



## First Aid Policy

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## **Important information about this policy**

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The effect of the policy will depend on the manner in which it is customised for each setting and the approach that is taken to its publication and enforcement. It is important to ensure that any policy produced using this document is compatible with the relevant constitutional documents and other policies which will operate in association with it.

# Contents:

[Statement of intent](#)

[Definition and background](#)

1. [Legal framework](#)
2. [Roles and responsibilities](#)
3. [First aid provision](#)
4. [First aiders](#)
5. [Emergency procedures](#)
6. [Offsite visits and events](#)
7. [Accommodation](#)
8. [Medicines](#)
9. [Illnesses and allergies](#)
10. [Consent](#)
11. [Reporting and recording](#)
12. [Automated external defibrillators \(AEDs\)](#)
13. [Early Years](#)
14. [Monitoring and review](#)

## Statement of intent

Tithe Barn Primary 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.

This policy aims 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.

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.

# Definition and background

## Definition

For the purposes of this policy the school will follow the definition of First Aid outlined below, from Wirral NHS Foundation Trust:

“First aid is the assistance given to any person suffering a sudden illness or injury, with care provided to preserve life, prevent the condition from worsening, and/or promote recovery. It includes initial intervention in a serious condition prior to professional medical help being available, such as performing CPR while awaiting an ambulance, as well as the complete treatment of minor conditions, such as applying a plaster to a cut. First aid is generally performed by the layperson, with many people trained in providing basic levels of first aid, and others willing to do so from acquired knowledge.”

## Background

Under the Health and Safety (First Aid) Regulations 1981, employers are responsible for providing adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work. The regulations require employers to provide adequate and appropriate equipment, facilities and personnel based on a first aid needs assessment.

Although the regulations do not require employers to provide first aid for anyone other than their own employees, the DfE strongly recommends that all schools consider the needs of non-employees such as pupils and visitors when making provision for first aid, and that First Aid provision must be available:

- While people are on school premises.
- When staff and pupils are working elsewhere on school activities, including any off-site activity such as educational visits.

## 1. Legal framework

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 Road Vehicles (Construction and Use) Regulations 1986
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- DfE 'Supporting pupils at school with medical conditions'
- DfE 'First aid in schools, early years and further education'
- DfE 'Early years foundation stage (EYFS) statutory framework'
- DfE 'Automated external defibrillators (AEDs): a guide for maintained schools and academies'

The policy will be implemented in conjunction with the following school policies:

- Behaviour Policy
- Child Protection and Safeguarding Policy
- Early Years Policy
- Educational Visits and School Trips Policy
- Health and Safety Policy
- Infection Control Policy
- Lone Worker Policy
- Supporting Pupils with Medical Conditions Policy

## 2. Roles and responsibilities

The governing board will be responsible for:

- The overarching development and implementation of this policy and all corresponding procedures.
- Ensuring a first aids needs assessment is undertaken to inform policy, practice and protocol.
- Ensuring that all relevant risk assessments are conducted to ensure the health and safety of the school community.
- Ensuring that there is a sufficient number of qualified first aiders within the school based upon the school's risk assessments.
- Ensuring that there are procedures and arrangements in place for first aid during off-site or out-of-hours activities, e.g. educational visits or parents' evenings.
- Ensuring that insurance arrangements provide full cover for any potential claims arising from actions of staff acting within the scope of their employment.
- Ensuring that appropriate and sufficient first aid training is provided for staff and ensuring that processes are in place to validate that staff who have undertaken training have sufficient understanding, confidence and expertise in carrying out first aid duties.
- Ensuring that adequate equipment and facilities are provided for the school site.
- Ensuring that first aid provision for staff does not fall below the required standard and that provision for pupils and others complies with the relevant legislation and guidance.
- Ensuring that the school has:
  - A suitably stocked first-aid kit.
  - An appointed person to take charge of first-aid arrangements.
  - Information for all employees giving details of first-aid arrangements.

The headteacher is responsible for:

- The day-to-day development and implementation of this policy and its related procedures.
- Ensuring that all staff and parents are made aware of the school's policy and arrangements regarding first aid.

- Ensuring that all staff are aware of the locations of first aid equipment and how it can be accessed, particularly in the case of an emergency.
- Ensuring that all pupils and staff are aware of the identities of the school first aiders and how to contact them if necessary.

Staff will be responsible for:

- Ensuring that they have sufficient awareness of this policy and the outlined procedures, including making sure that they know who to contact in the event of any illness, accident or injury.
- Securing the welfare of the pupils at school.
- Making pupils aware of the procedures to follow in the event of illness, accident or injury.

First aiders will be responsible for:

- Completing and renewing training as dictated by the governing board.
- Ensuring that they are comfortable and confident in administering first aid.
- Ensuring that they are fully aware of the content of this policy and any procedures for administering first aid, including emergency procedures.
- Keeping up to date with government guidance relating to first aid in schools.
- Calling the emergency services where necessary.

The appointed person (Lana Chernenko) will be responsible for:

- Overseeing the school's first-aid arrangements.
- Looking after the first-aid equipment, e.g. restocking the first aid container.
- Calling the emergency services where necessary.

### **3. First aid provision**

#### **First aid needs assessment**

The school will regularly monitor and assess its first aid arrangements by conducting a first aid needs assessment, at least annually.

The school will maintain a register of trained first aiders, ensuring at least one staff member has a current paediatric first aid ('PFA') certificate and having a well-stocked first aid kit. The PFA certificate must be updated every 3 years.

The school will ensure that this assessment informs first aid policies and protocols and that arrangements continue to be appropriate and take account of:

- Hazards and risks on the school premises.
- The size of the school.
- The needs of any vulnerable individuals onsite.
- The nature and distribution of pupils and staff throughout the school.

The school will ensure that first aid provision is sufficient and can be administered without delay at all times.

All staff members will be made aware that agreeing to become a first aider for the school is strictly on a voluntary basis and that they should never feel pressured to take on this role.

The school will expect teachers and other staff working with pupils to use their best endeavours at all times, particularly in emergencies, to secure the welfare of pupils in the same way that parents might be expected to act towards their children.

The school will make staff aware of the government guidance which stipulates that, in general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The school will conduct risk assessments to identify potential hazards and ensure appropriate first aid measures are in place. Risk assessments will be reviewed:

- At regular intervals.
- After serious accidents, incidents or near misses.
- After any significant changes to the workplace, working practices or staffing.
- Following any identified trends or accident statistics.

## **Material, equipment and facilities**

The school will provide sufficient materials and equipment to meet the needs identified in the first aid needs assessment and ensure that these are suitably labelled, accessible and available at all times.

### **First aid containers**

The school will ensure it has suitably stocked first aid boxes in line with the first aids needs assessment. As there are no statutory requirements in place the school will, where there is no special risk identified, follow the HSE guidelines on the minimum provision of first aid items, as set out below:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings, of assorted sizes
- 2 sterile eye pads
- 2 individually wrapped triangular bandages, preferably sterile
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large and medium-sized individually wrapped sterile unmedicated wound dressings
- 3 pairs of disposable gloves

All first aid containers will be identified by a white cross on a green background.

The appointed person will routinely examine 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.

First aid bags/boxes will be located in the following areas:

- The accessibility room
- In every classroom
- The school hall

## Information for staff

The school will inform staff, pupils, contractors and visitors to the school, as appropriate, of the first aid arrangements, including the following:

- The contents and key principles of this policy
- The location of equipment and facilities
- The identities and roles of first aiders or the appointed person.
- How to contact a first aider or appointed person urgently should the need arise.
- The procedures for monitoring and reviewing the school's first aid needs.

The school will include the provision of first aid information during induction training.

## 4. First aiders

First aiders will be expected to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at the school or college or on educational visits.
- Ensure that an ambulance or other professional medical help is called when appropriate.

When selecting first aiders, the school will consider the following factors set out in the government [guidance](#):

- 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.
- Availability to respond immediately to an emergency.

First Aiders will be responsible for ensuring all first aid kits are properly stocked and maintained. The appointed person will be responsible for maintaining supplies.

First aid notices will be clearly displayed throughout the school with information on the names and locations of first aiders to ensure that pupils and staff know who they must contact in the event of illness or injury.

The current first aid appointed person(s) are:

Name	Role	First aid qualification
Sophie Edwards	TA/Playworker	Paediatric First Aid
Jennie Hughes	TA/Playworker	Paediatric First Aid
Sarah Hughes	TA	Paediatric First Aid
Faye Bridgehouse	Teacher	Paediatric First Aid & First Aid at Work
Kath Donoghue	Teacher	Paediatric First Aid
Julia Heap	TA/Playworker	Paediatric First Aid
Louise Fitzgerald	TA/Midday Assistant	Paediatric First Aid
Lana Chernenko	Clerical Assistant	Paediatric First Aid & First Aid at Work & Managing Medical Conditions in School
Mandy Bradley	Midday Assistant/Playworker	Paediatric First Aid

The school will ensure that there is always a sufficient number of first-aid personnel available on site at all times to provide adequate cover to all areas of the school.

### **First aid training**

The school will ensure that all first aiders hold a valid first aid certificate, issued by an HSE-approved organisation.

The school is aware that first aid certificates are usually valid for three years and will therefore ensure that adequate monitoring procedures will be in place to ensure that refresher training is

arranged for first aiders before certificates expire. First aiders will ensure that their first aid certificates are kept up to date through liaison with the SBM.

The school is aware that standard first aid at work training courses do not include resuscitation procedures for children. In all cases, the school will ensure that first aiders receive additional training in paediatric first aid so they are able to execute their duties appropriately to the whole school community. The school will ensure that first aid training courses cover mental health in order to help staff members recognise the warning signs of mental ill health and to help them develop the skills required to approach and support someone, while keeping themselves safe. Pupils will be supported in accordance with the school's Social, Emotional and Mental Health (SEMH) Policy.

## 5. Emergency procedures

If an incident, 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.

If called, a first aider will assess the situation and take charge of first aid administration. 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.

Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, or the individual has become seriously unwell, a responding staff member will call 999 immediately.

Where necessary, a trained staff member will administer emergency help and first aid to all injured persons. The purpose of this is to keep the victim alive and, if possible, comfortable, before professional medical help arrives. In some situations, immediate action can prevent the accident from becoming increasingly serious, or from involving more victims. Where the seriously injured or unwell individual is a pupil, the following process will be followed:

- A responding staff member calls 999 immediately and follows the instructions of the operator – this may include the administering of emergency first aid.
- Where an ambulance is required, a staff member accompanies the pupil in the ambulance and calls the pupil's parent as soon as possible to inform them of the course of action taken. The staff member remains with the pupil at the hospital until a parent arrives.

- Where an ambulance is not required, but medical attention is needed, the pupil is taken to a hospital or doctor in a staff car, accompanied by at least **two** staff members – one to drive the car, and one who is a first aider, to sit with the pupil in the back seat and attend to their medical needs. The pupil's parent is called as soon as possible to inform them that this course of action has been taken, and at least one of the staff members remains with the pupil at the hospital or doctor's office until a parent arrives.
- The school will ensure that no further injury can result from any incidents that occur, either by making the scene of the incident safe, or, if they are fit to be moved, by removing injured persons from the scene.
- Responding staff members will see to any pupils who may have witnessed the incident or its aftermath and who may be worried or traumatised, despite not being directly involved. These pupils will be escorted from the scene of the incident and comforted. Younger or more vulnerable pupils may need parental support to be called immediately.

Once the above action has been taken, details of the incident will be reported promptly to:

- The headteacher.
- The parents of the victim(s).

The school is aware that responding to an incident can be stressful for the first aider, and that following an incident, the first aider may require support. This may take the form of a debrief from any ambulance crew on scene, an appointment with their GP, or mental health support from external helplines and websites located at the bottom of the government page [‘Promoting and supporting mental health and wellbeing in schools and colleges’](#).

## 6. Offsite visits and events

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.

Staff members will take mobile phones with them when undertaking off-site visits or events, as well as information about specific medical needs of pupils, and parents' contact details.

The school will also take a fully-stocked first aid kit on all offsite visits which contains at a minimum:

- A leaflet giving general advice on first aid.

- 6 individually wrapped sterile adhesive dressings.
- 1 large sterile unmedicated dressing.
- 2 triangular bandages individually wrapped and preferably sterile.
- 2 safety pins.
- Individually wrapped moist cleansing wipes.
- 2 pairs of disposable gloves.

## 7. Accommodation

The school's first aid area will be suitable to use as and when it is needed, and any additional medical accommodation will be available in accordance with the school's first aid needs assessment.

The first aid area will be used to enable the medical examination and treatment of pupils and for the short-term care of sick or injured pupils. The first aid area includes a wash basin and is situated near a toilet.

The first aid area will:

- Be large enough to hold an examination or medical couch.
- Have washable surfaces and adequate heating, ventilation and lighting.
- Be kept clean, tidy, accessible and available for use at all times when employees are at work.
- Have a sink with hot and cold running water.
- Be positioned as near as possible to a point of access for transport to hospital.
- Display a notice on the door which advises the names, locations and, if appropriate, the contact details of first aiders.

## 8. Medicines

### Administration

The school will ensure that staff are aware of government guidance which stipulates that the administration of first aid at work **does not** include the giving of tablets and medicines, whether prescribed or not.

The provisions and requirements for the administration of medicines will be outlined in the following school policies and documents:

- Supporting Pupils at School with Medical Conditions

In circumstances where pupils may need to have access to life saving prescription drugs in an emergency, the details will be recorded in the pupil's individual healthcare plan and identified staff members will be aware of what to do.

The school is aware that the administration of prescription only medication specified in [Schedule 19 of the Human Medicines Regulations 2012](#) should only be given by those trained to do so. Where a first aid needs assessment identifies that Schedule 19 medication may be required to be administered in an emergency, the school will consider providing first aiders with additional training so that they can be aware of the symptoms and condition and administer lifesaving medication in an emergency situation.

The school will incorporate clear procedures for the storing of medication and for the administration of medication. This will include obtaining parental consent.

### Storage

Medicines will 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. 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.

Medicine brought in by pupils will be returned to their parents for safe disposal when they are no longer required or have expired.

An emergency supply of medication will be available for pupils with medical conditions that require regular medication or potentially lifesaving equipment, e.g. an EpiPen.

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.

Pupils will have any medication stored and, where appropriate administered, in accordance with their IHP plans and the school's Administering Medication Policy.

## **9. Illnesses and allergies**

When a pupil becomes ill during the school day, their parent will be contacted and asked to pick their child up as soon as possible. There will be a clear procedure for contacting parents in case of illness or injury and where necessary, emergency services.

A quiet area will be set aside for withdrawal and for pupils to rest while they wait for their parent to pick them up. Pupils will be monitored during this time.

Where a pupil has an allergy, this will be addressed via the school's Allergen and Anaphylaxis Policy.

The school will manage any emergencies relating to illnesses and allergies in accordance with the [Emergency procedures](#) section of this policy.

## **10. Consent**

Parents will be asked to complete and sign a medical consent form when their child is admitted to the school, which includes emergency numbers, alongside details of allergies and chronic conditions –a reminder to parents will be sent on an annual basis asking them to update the school with any changes. It is the responsibility of parents to inform school of any changes to their child's medical needs.

Staff will 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 – see guidance in appendices.

## 11. Reporting and Recording

In the event of incident or injury to a pupil, a parent will be informed as soon as practicable. In the event of a serious injury or an incident requiring emergency medical treatment, a first aider will telephone the pupil's parent as soon as possible. Parents will be informed in writing through Medical Tracker of any injury to the head, whether minor or major, and be given guidance on the action to take if symptoms develop.

A list of emergency contacts will be kept at the school office.

The school will keep a record of all incidents involving staff, pupils and visitors, which require first aid staff to be in attendance. The school will use a system for reporting and recording accidents, injuries and illnesses and notify Ofsted and relevant child protection agencies for serious incidents. The school will use this record to help identify trends in accidents and areas for improvement as well as when to review first aid needs assessments.

All staff will ensure that records are kept of any injuries, accidents or illnesses, as well as any first aid treatment that is given – this will include:

- The date, time and place of the incident.
- The name and class of the injured or ill person.
- Details of the injury or illness and what first aid was given.
- Details of what happened to the person immediately afterwards, e.g. whether they were sent home or went back to class.
- The name and signature of the first aider or person dealing with the incident.

The school is aware that this record is not the same as the statutory accident book; however, for expedience and simplicity, it will combine these records.

The headteacher will ensure that any injury or accident that must be reported to the HSE or LA under RIDDOR obligations is reported in a timely and detailed manner.

All records will be filed and stored in line with the Records Management Policy.

## 12. Automated external defibrillators (AEDs)

The school has procured two AEDs through the NHS Supply Chain, which is located in the school office and the accessibility room.

Where the use of the AED is required, individuals will follow the step-by-step instructions displayed on the device. A general awareness briefing session, to promote the use of AEDs, will be provided to staff on an annual basis. The use of the AED will be promoted to pupils during PSHE lessons where appropriate.

### **13. Early Years**

The school will ensure that it meets the paediatric first aid requirements set out in the statutory framework for the early years foundation stage (EYFS), which also includes arrangements for off-site activities.

In doing so the school will ensure the following:

- At least one person who has a current paediatric first aid (PFA) certificate is always on the premises and available when children are present and accompanies them on any outings – the certificate must be for a full course consistent with the criteria set out in Annex A of the EYFS framework.
- PFA training is renewed every three years and is relevant for people caring for young children.
- All staff who have obtained a level 2 and/or level 3 qualification since 30 June 2016 obtain a PFA qualification within three months of starting work in order to be included in the required staff: child ratios at level 2 or level 3.
- It displays, or makes available to parents a list of staff who have a current PFA certificate.
- All newly qualified entrants to the early years workforce who have completed a level 2 or level 3 qualification on or after 30 June 2016, have either a full PFA or an emergency PFA certificate within three months of starting work in order to be included in the required staff: child ratios. The school will organise PFA training to be renewed every three years. The list of staff who hold PFA certificates can be found at all first aid locations in school.

### **14. Monitoring and review**

This policy will be reviewed annually by the governing board, and any changes will be communicated to all members of staff.

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.

The next scheduled review date for this policy is October 2026.

## Appendices



### Accidents and Injuries – When to Call Parents/Carers

#### Head Injury

##### When to call

For more serious head injuries, parents must be contacted immediately. If in any doubt, please consult SLT

##### Key points to cover

- How it happened.
- Visible bump/swelling present.
- Cold compress applied.
- Ask parents to monitor for sign of concussion.
- Parents may want to come and assess.

#### Bites and Stings

##### When to call

All bites/stings

**IMMEDIATE if sting in mouth/throat or allergy**

##### Key points to cover

- What caused it and location.
- Ask if bitten/stung before (allergy risk).
- For visible sting: parent to attend school to remove following NHS guidance. *In exceptional circumstances where a parent cannot get to school quickly, and **only with explicit parental agreement**, a qualified paediatric first aider may remove the sting. In such cases, **you must speak to a member of the Senior Leadership Team before proceeding.***
- Cold compress applied.
- Monitored for allergic reaction: difficulty breathing, widespread rash, swelling.

#### Suspected Sprain/Break

##### When to call

Immediately

##### Key points to cover

- Body part injured.
- Swelling/can't move it/can't put weight on it.
- Made comfortable, ice applied.
- Parent to collect for A&E/medical assessment.

<p><b>Nose bleed – longer than 30 minutes</b></p> <p><b>When to call</b> If bleeding continues beyond 30 minutes</p>	<p><b>Key points to cover</b></p> <ul style="list-style-type: none"> <li>• Duration of nosebleed.</li> <li>• First aid applied (pressure, leaning forward).</li> <li>• Bleeding hasn't stopped.</li> <li>• Parent to come and assess/seek medical attention.</li> </ul>
<p><b>Burns</b></p> <p><b>When to call</b> All burns must be reported</p>	<p><b>Key points to cover</b></p> <ul style="list-style-type: none"> <li>• Location of burn/scald.</li> <li>• Cooled under running water for 10 minutes.</li> <li>• Size/severity (blistered/large).</li> <li>• Parent to collect for medical attention.</li> </ul>
<p><b>Asthma</b></p> <p><b>When to call</b> If more than 4 puff in 4 hours or any other concerns</p>	<p><b>Key points to cover</b></p> <ul style="list-style-type: none"> <li>• Number of times inhaler used today.</li> <li>• Current condition (comfortable/wheezy).</li> <li>• More than usual usage.</li> <li>• Make same day appointment with asthma nurse.</li> </ul>

**This is not an exhaustive list. If unsure, please seek advice from Faye Bridgehouse or Kath Donoghue.**



## First Aid Advice

### Minor wounds including small cuts, grazes and small puncture wounds that cause minimal bleeding

1. Wash hands or use sterile gloves.
2. Apply gentle pressure with a clean cloth or bandage until bleeding stops.
3. Clean wounds thoroughly with clean running water. Avoid using strong antiseptics.
4. Gently remove any debris or dirt with tweezers cleaned with alcohol.
5. Pat dry with clean, fluffy material – not a paper towel.
6. Cover with appropriate sterile dressing or plaster. For grazes that need air to heal leave uncovered if oozing of blood has stopped.
7. Check wound for signs of infection (inform parent).

**Seek medical attention if the wound is deep, dirty, caused by a rusty object.**

### Severe bleeding – arterial bright red blood spurting, venous bleeding dark red blood steadily flowing

1. Apply gloves.
2. Apply firm, direct pressure with a clean dressing or bandage for at least 10 mins.
3. Elevate the injury if possible.
4. If blood soaks through, apply another layer – do not remove original layer.
5. Secure with a bandage that's firm but not too tight. Check circulation is not compromised.
6. Call 999 if the bleeding is severe, doesn't stop with pressure.
7. Monitor for shock.

### Head injuries

1. Sit person down safely, if possible.
2. Check for any signs of severe head injury to rule this out
  - loss of consciousness
  - severe headache
  - repeated vomiting
  - clear fluid or blood from ears or nose.
  - unequal pupil size
  - slurred speech
  - difficulty staying awake

**If any of these symptoms are present immediate medical attention is needed - 999**

#### **Head injuries - minor bumps on head - anywhere on head, not just face**

1. Sit and check responsiveness.
2. Assess symptoms.
3. Apply ice pack/cold compress for 15/20 mins.
4. **Monitor for any signs of concussion.** Continue to monitor. If any signs of concussion begin seek medical attention from health care professional.

Signs of concussion - watch for red flags

- headache/feeling of pressure in head
- confusion/delayed response/appearing dazed
- amnesia about the event
- dizziness
- ringing in ears
- nausea and vomiting
- fatigue
- slurred speech

**Someone with suspected concussion should not be left alone for 24 hours, which would be the advice from a health care professional.**

#### **Nose bleed**

1. Have the person sit down and lean forward slightly.
2. Pinch the soft part of the nose for 10-15 mins. Check after 10 mins if it has stopped, if not continue.
3. Optionally apply a cold compress to the bridge of the nose as this will constrict blood vessels.
4. Advise against sniffing, blowing or tilting the head back. Advise to breathe through the mouth and stay calm.
5. Seek medical help if it continues for more than 30 mins, if the nosebleed follows a head injury or if the person is taking blood thinners.

## Stings

Parents should be contacted immediately to come to school and remove the sting themselves. This is the preferred approach. However, in exceptional circumstances where a parent cannot get to school quickly, and only with explicit parental agreement, a qualified paediatric first aider may remove the sting. In such cases, you must speak to a member of the Senior Leadership Team before proceeding.

If a qualified paediatric first aider has been given parental permission and SLT approval to remove the sting:

1. Remove the sting gently using a flat object (like a credit card or booklet) in the opposite direction to the sting.
2. Do not use tweezers as they can squeeze more venom out.
3. Clean the area gently with soap and water to prevent infection.
4. Place a cold pack on the sting site to reduce swelling and pain.
5. Monitor the child for allergic reactions such as: difficulty breathing, swelling of the face or throat, dizziness or fainting and rapid heartbeat.

### **If any of these symptoms show, call 999 immediately**

6. If necessary, give the child appropriate prescription medication (like Piriton) based on their age.
7. Always follow the dosage instructions.