

# Aston Clinton School

Together we: Aspire, Care and Succeed



## First Aid Policy

<b>Date agreed by the Governing Body</b>	<b>Spring 2026</b>
<b>Date to be reviewed</b>	<b>Spring 2027</b>
<b>Governors' Committee accountable for review</b>	<b>Finance, Premises, Health &amp; Safety Committee</b>

## Contents:

### Statement of intent

1. Legal framework
2. Aims
3. First aiders
4. Automated external defibrillators (AEDs)
5. Emergency procedures
6. Reporting to parents
7. Offsite visits and events
8. Storage of medication
9. Illnesses
10. Allergens
11. Consent
12. Monitoring and review

*Spring 2025 - amendments to this policy are highlighted in red*

*Spring 2026 – There were no amendments to this policy*

## Statement of intent

**Aston Clinton School** is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting staff, pupils and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school in regard to all staff, pupils and visitors.

The school will take every reasonable precaution to ensure the safety and wellbeing of all staff, pupils and visitors. Details of such precautions are noted in the following policies:

- Health and Safety Policy
- Behaviour Policy
- Child Protection and Safeguarding Policy
- Lone Working Policy
- Supporting Pupils with Medical Conditions Policy
- Educational Visits and School Trips Policy

The school's administrative team has overall responsibility for ensuring that the school has adequate and appropriate first aid equipment, facilities and personnel, and for ensuring that the correct first aid procedures are followed.

## 1. Legal framework

1.0. This policy has due regard to legislation and statutory guidance, including, but not limited to, the following:

- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Management of Health and Safety at Work Regulations 1999
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on First Aid for Schools'
- DfE (2018) 'Automated external defibrillators (AEDs)'

## 2. Aims

2.0. All staff will read and be aware of this policy, know who to contact in the event of any illness, accident or injury, and ensure that this policy is followed.

2.1. Staff will always use their best endeavours to secure the welfare of pupils.

2.2. Anyone on the school premises is expected to take reasonable care for their own and other's safety.

2.3. The aims of this policy are to:

- Ensure that the school has adequate, safe and effective first aid provision for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.
- Ensure that staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- Ensure that medicines are only administered at the school when express permission has been granted for this.
- Ensure that all medicines are appropriately stored.
- Promote effective infection control.

2.4. Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

2.5. To achieve the aims of this policy, the school will have suitably stocked first aid boxes in line with the assessment of needs. Where there is no special risk identified, a minimum provision of first aid items will be as follows:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings, of assorted sizes
- 2 sterile eye pads
- 4 individually wrapped triangular bandages, preferably sterile
- 6 safety pins

- 6 medium-sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings
  - 2 large-sized (approximately 18cm x 18cm) individually wrapped sterile unmedicated wound dressings
  - 1 pair of disposable gloves
  - Equivalent or additional items are acceptable
  - All first aid containers will be identified by a white cross on a green background
- 2.6. Mrs Benny/Mrs Hanson are responsible for examining the contents of first aid boxes, including any mobile first aid boxes for offsite use – these will be frequently checked and restocked as soon as possible after use. Items will be safely discarded after the expiry date has passed.
- 2.7. First aid boxes are in the following areas:
- First Aid Room – Mrs Hanson to be responsible for
  - Year 1 Quiet Room – Qualified First Aider in Year 1 to be responsible for
  - EYFS – Qualified First Aider Reception member of staff to be responsible for
  - KS2 Kitchen – Qualified first aider in Year 5 to be responsible for

### 3. First aiders

- 3.0. The main duties of first aiders will be to administer immediate first aid to pupils, staff or visitors, and to ensure that an ambulance or other professional medical help is called, when necessary.
- 3.1. All incidents which involve pupils, staff and visitors, which require first aid staff to be present will be documented and a record kept.
- 3.2. First aiders will ensure that their first aid certificates are kept up-to-date through liaison with the school administrator.
- 3.3. The current first aid appointed person(s) are:

Name	Location	Date of First Aid at Work qualification	Expiry date of First Aid at Work qualification
Miss Bailey	Year 3	18/07/2023	17/07/2026
Mrs Crace	School office	12/10/2023	11/10/2026
Mrs Hanson	School office/hall	09/2025	09/2028

### 4. Automated external defibrillators (AEDs)

- 4.0. There is an AED in the first aid room as well as the village AED, which is located outside

the school site manager's property.

- 4.1. Where the use of the AED is required, individuals will follow the step-by-step instructions displayed on the device.

## 5. Emergency procedures

- 5.0. If an accident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a first aider.
- 5.1. If called, a first aider will assess the situation and take charge of first aider administration.
- 5.2. If the first aider does not consider that they can **adequately** deal with the presenting condition by the administration of first aid, then they will arrange for the injured person to access appropriate medical treatment without delay and contact parents.
- 5.3. Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, one or more of the following actions will be taken:
  - Administer emergency help and first aid to all injured persons. The purpose of this is to keep the victim(s) alive and, if possible, comfortable, before professional medical help can be called. In some situations, immediate action can prevent the accident from becoming increasingly serious, or from involving more victims.
  - Ensure that no further injury can result from the accident, either by making the scene of the accident safe, or (if they are fit to be moved) by removing injured persons from the scene.
  - For any pupils who have been affected by being a witness to the accident or its aftermath the schools Emotional Support Worker will provide immediate support.
- 5.4. Once the above action has been taken, the incident will be reported promptly to:
  - The Headteacher.
  - The victim(s)'s parents.

## 6. Reporting to parents

- 6.0. Parents will be informed of any illness/accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable via Medical Tracker. In the event of certain incidents or injuries to a pupil, at least one of the pupil's parents will be informed via telephone as soon as practicable. Examples include: a significant mark on the face or body, a raised head bump, an injury to the genitals, or a serious nosebleed.

## 7. Head Injury

- 7.0. **Minor bump to head**

A minor bump to the head is common in children particularly those of primary school age. If a child is asymptomatic i.e. there is no bruising, swelling, abrasion, mark of any kind, dizziness, headache, nausea or vomiting and the child appears well, then the incident will be treated as a 'bump' rather than a head injury.

**Treatment in school:**

Child to be assessed by a First aider.

Observe - if pupil begins to display head injury symptoms then they will be sent to school first aider for further assessment, if no change during observation then pupil to return to normal lessons.

Parents will be informed in writing by email of any injury to the head, whether minor or major, and be given guidance on the action to take if symptoms develop.

#### 7.1. **Minor Head Injury – no loss of consciousness**

A minor head injury often just causes bumps or bruises on the exterior of the head.

##### **Other symptoms include:**

- Nausea
- Headache
- Tender bruising or mild swelling of the scalp
- Mild dizziness

##### **Treatment in school:**

- Ice Pack to swelling

##### **Observation**

- **Head Injury email sent to parents**
- Pupils to receive a sticker indicating they have had a head injury so that staff can see easily that the child has bumped their head that day.
- **Accident form on Medical Tracker to be completed.**
- Barnowls will be notified of minor head injuries sustained by any children attending after school club on that day.
- Parent informed by e-mail informing that their child has sustained a minor head injury with information included on what to do if symptoms change.
- If any of the following symptoms are displayed, the child would need to receive immediate medical attention in hospital, if there is a:
- Loss of consciousness/confusion or drowsiness

##### **Change in behaviour e.g. irritability**

- Loss of balance or difficulty in walking
- Loss of power (weakness) in arms/legs or loss of sensation (numbness or pins & needles) in arms/legs
- Clear fluid leaks from nose or ear
- Bleeding from ears
- Bruising appears around eyes/ears
- Significant visual disturbance – blurred or double vision
- Severe headache not eased by pain relief
- Vomiting or severe nausea
- Seizure

## **Severe Head Injury – loss of consciousness**

A severe head injury will usually be indicated by one or more of the following symptoms:

- Unconsciousness briefly or longer Difficulty in staying awake Seizure
- Visual problems
- Vomiting or severe nausea
- Difficulty in understanding what people are saying Change in behaviour e.g. irritability
- Balance problems
- Loss of power in arms/legs/feet Pins & needles
- Amnesia
- Leakage of clear fluid from nose or ears
- Bruising around eyes/behind ears, or blood leaking from ears

### **Treatment in school:**

Suspect neck injury if unconscious and do not move

### **Call 999 for ambulance**

Notify parent by phone

Complete accident form

### **Concussion**

Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head. It is the most common but least serious type of brain injury.

The medical term for concussion is minor traumatic brain injury.

The cumulative effects of having more than one concussion can be permanently damaging. Concussion must be taken seriously to safeguard the long-term welfare of the person. It is important that children who have suffered a concussion be protected from it recurring shortly after the first event so they may need to avoid PE for a short period.

Symptoms include:

- Headache Dizziness Feeling in a fog
- May or may not have lost consciousness Vacant expression
- Vomiting Unsteady on legs Slow reactions
- Inappropriate or abnormal emotions – irritability/nervous/anxious Confused/disorientated
- Loss of memory of events leading up to and after the concussion.

If any of the above symptoms occur the child must be seen by a medical professional in A&E, minor injuries or the GP surgery, the school first aiders will advise on the best course of action. However, if in doubt the child should be seen in hospital.

## **8. Offsite visits and events**

- 8.0. Before undertaking any offsite visits or events, the teacher organising the trip or event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the visit or event and the persons involved. This information will then be shared with school first aiders so that a Risk Assessment can be tailored to individual needs.
- 8.1. For more information about the school's educational visits requirements, please see the Educational Visits and School Trips Policy.

## **9. Storage of medication**

- 9.0. Medicines will always be stored securely and appropriately in accordance with individual product instructions, save where individual pupils have been given responsibility for keeping such equipment with them.
- 9.1. All medicines will be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration, and properly labelled, showing the name of the patient, the date of prescription and the date of expiry of the medicine. All medicines that are administered during the school day will be recorded on Medical Tracker. An email will be sent to parents.
- 9.2. All medicines will be returned to the parent for safe disposal when they are no longer required or have expired.
- 9.3. An emergency adrenalin auto injector and inhaler will be available for pupils with medical conditions that require this potentially lifesaving equipment. Parents must give written consent for the school to administer emergency medication. All children who have consent are on Medical Tracker.
- 9.4. Parents will advise the school when a child has a chronic medical condition or severe allergy so that an IHP can be implemented and staff can be trained to deal with any emergency in an appropriate way. Examples of this include epilepsy, diabetes and anaphylaxis. A disclaimer will be signed by the parents in this regard. IHP's will be added to Medical Tracker.
- 9.5. Individual emergency adrenalin auto injectors and inhalers will be taken along with the risk assessments and medical kit for off site trips and residential stays. All inhalers are kept in classrooms and taken to the playground at break and lunchtimes so children have immediate access to them.

## **10. Illnesses**

- 10.0. Students should not be brought to school if they are displaying signs of illness. If parents do bring a child to school and staff feel they are unfit for school, parents/carers/emergency contacts will be contacted and a request will be made to not return their child to school until they are symptom free.

10.1. If a child/student is thought to be unwell while at school, they will be seen by a qualified

first aider as the condition of the child needs to be assessed. If a decision is reached that the student is unable to remain in school due to illness and/or infection the parents/carers will be contacted by a member of staff and asked to pick their child up from school as soon as possible.

- 10.2. While awaiting the arrival of parents/carers, the first aid staff will monitor the student, taking appropriate action and ensuring the students comfort, with a quiet area set aside in the medical room for rest.
- 10.3. Students with infectious or contagious diseases will not be permitted to attend school for certain periods of time  
[https://www.publichealth.hscni.net/sites/default/files/Guidance\\_on\\_infection\\_control\\_in%20schools\\_poster.pdf](https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf)
- 10.4. If staff suspect a child has an infectious or contagious disease, they will request that a parents/carers consult with a doctor before returning their child to school and the school may seek advice from the Health Protection Agency.
- 10.5. Students will not be permitted to attend school if their temperature is 37.8 degrees or higher when not taking antipyretic medication and students have to be fever free without fever reducing medicine for 24 hours to be in school.
- 10.6. A student that presents with diarrhoea and vomiting at school or home is required to be collected immediately and the recommended period that they should be kept off school is 48 hours from the last episode of either diarrhoea and vomiting. This 48-hour rule is essential to protect other students and staff members.
- 10.7. It is recommended that students do not attend school while suffering from one of the communicable diseases and they should remain at home for the minimum periods recommended by the doctor.
- 10.8. To prevent the spread of conjunctivitis, suspected cases will be reported immediately to the parents who will be asked to collect their child from school and seek medical advice from a GP/pharmacist.
- 10.9. Should a first aid staff member consider an illness/ situation to warrant immediate medical attention, they will first contact the emergency services and then the parent/carer to update them on the situation.

## **11. Consent**

- 11.0. Parents will be asked to complete and sign a medical consent form when their child is admitted to the school, which includes emergency numbers, details of allergies and chronic conditions, and consent for the administration of emergency first aid – these forms will be updated periodically. Parents are responsible for keeping the school informed about any changes to their child's health and any changes to their emergency contact numbers. From Year 1 onwards this has moved to an online form that Mrs Hanson sends out at the beginning of each school year and shares with the class teachers.

- 11.1. Staff do not act 'in loco parentis' in making medical decisions as this has no basis in law – staff will always aim to act and respond to accidents and illnesses based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the pupil in mind – guidelines will be issued to staff in this regard.

## **12. Monitoring and review**

- 12.0. This policy is reviewed annually by the governing board, and any changes communicated to all members of staff.
- 12.1. Staff will be required to familiarise themselves with this policy as part of their induction programme. Staff will be informed of the arrangements that have been made in connection with the provision of first aid, including the location of equipment, facilities and personnel.