First Aid Procedures

Hampton Lakes Primary School

Policy last reviewed:	December 2025
Next review due:	December 2026
Member of staff responsible:	Miss Zoe Trigg
Ratified by:	HL LGB

Procedures when dealing with accidents

First Aid is the immediate and sustained help that is given before professional help arrives. It is as important to know what NOT to do, as to know what to do.

If there is an accident:

- Take charge, keep calm, and get others to help.
- Notify a trained first aider if available.
- Assess the situation. Work quickly and without fuss.
- Give reassurance to the rest of the party.
- Deal with any life-threatening situation first, e.g. arrested breathing.
- Deal with more serious injuries next.
- If several people are injured, deal with those who will benefit most from immediate treatment.
- Watch for cases of shock, e.g. coldness and talking nonsense.
- If hospital treatment is needed then no food, drink or drugs must be administered.
- For hospital treatment the injured party should be taken in a taxi. If in any doubt call an ambulance.

1. Procedure in the event of an illness

If a pupil falls ill while in a school lesson they should immediately tell the member of staff in charge, who will assess the situation and decide the best course of action. They will be accompanied to the Reception if appropriate. Pupils who are clearly in pain, are distressed, or are injured will never be required to go to the Receptionist unaccompanied.

The First Aider will administer the appropriate first aid, and parents will be called to pick up their child if they are too unwell to complete the rest of the school day. If a parent or carer is unable to get to the school to pick up the child, the child will remain in the medical room until they are able to get there at the end of the school day or arrange for another family member or carer to collect them.

If a child who is sent home early is still too unwell to attend school the next day, parents should follow the procedure outlined under the subheading below. The school aims to reduce the risk of a spread of infection or illness and asks parents to keep their child at home where there is risk.

If a member of staff is unwell, he or she may seek first aid throughout the school day but should ensure that their manager is aware of class cover that has been arranged or needs to be arranged either for a single lesson or for a prolonged period of time.

2.1 Reporting continued absence due to illness

Most cases of absence due to illness are short term, but parents will need to make a phone call to alert the school on the each day of absence.

For prolonged absence due to illness, parents may be asked to provide the school with medical evidence such as a note from the child's doctor, an appointment card, or a prescription paper.

2. Procedure in the event of an accident or injury

In the case of an accident or injury, the member of staff in charge should be informed immediately. They will assess the situation and determine whether or not emergency services need to be called. A First Aider should be called for as soon as possible and should be informed of the injury, even if their assistance is not required.

First aiders are not paramedics, and if the first aider feels they cannot adequately deal with the injury then they should arrange for access to appropriate medical care without delay.

3. Emergency services

An ambulance should always be called by staff in the following circumstances:

- a significant head injury
- fitting, unconsciousness, or concussion
- difficulty in breathing and/or chest pains
- a severe allergic reaction
- a severe loss of blood
- severe burns or scalds
- the possibility of a serious fracture
- in the event that the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, or if they are unsure of the correct treatment.

If an ambulance is called, the member of staff in charge should ensure that access to the school site is unrestricted and that the pupil can be easily accessed by emergency services when they arrive.

Pupils who are taken to hospital in an ambulance will be accompanied by a member of staff unless parents are able to reach the school site in time to go with their child themselves. Ambulances will not be delayed waiting for parents to arrive at the school. Parents will be informed immediately of any medical emergency and told which hospital to go to.

All accidents and injuries must be reported; in the case of serious incidents, accidents involving staff or the call out of emergency services, a copy of the accident form must be given to the Operations Manager to keep on file.

4. Procedure in the event of contact with blood or other bodily fluid

The school understands the importance of ensuring that the risk of cross-contamination is reduced as far as is reasonably practicable, and the training that staff and first aiders undertake outlines the best practice for this. It is important that the first aider at the scene of an accident or injury takes the following precautions to avoid risk of infection to both them and other pupils and staff:

- cover any cuts and grazes on their own skin with a waterproof dressing
- wear suitable disposable gloves when dealing with blood or other bodily fluids
- wash hands after every procedure.

If the First Aider suspects that they or any other person may have been contaminated with blood and/or other bodily fluids that are not their own, the following actions should be taken without delay:

- wash splashes off skin with soap and running water

- wash splashes out of eyes with tap water or an eye wash bottle
- wash splashes out of nose or mouth with tap water, taking care not to swallow the water
- record details of the contamination
- report the incident to a first aider and take medical advice if appropriate. The first aider will then arrange for the proper containment, clear-up and cleansing of the spillage site.

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff have access to single use disposable gloves. Disposable gloves should be used at all times when attending to a cut, graze or open wound. Used gloves should be carefully disposed of and restocked from the glove boxes where most first aid is administered. Care should be taken when dealing with blood or other body fluids and disposing of dressings or equipment. All large blood spillages must be cleared up immediately. All swabs, cotton wool etc. used to clean up a blood spillage must be secured in a plastic bag and disposed of in the bin.

5. First Aid in PE and off-site provision

The risk of injury is increased during increased physical activity. It is the responsibility of the teacher leading PE to ensure that first aid boxes are available or mobile kits are taken on off site visits.

5.1 For off-site activities and away fixtures

First aid boxes will be taken from the Medical Room / Office and returned back to the same place. These will be taken on any off-site activity. The first aid boxes within the school's classrooms etc are for use in school only and should not be removed from the site. This is to ensure that boxes are always where they are expected to be in case of an emergency.

It is good practice for staff who are in charge of away fixtures and off-site activities to check with the host school that there is adequate first aid provision in place. Risk assessments should be carried out. If an accident or injury does occur, first aid should be sought from the host school's first aiders. If a pupil must visit the host-school's nurse's office or be given first aid treatment elsewhere, a member of staff from our school should be with them at all times. Where necessary in an emergency situation, pupils should be taken to the nearest hospital.

Injuries that occur off-site should be reported to the Head of School / Deputy on return to the school, and first aiders will offer first aid follow-up care where necessary.

Where pupils have individual healthcare plans, sufficient active support will be provided to permit them to take part within sporting and off-site activities as fully as possible. Pupils will be encouraged to participate according to their own abilities and reasonable adjustments will be made ensure that this is practicable. A separate risk assessment will be carried out as appropriate prior to off-site activities and consultation will take place with appropriate parties (pupils, parents, health specialists) during this process.

6. Reporting accidents, emergencies, and first aid administration

6.1 Minor accidents

Any minor accident must be recorded in the accident book (see Appendix 2 below). Parents must be notified of any serious or significant incidents especially any bump to the head either by telephone or, in the primary years by using an accident form (Appendix 3a, 3b below).

A record of any first aid treatment given by First Aiders must be kept. This should include:

- The date, time and place of incident
- The name (and class) of the injured or ill person
- Details of the injury/illness and what first aid was given
- What happened to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital)
- Name and signature of the first aider or person dealing with the incident

7.2 Serious accidents & those involving staff or adults must be reported immediately to the Head of School or another senior member of staff (in the case of staff, to the Operations Manager)

Any hospital visits require an accident form to be filled in. These are stored in the office at each school (See Appendix 4.1 below). **Injured parties are escorted immediately to the Vu Hospital**. Parents are contacted and are asked to meet their child at the hospital. A member of the school staff remains with the child until a parent/carer arrives. In the event that a parent cannot be reached during school hours, discharged patients are bought back to school and supervised.

7.3 Involving staff

- work related accidents resulting in death or major injury (including as a result of physical violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs)
- work related accidents that prevent the injured person from continuing with his/her normal work for more than seven days, which must be reported within 15 days (note that even though over-three-day injuries do not need to be reported, a record must still be retained)
- cases of work related diseases that a doctor notifies the school of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer)
- certain dangerous occurrences (near misses – reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substances that may cause injury to health).
- Use the form in Appendix 4.1 to record staff / adult accidents and send a copy to the Operations Manager.

7.4 Involving pupils, parents, or school visitors

- accidents which result in the death of a person that arose out of or in connection with the school's activities
- accidents which result in an injury that arose out of or in connection with the school's activities and where the person is taken from the scene of the accident to hospital.

7.5 Incident investigations

An investigation may be launched by the GGD in the case of accidents or incidents deemed serious as equivalent to Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). Accident reports will be reviewed and witnesses may be interviewed.

The Senior Leadership Team or the Supervisory Board may decide to conduct internal investigations into less serious incidents to ensure that policy and procedure are being used correctly and effectively, and that future incidents of a similar nature can be avoided.

Travelling First Aid containers

It is recommended that a qualified first aider is present at any off site activity. In the Early Years, a qualified first aider MUST be present. Before undertaking any off-site activities, the teacher should assess what level of first aid provision is needed. A first aid container with a minimum stock of first aid items for travelling should accompany any off site trip (Appendix 5).

Consideration must also be given to individuals who may require asthma pumps, insulin or Epipens etc.

Medical details

Parents are asked to note any serious medical conditions on the 'Application for Enrolment Form". Class or form group medical lists are circulated at the start of the academic year and up-dated when new children enrol. All staff should know of any serious medical conditions of children. Medical information is recorded on the pupil database and shared with relevant staff.

Pupils with special medical conditions

Photographs of children with specific conditions and treatments and their details are placed, in class folders and in the first aid room.

Contagious diseases/infections

The head of school may exclude pupils who have, or are suspected of having a contagious disease. Those pupils cannot return to school until a doctor's note is accepted. The head of school has the right to exclude pupils from school if s/he feels they are too sick to attend and/or is causing risk of infection to others. (Prevention and management of COVID19 is dealt with in a separate COVID protocols document here)

The head of school can contact the GGD (020 555 5911) for advice on particular diseases and procedures to be followed. Parents are requested to inform the School if their child has been diagnosed with a contagious disease. A letter is then e-mailed to all the children within the same school informing the parents of the disease, the symptoms and possible side effects. They are advised to contact a doctor should they feel concerned.

Medication

No medication must be given without the signed consent of a parent.

Early Years School and Junior School

No pupil should be in possession of medicine (except diabetics, asthmatics, epileptics, and anaphylaxis). In the event of a pupil needing medication during school time, parents must complete a form authorising staff to administer medication to their child and giving clear details of "when" and "how" medication is to be administered. The staff member must sign and date the form. The form must be displayed in a prominent position in the classroom for all adults to see (Appendix 6a).

Senior School

No pupil should be in possession of medicine (except diabetics, asthmatics, epileptics, and anaphylaxis). Medicines should be kept in the dedicated fridge in the Student Services Office. In the event of a pupil needing medication during school time, parents must complete a form authorising their child to administer the medication themselves and giving clear details of "when" and "how" medication is to be administered (see Appendix 6a below). A member of staff should observe the pupil when he/she takes the medicine.

Diabetes

Diabetic pupils must have an individual care plan that has been drawn up by a health practitioner. A diabetes care plan will help school staff know when and how to manage a child's diabetes. (See Appendix 7 below). Staff receive specific training from the diabetic nurse at the Vu Hospital.

Anaphylaxis

Anaphylaxis and such acute allergies can be life threatening but they rarely prove fatal where correct medical practice has been taken. All adults must be aware of how to treat an allergic child, including the administration of adrenaline.

A photograph of any pupil with anaphylaxis is displayed in the staff workroom. In the Early Years, and Junior School, each pupil who is known to have an allergic reaction (e.g. peanut/bee sting) must have two emergency boxes in school. The child's parents provide these. One must be kept in the classroom and one in the workroom by the playground (Junior) or HOS office (EYS). Emergency boxes MUST NOT be kept in a locked place. In the Senior School the emergency box is kept at the Student Services Office. In all instances, a box must be taken on all off-site activities.

Emergency boxes must be clearly labelled as such and also bear the child's name and emergency contact numbers.

They must contain TWO Epipens, personal allergy details and clear written details of where, when and how adrenaline should be administered (Appendix 8).

In cases where a child shows symptoms of an allergic reaction the supervising adults must:

- Send for the emergency box.
- Contact Emergency services immediately (112) and inform them you are going to administer an epipen.
- Administer the adrenaline shot as directed.

- Arrange for an ambulance stating the child has collapsed with anaphylactic shock.
- Arrange to contact the child's parents.
- Accompany the child to the hospital with the emergency box and contents.

Asthma

Children normally know how to cope with attacks themselves but teachers should be informed by the parents of specific treatment to be administered in case of an attack.

- Children should be encouraged to exhale in the event of an attack.
- Children should be encouraged to use their own inhalers.
- Some children may need to take medication before vigorous exercise.
- A thorough warm-up is essential before any exercise.
- Swimming can be beneficial but over or under-heated pools should be avoided.

Epilepsy

Teachers should know how to deal with an epileptic fit.

Tonic-Clonic seizures

The person goes stiff, loses consciousness and then falls to the ground. This is followed by jerking movements. A blue tinge around the mouth is likely. This is due to irregular breathing. Loss of bladder and/or bowel control may happen. After a minute or two the jerking movements should stop and consciousness may slowly return.

Do...

- Protect the person from injury - (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card or identity jewellery
- Aid breathing by gently placing them in the recovery position once the seizure has finished Stay with the person until recovery is complete
- Be calmly reassuring

Don't...

- Restrain the person's movements
- Put anything in the person's mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call for an ambulance if...

- You know it is the person's first seizure, or
- The seizure continues for more than five minutes, or

- One tonic-clonic seizure follows another without the person regaining consciousness between seizures, or
- The person is injured during the seizure, or
- You believe the person needs urgent medical attention

Focal (partial) seizures

Sometimes the person is not aware of their surroundings or what they are doing. They may pluck at their clothes, smack their lips, swallow repeatedly, and wander around.

Do...

- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring
- Explain anything that they may have missed

Don't...

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call for an ambulance if...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention

Before a child with epilepsy can take part in PE the matter must be cleared in writing both by the family doctor and by the parents specifying the extent to which participation is to be permitted.

Epileptic children should not be allowed on high equipment. Teachers should use a friend or buddy system when using apparatus. Epileptic children must be watched by an adult at the poolside. In the event of an epileptic fit, two members of staff should attend the pupil, ensuring that the area around the child is made safe. Any medication must be carried by the pupil at all times. A second pack of medication must be collected from the Reception by a member of staff taking the child on any off-site activity. The name of the child's doctor must be visible at the Reception and in the staffroom, so that he/she can be contacted and given details of the fit.