



First Aid Policy

Article 39

You have the right to help if you've been hurt, neglected or badly treated.

Feb 2026

St Therese of Lisieux Primary School

First Aid Policy

Rationale

In accordance with the Health and Safety Regulations (First Aid) 1982, the staff of St Therese of Lisieux Primary School will abide by the following policy in situations where it is considered that first aid is required.

Introduction

'First Aid is the initial assistance or treatment given to someone who is injured or suddenly taken ill. (The Joint First Aid Manual 8th Edition). Staff administering First Aid should seek to assess the situation, protect themselves and the casualty from further danger, deal with any life threatening condition and where necessary obtain medical assistance or refer the casualty to hospital as quickly as possible.

Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents/guardians might be expected to act towards their children. In general, the consequences of taking no action is likely to be more serious than those of trying to assist in an emergency.

Aims

- To define the roles and responsibilities of staff
- To provide guidance to staff dealing with an injured pupil, member of staff or visitor to our school
- To ensure that procedures are followed consistently and appropriate records are maintained.

Statement of First Aid Provision

The School's arrangements for providing First Aid will: -

- Place a duty on the Board of Governors and Principal to approve, implement and review the First Aid policy;
- The Principal, Vice Principal, Senior Leadership Team or in their absence a member of the teaching or office staff or the building supervisor are considered to be 'appointed persons', who take charge when someone is injured or becomes ill, including calling an ambulance if required.
- Place individual duties on all employees, coaches and volunteers to report and record accidents;
- Record all occasions when First Aid is administered to employees, pupils and visitors, other than minor cuts and scrapes.
- Provide First Aid equipment and materials;

- Make arrangements to provide First Aid training to employees, maintain records of training and review annually;
- Establish a procedure for managing accidents in school which require First Aid treatment;
- Provide information to employees on the arrangements for First Aid;
- Undertake a risk assessment of the First Aid requirements of the School and review on a regular basis;

Training

Members of staff who volunteer will be given training in emergency first aid techniques from a qualified body recommended by the Education Authority (EA). First Aid training will be provided on a rolling cycle. When necessary, teaching and support staff members are provided with regular awareness raising up-dates in regard to anaphylaxis, hypoglycaemia and epilepsy. In addition, any specific training that is required for a particular pupil is arranged through School Health or directly with the specialist nurse responsible for the child. Defibrillator training and refresher training is also provided to staff.

Communication of First Aid Arrangements

The Principal will inform all employees at the school of the following: -

- The First Aid Policy
- Those employees who have completed the Emergency First Aid at Work course;
- The arrangements for First Aid;
- The location of the First Aid Materials and Kits.
- The arrangements for recording and reporting of accidents;
- Coaches employed through Extended Schools will be reminded of the First Aid arrangements and recording procedures in their registration folder.

In addition, the Principal will ensure that signs are displayed throughout the School providing the following information: -

- The names of employees who have completed the Emergency First Aid at Work course;
- Location of the First Aid Materials and Kits

Arrangements

Basic first aid materials, as recommended by EA approved trainers, are stored in the First Aid Cabinet in the office at reception.

A first aid kit and additional first aid materials are stored in the office at reception, in addition to a kit for use at matches/school trips. Each contains materials recommended by the EA's guidelines on first aid.

Materials will be replenished throughout the year.

Superficial injuries, such as small bumps, scratches and grazes, occur regularly as part of normal play. Where the child is cleaned up and judged to require no further attention but is fit and well enough to remain in school, the child will be told to inform his/her parents of what happened and the

treatment given (washing, small plaster, etc.) In the case of Primary One or Primary Two children the class teacher will inform parents about any first aid administered.

Any incident that is believed to have involved a knock to the head will be assessed very carefully by a member of staff who has First Aid training. Any resulting physical mark/ bruise/ redness/ swelling and/or disorientation/memory loss etc. will be reported to the child's parents without delay.

The Principal and/or Vice-Principal will be informed of all but the most minor incidents requiring first aid. An accident report form will be completed and forwarded to EA for serious issues.

Details of children with serious allergies will be displayed in the staffroom and canteen, with the permission of their parents. Staff are also in receipt of individual care plans for children with severe medical needs. Inhalers and EpiPens are stored in the office (reception) and the classrooms of children with allergies. If an EpiPen is used, an ambulance will be called and a note taken as to what time the medication was given.

Should a child become ill during the school day, staff should consult with the Principal/Vice-Principal. When necessary, office staff will call parents/guardians to pass on information and/or concerns. If parents are unavailable, attempts to contact them will be maintained, so that they can be appraised of the situation. A record will be kept of any children who have to go home early due to illness.

Occasionally children may contract illnesses and infections that are contagious and may have to be kept away from school for a short period of time. The Public Health Agency poster '**Guidance on Infection Control in Schools and Other Childcare Settings**' gives clear direction on infectious periods and this information will be discussed with parents as necessary. This poster is displayed in the office and staffroom and available online at

http://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

Before undertaking any off-site activities, the organising teacher(s) will carry out a Risk Assessment and discuss the level of first aid provision required with the Principal/Vice Principal and at least one First Aid Kit will be taken along.

First Aid Procedures

In the event of an injury to one of the pupils the following action should be taken:

→ In the first instance the child should be attended to by the teacher, CA, supervisor or coach on duty. Most injuries will be of such a minor nature that no further action will be required. For example, a grazed knee can be cleaned by the supervisor or, with older children, by the child him/herself.

→ In all but the most trivial cases the class teacher and teacher on duty must be informed.

→ First aiders should be called as and when help or advice is required.

→ Parents should be informed immediately, by telephone, of any:

- Head injury
- Serious cut
- Swelling
- Suspected fractures etc.
- Any other injury of which, as reasonable parents/guardians, we would ourselves expect to be informed.

→ The Principal/ Vice Principal should also be immediately informed.

→ In all but the most trivial cases, a record should be made in the accident record book at reception. In serious cases an accident report form should be completed and forwarded to the EA.

→ If emergency medical treatment is deemed necessary and the parents cannot be contacted the child should be taken to hospital by 2 adults. A print-out of the child's records should be taken.

→ In extreme cases an ambulance should be called without delay.

Concussion

Concussion is a traumatic brain injury resulting in a disturbance of brain function. It affects the way a person thinks, feels and remembers things. Loss of consciousness (being 'knocked out') occurs in less than 10% of concussions and is not required to diagnose concussion. However, anyone who loses consciousness because of a head injury has had a concussion. Anyone with suspected concussion should be immediately removed from the field of play and assessed by an appropriate Healthcare Professional within 24 hours of the injury.

IF IN DOUBT, SIT THEM OUT

Concussion can affect people in four main areas,

Physical e.g. headaches, dizziness, vision changes

Mental processing e.g. not thinking clearly, feeling slowed down

Mood e.g. short tempered, sad, emotional

Sleep e.g. not being able to sleep or sleeping too much

There may be times when the person may have no visible signs such as looking blank and being off balance. It can be very difficult to differentiate concussion from other more serious injuries, such as bleeding in the brain. Other significant injuries such as injuries to the neck or face can also occur along with concussion. Playing on with symptoms of concussion can make them worse, significantly delay recovery, and, should another head injury occur, result in more severe injury and in rare cases, death (known as second impact syndrome). This is why it is so important to remove anyone with suspected concussion from the at-risk activity immediately.

Concussion can be caused by a direct blow to the head but can also occur when knocks to other parts of the body result in rapid movement of the head (e.g. whiplash type injuries).

Visible clues (signs) of concussion

Any one or more of the following visible clues can indicate a concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground/slow to get up
- Unsteady on feet/balance problems or falling over/ incoordination
- Dazed, blank or vacant look
- Slow to respond to questions
- Confused/not aware of plays or events
- Grabbing/clutching of head
- An impact seizure/convulsion
- Tonic posturing – lying rigid/ motionless due to muscle spasm (may appear to be unconscious)
- More emotional/irritable than normal for that person
- Vomiting

Symptoms of concussion at or shortly after injury

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Disoriented (not aware of their surroundings e.g. opponent, period, score)
- Headache
- Dizziness/feeling off-balance
- Mental clouding, confusion or feeling slowed down
- Drowsiness/feeling like 'in a fog'/ difficulty concentrating
- Visual problems
- Nausea
- Fatigue
- 'Pressure in head'
- Sensitivity to light or sound
- More emotional
- Don't feel right
- Concerns expressed by parent, official, spectators about a player

Our responsibilities

- Safely remove the individual from the game and ensure that they do not return to play in that game even if they say that their symptoms have resolved.
- Observe the child or assign a responsible adult to monitor the individual
- Contact parent/guardian to inform them of the possible concussion.
- Arrange for the child to get home safely.
- Advise that a responsible adult should supervise the child over the next 24-48 hours.
- Ensure an accident report form is completed and submitted to the EA
- Advise parents/carers to monitor the child and to consult a medical professional if the child displays symptoms of concussion. Direct them to the Concussion information on the Parent Section of our website.
- Advise parents that anyone with one or more visible clues or symptoms of a head injury, must not take part in any further physical sport or work activity, even if symptoms resolve,

until assessed by an appropriate Healthcare Professional, which should be sought within 24 hours.

An annual assembly is held to raise awareness of concussion and its symptoms with the children. They must be reminded frequently throughout the year of what to do if they get a bump or knock to the head.

Hygiene

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff have access to single-use disposable gloves, aprons and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment.

Record Keeping

Records of any first aid treatment given, other than for minor scrapes and grazes, will be kept in the accident book at reception and will include the following:

- 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.
- when a child is sent home after an accident in school an EA accident form will be completed and sent to the EA.

Automated External Defibrillators (AEDs)

AEDs are a portable device designed to be used by members of the public to treat Sudden Cardiac Arrest (SCA) alongside Cardio Pulmonary Resuscitation (CPR). Early access defibrillation is recognised as a significant factor in survival following sudden cardiac arrest. They are very effective at guiding the operator through the process of administering a shock if required. They are safe and easy to use and will not allow a shock to be given to a person who does not require one. Our AED is located in a labelled cabinet in the photocopying room beside the main door. Signage is displayed around the school site indicating the AED location.

WHEN A CARDIAC ARREST IS RECOGNISED IT IS THE PRIORITY TO:

- 1) Call 999
- 2) Start CPR
- 3) Ask a colleague and bring the defibrillator to the casualty.
- 4) Attach the defibrillator as directed and continue CPR and defibrillation until emergency services arrive.

Care and management of the AED

AEDs require minimal maintenance. One nominated teacher, after training, will act as the AED co-ordinator, and will be responsible for checking the AED to ensure that it is ready for use at any time.

Training

An AED can be used safely and effectively without previous training, and there may be times when trained members of staff are not immediately available to respond to a SCA. Provided a person is willing to use the AED they should not be prohibited from doing so. However, AED training will be provided regularly to key staff.

Personal liability

The EA will legally indemnify their staff in the event of a claim arising due to alleged negligence in the administration of first-aid in the course of their duties.

Links to other policies

This policy should not be seen in isolation and should be read in conjunction with the Administering Medications in School Policy, the Health and Safety Policy, the Risk Assessment Policy, PE Policy, Educational Trips Policy and Critical Incident Management Plan.

Review

The Board of Governors will review this policy in light of any new guidance from the EA or DE or after any serious incident.

Appendices

1. Information from Circular 2024/15 Nov 2024 and <https://sportandrecreation.org.uk/files/uk-concussion-guidelines-for-grassroots-non-elite-sport---november-2024-update-061124084139.pdf>
2. Concussion Recognition Tool 6
<https://bjsm.bmj.com/content/bjsports/57/11/692.full.pdf>