FIRST AID POLICY FOR
HOLT FARM INFANT SCHOOL

DATED: February 2026
LAST EDITION: May 2023
POLICY TO BE REVIEWED September 2027

The Policy was formally adopted by the Governing Board.	**Date: 10.02.26**

Rationale

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that we provide a happy, caring well-ordered environment, in which children feel safe, secure, valued and respected. This care should extend to emergency first aid provision and the administration of medication. This policy should be read in conjunction with the 'Supporting Children with Medical Needs in School Policy.

Purpose

This policy;

1. Gives clear structures and guidelines to all staff regarding all areas of first aid and medication
2. Clearly defines the responsibilities and the staff
3. Enables staff to see where their responsibilities end
4. Ensures the safe use and storage of medication in the school
5. Ensures the safe administration of medication in the school
6. Ensures good first aid cover is available in the school and on visits

Guidelines

New staff to the school are made aware of this policy when they are appointed. It is shared with all staff as part of the Safeguarding Update in September. This policy is regularly reviewed and updated. This policy has safety as its priority. Safety for the children and adults receiving first aid or medication and safety for the adults who administer first aid or medication.

Conclusion

The administration and organisation of first aid and medication provision is taken very seriously at Holt Farm Infant School. There are annual procedures that check on the safety and systems that are in place in this policy. The school takes part in the Health and Safety checks by Essex County Council – these happen in the autumn term each year. Adjustments are made immediately if necessary

First Aid Policy Guidelines

First aid in school

Information

- ***There are clear signs around the school to inform staff or visitors of the names of first aiders and where to find them.***
- Staff are informed about any children with medical conditions or allergies in school. Any changes to this information are updated on a central record and staff informed. Care plans are available in the staff room for staff to read.

Risk Assessment

- The Headteacher carries out a risk assessment for first aid to identify any additional risks for staff and children. Guidance on infection control is provided the Health Protection Agency.

Training

Two Teaching Assistants in the Reception Classes have a Paediatric First Aid Certificate. First Aid certificates are renewable every 2 years and staff receive training to renew their certificates. Staff receive Anaphylaxis training when there is a child in school who has an Epipen as part of their care package.

First aid kits

The First Aid cupboard is located by the staff room.

All class bases have a portable emergency first aid kit that the teachers keep on the medication shelf by the sink. A portable first aid kit will also be taken on any visits outside the school. The following first aid items are available in school.

- **Plasters**
- Sterile eye pads
- Triangular bandages
- Safety pins
- Medium plain wound dressings
- Large plain wound dressings
- **Disposable gloves**
- Conforming bandages
- Rustless blunt end scissors
- **Gauze**

(items in bold should be in the portable emergency first aid kit)

If running water is not available e.g. on a visit a sterile (sealed bottle) must be taken with the first aid kit for eye irrigation or wound cleaning.

Visits

A trained paediatric first aider will be present on all visits by Reception children. A travelling first aid kit will be taken on all visits together with the inhaler of any child with asthma going on the trip, the medication of any child with a care plan going on the trip. As part of the risk assessment carried out for the visit, the staff member responsible will identify any children with medical conditions going on the visit.

After School Activities

The school will check at the beginning of the school year that coaches taking after school clubs have first aid certificates which are current for that academic year. The coaches will be informed about children with asthma or any other medical issues and the care plan shared with them.

Guidelines for staff dealing with first aid incidents in school

The information below is intended as guidance only. Most of the first aid given in school is of a minor nature. If there is a serious incident call 999 *(see calling emergency services)* then contact a first aider. Do not put yourself in danger. If you are unsure about how to deal with a first aid incident seek the advice of a trained first aider.

If a child has an injury which you are unable to see without them undressing you should ask another member of staff to attend as a witness.

Disposable gloves must be worn for all First Aid.

Cuts

Staff must wear disposable gloves before treating any cut to protect the adult and child from infection. (Infections such as Hepatitis can be passed through cuts and through the nail bed). Cuts should be cleaned with water and gauze or can be washed under a tap. All open cuts should be covered with a plaster. Children should always be asked if they can wear plasters BEFORE one is applied. Children who are allergic to plasters will be given an alternative dressing.

For more severe cuts please ask a trained first aider to attend to give advice.

All blood waste should be double wrapped and disposed of in the designated bin, located in the disabled toilet.

Burns

Cool the affected area preferably with cold water. Continue to cool for about 10 minutes. Remove any jewellery in case of swelling. Cover affected area with a sterile burns dressing or any clean non adherent material to prevent infection. Contact the parent/carer if it is a severe burn and ask them to obtain medical advice.

Bumped heads

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with a cold compress or an ice pack. Parents/carers must be informed via a bumped head message to parents via Parentmail. The child's teacher is also informed. If it is more serious than a minor bump, the parent/carer will be contacted and given the opportunity to come to school to have a look at the injury and take the child home or for medical attention.

Bites and Stings

Bites and stings should be treated with a cold compress. If the bite or sting is severe contact the parent/carer for the child to be taken home or the parent/carer can bring a suitable cream into school to treat the bite or sting.

Nose Bleeds

Staff must wear disposable gloves before treating a nose bleed. Sit the child down leaning forward, using a piece of gauze pinch the soft part of the nose between finger and thumb. If the bleed does not stop after 5 minutes, contact a parent/carer. If the nose bleeds are frequent contact a parent/carer. If the child has never had a nose bleed before inform the parent/carer.

Sand/foreign body in eye

Splash eyes with water or pour water over eyes. Contact parent/carer if this does not clear the irritation. Foreign bodies can cause serious and permanent damage to the eye. Advise parent/carer to get medical treatment.

Splinters

Surface splinters may be removed if this can be done easily and without distressing the child. The area should be cleaned with soap and water and a plaster applied. If a splinter is causing distress contact the parent/carer to come to school to remove the splinter themselves or to seek medical advice.

Choking

Call for a first aider. Lean child forward and give five slaps between shoulder blades. If this does not work a first aider can administer abdominal thrusts. If this does not work call for an ambulance and then contact parent/carer. If abdominal thrusts are administered medical attention should be sought.

Breaks and sprains

Do not move the injured part. Reassure the child/adult. Call for a first aider. Call an ambulance if required or a parent/carer and ask them to seek medical attention.

Reporting injuries

All injuries should be recorded in the class first aid book. The record will include the date, time, details of injury and treatment and name of person administering first aid. These books will be filed annually and kept for 3 years. All children that receive first aid must also be recorded in the First Aid Book kept in the staff room. Parents are informed of all first aid incidents via Parentmail.

For major accidents, a further county form must be completed within 24 hours of the accident. These forms can be obtained from the Headteacher, a copy should be taken and placed in the child's file and the original copy forwarded to county.

Calling the emergency services

In the case of major accidents, it is the decision of the trained first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision.

If a member of staff is asked to call the emergency services, they must,

1. State what has happened
2. The child's name
3. The age of the child
4. Whether the casualty is breathing and/or unconscious
5. The location of the school

In the event of the emergency services being called, a member of the Admin staff OR another member of staff, should wait by the school gate on Ashingdon Road and guide the emergency vehicle into the school.

If the casualty is a child, their parents should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are clearly located in the school office.

Guidelines for Medicines in School

What can be administered?

In school we can administer medication or we will supervise children self administering. This will only be done with the signed agreement of the parent/carer with full details of the dose and time to be administered. Only medicines prescribed by a doctor, dentist, nurse or pharmacist can be administered to a child at school. A record is kept on the blue board in the office of any medication taken.

Parental permission

Medicines will not be administered unless we have the written permission of parents, including details of the dose and frequency required. The child's name and dose must appear on the bottle.

Alternatively parents/carers may come into school to administer medication if required.

Throat lozenges

Children should not be sucking on throat lozenges unsupervised. Parents may leave lozenges with the office and children can be supervised sucking them if required.

Creams

Creams for skin conditions such as eczema cannot be applied by staff but children can be supervised applying cream.

In the event of a child coming into school with medicines these will be kept in the office and we will contact parents.

Where medicine is stored

No medicines should be kept in the class or in the child's possession (except inhalers). Medication is kept in a lockable cupboard in the foyer or in the staff room fridge. A record is kept of medications stored in the cupboard/fridge as an inventory.

Asthma, diabetes, epilepsy and other chronic medical problems

If a child in school has a chronic medical problem which requires medication whilst they are in school a care plan will be prepared by the SENCO in consultation with the school nurse, parents and staff will receive training if necessary. The care plan will be displayed in the staff room and classroom and will be placed in the medical bag on the medical shelf by the sink in the classroom so that any member of staff working in the classroom can read it. These will be reviewed at least annually and more regularly if any medical needs change.

If the school is informed that a child has asthma the parent/carer is asked to complete "My Asthma Plan" . A copy of the plan is kept in the office and a copy kept in the class medical box. At the beginning of each academic year, any medical problems are shared with staff and a list of these children and their conditions is kept in the class. A central record is kept in the school office and staff are informed of any changes at staff meetings.

1. In the class
2. In the school office
3. In the first aid file
4. In the staffroom

Dealing with an asthma attack

If a child or adult has difficulty breathing with long wheezy breathing out phases they may be having an asthma attack. Remain calm and reassure the casualty. Let the casualty sit down in the most comfortable position for them (usually leaning forward supported). Do not lie casualty down. Assist casualty to take their own medication (usually a blue inhaler).

If it is a severe attack i.e.

- If the medication does not have any effect within 5 minutes
- If the casualty is unable to talk
- If the casualty is exhausted
- If the lips are turning blue

inform a first aider so that they can be taken to hospital or an ambulance called.

Inhalers

Children can use their inhalers at any time; inhalers are kept in a bag in the classroom which are taken out to play. If the class is doing PE on the field the bag is taken out with them. An adult will record on an individual record sheet when the inhaler has been used. If the inhaler is needed very frequently the parent/carer will be informed. It is the responsibility of parents/ carers to check that the inhaler is replaced when required.

OTHER ASTHMA SUFFERERS CANNOT SHARE INHALERS.

The school has an emergency inhaler for use by children who do not have an inhaler in school or the inhaler is out of date. Permission will be sought from parents of children on the asthma register for use of the emergency inhaler.

Epipens and anaphylaxis shock training

Some children require epipens to treat the symptoms of anaphylaxis. Epipens are kept in the child's classroom and in the first aid cupboard by the staff room. Staff receive regular training on the use of Epipens when there is a child at the school who is prescribed one.

If a child goes into anaphylaxis shock for the first time emergency services should be called immediately and emergency first aid given as appropriate.

Headlice

Staff do not examine children for headlice. If we suspect a child has headlice we will inform the parent/carer. We do not inform other parents of outbreaks but ask parents/carers to be vigilant at all times.

Vomiting and diarrhoea

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. Before cleaning up after a child has had vomiting or diarrhoea staff should first put on gloves. Children should be changed into clean clothes if possible or parents contacted to bring clean clothes to change children into before taking them home. Any waste/cleaning materials should be double wrapped and disposed of in the yellow bin in the disabled toilet.

High temperature

A high temperature could be a sign of infection. A thermometer is stored in the first aid cupboard. If a child's temperature is taken it should be recorded on their first aid record. If a

child's temperature is high (38 degrees or higher), the child's parent/carer should be contacted for them to be taken home. In the meantime, they should be allowed to rest comfortably and kept as cool as possible i.e. remove jumpers and apply a cold compress.

Headaches

Headaches may be a sign of a more serious complaint. They may have been caused by a head injury or they may be a sign of an infection. If a child complains of a headache, the parent should be contacted.

Chicken pox and other diseases, rashes

If a child is suspected of having chicken pox or another infection, we will look at their arms or legs. To look at a child's back or chest would only be done if we were concerned about infection to other children. In this case another adult would be present and it would only be done if the child was willing. If a rash is present the parent will be informed and asked to take the child home and to seek medical advice. Children may be required to be absent from school for a prescribed period of time. The Headteacher or school office will advise timescales in accordance with the advice of the local health authority.

Continence

Bladder and bowel difficulties are increasingly common and a child may need a personal care agreement (PCA) to support them in school. A formal diagnosis is not necessary prior to providing this support. Refer to the 'Managing children's continence' policy for more detail.

COVID Appendix If children have any Covid symptoms including cough, sore throat, high temperature, sickness/ diarrhoea, parents are advised to carry out a lateral flow test before returning to school.