, this copy will be uploaded to CPOMS/ Medical.

Hygiene/Infection control

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Red buckets, mops and cleaning equipment will be kept in the disabled toilet in **Pandas** classroom. Sick buckets with yellow bags and wet floor signs will be in the P.E cupboard at the back of the hall. Staff should have access to single-use disposable glove, aprons and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment.

- **Dealing with vomit, urine or soiling incidents.** (on hard floor) cover with sawdust and clean up before mopping. (on carpet) sprinkle with absorbent granules and clean up before spraying with disinfectant spray.
- **Dealing with blood**-bag and dispose items in yellow bin.

Mr G Richardson (site Manager) will be available to deal with incidents up to 11:00 and Mrs K England will be available from 3-5:30pm.

First Aid Kits

First aid supplies are available in the staffroom. Please inform the school office for any shortages.

Classrooms all have their own mini first aid kit and it is the responsibility of the class teacher/ TA to ensure this is updated weekly.

There are very strict government regulations on this, and we could be prosecuted if anything is missing or added. Kits should contain the following (as a minimum):

- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- two sterile eye pads;
- four individually wrapped triangular bandages (preferably sterile);
- six safety pins;
- six medium sized (approximately 12cm x 12cm) individually wrapped sterile

- un-medicated wound dressings;
- two large (approximately 18cm x 18cm) sterile individually wrapped un-medicated wound dressings;
- one pair of disposable gloves.

Other items are available as optional extras. Larger stock of all the items is kept in the staff room first aid cupboard.

Off-site Activities

An off-site First Aid kit is ready for use and is kept in the stockroom. It is in a green waterproof bag. Please return it and replace items as soon as possible.

Before undertaking any off-site activities, the class teacher needs to should assess what level of first-aid provision is needed. The HSE recommend that, where there is no special risk identified, a **minimum** stock of first-aid items for travelling first-aid containers is:

- _ a leaflet giving general advice on first aid.
- _ six individually wrapped sterile adhesive dressings;
- _ one large sterile un-medicated wound dressing - approximately 18cm x 18cm;
- _ two triangular bandages;
- _ two safety pins;
- _ individually wrapped moist cleansing wipes;
- _ one pair of disposable gloves.

Equivalent or additional items are acceptable. Additional items may be necessary for specialised activities.

This policy was agreed by staff and governors in Autumn 2025 and reviewed yearly.

Decision making chart

When making a decision as to whether a child needs to attend A & E or seek further medical intervention, it is important to remain calm. If possible, it is important the adult in charge of the first aid is being supported by either a member of SLT or a senior first aider.

Decisions about next steps will often be made by the group as a whole who are dealing with the first aid incident and rarely just by one member of staff.

Questions staff applying first aid need to consider:

- 1. Is the child bleeding heavily/ are you unable to stop the bleeding?
(Ring 999)**
- 2. Is the child unconscious or did they lose consciousness? (Ring 999)**
- 3. Is the child breathing in an irregular way? (Ring 999)**
- 4. Is there evidence of a broken bone or possible broken bone? (Ring 999)**
- 5. Has the child had trauma to the head which has caused them to be sick,
lose consciousness or become incoherent? (Ring 999)**
- 6. Is the child behaving differently or strangely since their accident in
comparison to their regular behaviour? (Ring 999)**

If the answer to any of these questions creates concerns, then a decision will need to be made about ringing an ambulance. When calling an ambulance,

ensure all details about the child are readily available (name, date of birth, age, incident, resulting injury, postal address of school).

There will be times after a first aid incident, where staff feel a parent needs to be called and in their opinion it does not warrant calling an ambulance, but the child still needs to be taken to A&E or the doctors/ dentists. Staff will make this phone call immediately to parents/ carers and discuss the injury and further medical treatments when the parent/carer collects. This will be recorded on well worker and on the school first aid records. This will be followed up later that day or the following day by a phone call from a member of SLT to ensure further medical intervention was sought and the outcome.