

Achieve, Aspire and Care for One Another!



FIRST AID POLICY

OUR VISION:

WE ARE COMMITTED TO THE CHRISTIAN ETHOS - EVERY CHILD IS SPECIAL IN THE EYES OF GOD AND WE TEACH THAT ALL PEOPLE SHOULD LOVE, CARE FOR AND RESPECT ONE ANOTHER AND OUR PLANET.

*It is our ambition that all our pupils use our 6 Christian values **Love, Compassion, Forgiveness, Integrity, Community** and **Respect** to achieve our vision and mission.*

'A New Commandment I give you, 'Love one another as I have loved you.' John 13:34

It is from this Commandment and the teachings of Jesus that we teach our children the six Christian values.

Approved by Governors

Autumn term 2025

Signed by Chair of Governors

A handwritten signature in black ink that reads 'V Jackman'.

Next Review

Autumn term 2026



FIRST AID POLICY

Statement

1. Basic Responsibilities
2. Provision of Trained First Aid Personal
3. First Aid Training
4. First Aid Facilities and Equipment
5. First Aid procedures
6. Accident and Emergency Procedures
7. Asthma

Statement

St Stephen's CofE First School must be able to provide adequate first aid assistance to pupils, staff, or visitors in the event of an accident.

1. Basic Responsibilities

First Aid provision must be always available while people are on school premises, and off the premises whilst on school visits.

As an absolute minimum each school, unit or centre should have one person, called a "First Aid Co-ordinator" to co-ordinate first aid within the establishment. The First Aid Co-ordinator does not need to be a trained or qualified first aider, though in practice they often will be. Their responsibilities include:

- a) Maintenance and oversight of first aid equipment and materials (e.g. restocking of first aid boxes).
- b) Keeping of pupil accident book, staff/adult/visitor accident book (BI510 Substitute) and reporting of accidents to the LA as appropriate (Accident/Near Miss Recording and Reporting Procedures RIDDOR).
- c) Arranging for emergency assistance (i.e. calling an ambulance) when necessary.

NB. The term "First Aid Co-ordinator" replaces the previously used term "Appointed Person" to avoid confusion with those who had received the former "Appointed Person" training course, though they will be the "Appointed Person" as referred to under the Health and Safety (First Aid) Regulations, 1981.

First aid facilities must be available whenever there are people on site. Headteachers and heads of units or centres will need to ensure that cleaning staff and others who work after the end of the normal school day can have access to a first aid box. A telephone should be available to summon the emergency services whenever the establishment is occupied, including any evening lettings.

In general it is recommended that, wherever possible, non-teaching staff should be used to give basic first aid cover as this causes less disruption in the event of an accident during lesson time.



2. Provision of Trained First Aid Personnel

The LA recommends the following **minimum** levels of provision of first aid trained staff:

Primary/First Schools

- 1 Qualified First Aider (FAAW) (see 3a)
- 2 Assistant First Aiders (EFAW) (see 3b)

At St Stephens there are always 3 qualified First Aiders (FAAW) on duty in the mornings, 2 in the afternoons and 1 (FAAW) to cover the after-school clubs. At lunch times there are 2 assistant First Aiders (EFAW). Our Early Years team are also First Aid Trained in line with Sept 2025 EYFS guidance.

3. First Aid Training

Two levels of first aid training are currently available:

- a) A three-day course leading to the "First Aid at Work" Certificate.

This certificate is valid for three years and can be renewed for a further three years by attending a two-day "refresher" course **before** it expires.

The First Aid at Work (FAAW) Certificate is regarded as giving fully qualified first aider status in LA establishments.

- b) A one-day course leading to the "Emergency First Aid at Work" (EFAW) Certificate.

This certificate is also valid for three years but can only be renewed by retaking the full day's course.

The Emergency First Aid at Work (EFAW) Certificate covers more basic first aid and is particularly suitable for staff such as lunch-time supervisors or classroom assistants who may only work part-time or who may cover for the main first aider during their absence.

4. First Aid Facilities and Equipment

a) Medical Rooms

Every school should have one or more rooms for medical treatment and the administration of first aid during school hours. This is a requirement under the Education (School Premises) Regulations 1996. The room need not be reserved solely for this purpose and a room that has a different main purpose (e.g. an office) can be used, but it should be remembered that it may need to be made available quickly. The room chosen should be provided with a sink or wash basin and should be reasonably close to a toilet.

b) First Aid Boxes

St Stephen's has a first aid box in each key stage area. There is one in the staff room and one outside the community room area.

At each first aid point the name(s) of the qualified first aider(s) and/or first aid co-ordinator are displayed, together with a timetable stating who is where and at what time.



First aid boxes must be marked with a white cross on a green background. It is good practice to have a similar sign in a visible position, close to the first aid box so that it can be easily found (as well as making it clear if it is missing for any reason)

c) Contents of First Aid Boxes

First aid boxes should contain the following items:

- 1 guidance leaflet giving general first aid advice.
- disposable gloves[#].
- 10 individually wrapped medical wipes.
- 20 individually wrapped sterile adhesive dressings (plasters)^{*} - assorted sizes.
- 2 sterile eye pads.
- 4 triangular bandages.
- 6 medium sizes (approx. 12cm x 12cm) wrapped, sterile unmedicated dressings.
- 2 large sizes (approx. 18cm x 18cm) wrapped, sterile unmedicated dressings.
- 6 safety pins.

No other items may be kept in a first aid box that is available for general use.

Disposable gloves must be worn by all staff having to deal with bleeding or spillages of body fluids, no matter how small.

Hands should be washed **before** taking the gloves off. Gloves, paper towels and contaminated dressings or other materials should be sealed in a plastic bag and disposed of in the normal school waste. Hands should be washed again afterwards.

A bin is provided in the medical room for contaminated dressings only.

*** There is no prohibition on the use of sticking plasters**, but it is recommended that at least some of those kept should be of the hypoallergenic type as some children show an allergic reaction to normal types.

Waterproof plasters may not "breathe" as well as fabric types, but the latter may be more likely to trap dirt, increasing the risk of infection in the wound. First aiders will need to consider which type is the more suitable in any given situation.

d) Other First Aid Materials

The following items may also be kept in schools but must not be kept in a first aid box. They may be kept under the direct control of a trained first aider at the discretion of the headteacher and must not be used by other staff.

Spray Natrasan- bites, grazes, stings, and burns.

Any medications required for emergency treatment of individual pupils

(e.g. glucose tablets for diabetics, adrenaline injector for anaphylaxis) **but only for use by those specifically trained in their use.**

Salbutamol (Ventolin) inhaler (for diagnosed asthmatics only).

Non-prescription medicines (over the counter medicines) do not require any written consent from a GP or other healthcare professional to allow schools and nursery staff to administer them.

Trained first aiders may use other items only if they have been trained in their use. Such items must not be available for general use.

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5. First Aid Procedures

If a child has a head bump:

- Record incident/accident in Accident Book, situated in cupboard in staff room or classrooms where a qualified first aider is working.
- Child should be seen by a qualified first aider as noted on the head bump letter.
- Parents should be notified via the head bump letter. [copy attached]
- Return/confirmation slip should be returned to office for filing.

If a child has a graze:

- Record incident/accident in Accident Book, situated in cupboard in staff room or classrooms where a qualified first aider is working.
- Child should be seen by a qualified first aider as noted on the graze letter.
- Parents should be notified via the graze letter. [copy attached]
- Return/confirmation slip should be returned to office for filing.

General bumps/knocks:

- Record incident/accident in Accident Book, situated in cupboard in staff room or classrooms where a qualified first aider is working.
- Parents should be notified via the general bump letter. [copy attached]
- Return/confirmation slip should be returned to office for filing.

6. Accident and Emergency Procedure

Following any accident or injury, the following steps should be taken to ensure that the correct help is given as quickly as possible.

- a) **The injured person should not be moved if there is any suspicion that doing so could exacerbate their injuries.** In cold or wet weather it may be necessary to keep them warm and dry.
- b) The First Aider or, if they are not available, the Assistant First Aider, should examine the injured person and give such treatment as is appropriate or possible.
- c) **If hospital treatment is necessary an ambulance should be called.**

Staff should not use their own cars to take injured persons to hospital unless there is an exceptional reason for doing so.

In the case of pupils:

- d) The parent or guardian must be contacted as quickly as possible and asked to join their child as soon as possible at the school or hospital, as appropriate. Schools should not wait for parents to arrive to take pupils to hospital unless it is certain that treatment is not urgently required.
- e) There must be no delay to treatment or despatch of the injured pupil to hospital while waiting for parents or guardians to arrive.



- f) A member of the school staff (teaching or support staff) must accompany the pupil to hospital if their parents have not arrived in time to do so, unless (exceptionally) the ambulance crew specifically request otherwise.
The member of staff accompanying the pupil should normally wait at the hospital until the pupil's parent or guardian arrives unless the nursing staff advise them not to do so.
- g) Staff accompanying a pupil to hospital should not normally give their consent to medical treatment unless it is specifically requested by a doctor, who should be asked to assume the responsibility for this decision.

In an emergency, however, consent should be given on the advice of a senior hospital doctor, provided that reasonable steps have been made to contact the parent or guardian, even if it is known that their consent might not have been given.

Staff accompanying pupils to hospital from an educational visit should hold the written consent of parents to emergency treatment on the parental consent form, which should be shown to the doctor on arrival.

The First Aider and/or headteacher should complete the appropriate accident book and report form as soon as possible (see Section 2 - 1. Accident/Near Miss Recording and Reporting Procedures).

7. Asthma

The incidence of asthma has increased considerably over the last few years and most, if not all, schools will have several pupils who suffer from this condition.

Individual Care Plans and Asthma Registers

It is good practice for schools to hold a register of asthmatic pupils which includes details of the medication that they need and any known substances or situations which can cause an attack and which they should avoid.

An asthma card is filled in by the parents/carer stating medication and what can cause an asthma attack.

Treatment

Asthmatic children should always have access to their medication. This usually takes the form of an inhaler (with or without a spacer) or (rarely) a nebuliser. Younger children may need help with the use of the inhaler. Most children in Year 3 or above will be able to use their inhalers efficiently on their own, as will some younger children, but it will depend upon the individual.

Many asthmatics will need to use two types of inhalers: reliever inhalers (usually coloured blue) which are used in the event of an attack and preventative inhalers (usually coloured brown) which are usually used only at home. Most will only need to bring their reliever inhalers to school. Some may need to use them before specific activities, e.g. games in cold weather, and this should be allowed.

Schools may wish to consider holding a spare Salbutamol (Ventolin) inhaler to ensure that one is available should pupils not have their own inhalers with them, but it should only be used by pupils who are already known to be asthmatic. Alternatively, it is acceptable in an emergency for a pupil who is a known asthmatic to use another pupil's inhaler (of the same

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type) if they do not have access to their own. Such practices should only be used in emergency situations so that pupils do not become careless about bringing their own inhalers into school.

Staff should not use a centrally held inhaler for pupils who have not been medically diagnosed as asthmatic, however similar their symptoms might be. In such cases an ambulance should be called if the attack is severe.

In general, it is agreed that no harm will come to children who use an asthma inhaler unnecessarily.



Dear Parent/Carer,

Date

Today at school at approximately
sustained a graze

One of our First Aiders looked after and assessed your child and at the time it was not thought necessary to refer him/her for further treatment.

Although the injury was thoroughly cleaned, we suggest that you check the graze and wash it with warm soapy water.

It has been noted in the First Aid book

Please sign and return this slip to your child's teacher. Thank you.
Yours sincerely

Ms Sarah Callanan
Principal.

.....
Child's name..... Class.....
I acknowledge receipt of notification of my child's graze

Signed..... Parent/guardian
Date.....



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