St Joseph's Catholic Primary School

First Aid Policy

Date policy last reviewed: November 2025

Signed by:

_____ Headteacher Date: _____

_____ Chair of governors Date: _____

First Aid Policy

Mission Statement

Jesus light our way on our faith journey.
Be our guide, our joy and our hope, as we learn, live, love and pray together

Introduction

- First Aid is the initial care given to an injured person before professional medical care is available.

- The purpose of First Aid is to
  - **preserve** life,
  - **prevent** the condition of the patient worsening; and to
  - **promote** recovery

- Teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of pupils whilst acting within the guidelines and legal requirements of the HSE.

- As a school our aim is also to promote health and safety awareness in children and adults, in order to prevent first aid being necessary and to encourage every child and adult to begin taking responsibility for their health needs.

First Aid Provision

- The Head Teacher is responsible for ensuring that there is an adequate number of qualified First Aiders (see app 1).

- Portable First Aid kits are available and used in the playground and at any time that the pupils are off site.

- An appointed member of staff will ensure the maintenance of the contents of the first aid kits and other supplies.

- An appropriate number of staff will be trained in aspects of First Aid deemed necessary e.g. asthma, epilepsy, diabetes, the use of an epipen.

- All staff will ensure that they have read the school's First Aid policy

Responsibilities of a First Aider

- The responsibilities of a first aider are to
  - Assess – the situation, what has happened, potential risks, injuries
  - Diagnose – the injury/illness

- Treat – treat the symptoms
- Transfer – for further treatment, to parents, to class teacher etc

First Aid Equipment

- First Aid Boxes are located in;
  - The First Aid Area near the office
  - All classrooms

- A photo display is kept in the staff room of any child that has a medical condition.

- Our first aid boxes contain all the necessary equipment that is legally required. Playground first aid 'bum bags' and classroom boxes contain equipment necessary for dealing with minor injuries. If an injury is more serious, the casualty should be referred to the main first aid area and a qualified first aider.

First Aid Procedures

In school

- In the event of a minor injury in lesson time the class teacher or teaching assistant will clean cuts or abrasions with an alcohol-free wipe, or administer a cold compress to bruises or bumps. Open cuts should be covered with a plaster. Plasters should only be used after checking for known allergies. More serious injuries should be referred to a qualified First Aider.

- Any pupil who has a minor injury at playtime/lunchtime should be treated by a member of staff on the playground, who has a first aid kit with them. Children with more serious injuries should be brought by the member of staff on duty, to the First Aid area (Reception/Office area) to be treated as above.

- Hands should be washed before and after administering first aid. Disposable gloves should be worn.

- If a child bumps their head, **the member of staff who treats them** should complete an accident form and hand it to the child's class teacher to be given to the parents. The form outlines the injury and recommends careful observation. The class teacher should monitor the child for unusual symptoms during the rest of the day and send for a first aider if there are any concerns. Head injuries are not always apparent, and can develop many hours after the initial injury occurs.

- In the event of a more serious injury or medical emergency, or if you are unsure, contact an appointed First Aider- see appendix

- If a pupil sustains a serious injury, they should not be moved unless in danger. Send for a qualified First Aider immediately.

- All injuries should be recorded in the accident book kept in the school office.

- If there are any doubts over the health or welfare of a pupil the parent/carer will be contacted.

- If the appointed First Aider deems it necessary, an ambulance will be called before waiting for parents to arrive. In this case a member of staff will accompany the child to hospital in the ambulance.

- For pupils with known medical conditions a risk assessment should be done by an adult who has been trained in that condition (see appendix) and if necessary an ambulance called and/or parents informed.

- **If the situation is life threatening then an ambulance should be called at the earliest opportunity**

- All serious accidents should be reported to the Head Teacher and an accident form completed by the person who has dealt with the injury. These are available from the main school office.

Out of School

- While out of school on a visit, the class teacher or trip leader should keep a mobile phone with them in case of an emergency and ensure appropriate medication or care plans for any pupils with medical conditions (inhalers, epi pens etc.)

- The class teacher or trip leader should take a first aid kit.

- The procedures for Educational Visits must be followed including a risk assessment of first aid issues and first aid provision at the venue

Staff Injuries

- Staff or adult visitors should complete an accident form from the main school office if they sustain an injury at work. An injured member of staff or any other supervising adult should not continue to work if there is any possibility that further medical treatment is needed.

Administration of medicines

- Medicines are not administered in school, with the exception of children with care plans who require emergency medication to be administered.

Contamination / Hygiene

- All blood and body fluid (e.g. urine and vomit) spillages should be regarded as potentially infectious and the same precautions applied to each incident.

- No person must treat a pupil who is bleeding, without wearing protective gloves.
- Protective gloves are stored in the first aid area, and in all first aid bags.
- Cover open cuts or wounds on your own skin with a waterproof band-aid or similar dressing.
- Use an air shield (where available) for mouth-to-mouth breathing. The casualty's nose has to be pinched at time of artificial respiration by the First Aider as if left un-pinched the air being breathed into the casualty by the First Aider will normally exhale through the casualty's nose rather than entering the casualty's lungs.
- If blood is spilled onto broken skin or your skin is punctured by a sharp object, wash area thoroughly with soap and water, use antibacterial wipes, and seek advice from a doctor.
- All body fluids (vomit, diarrhoea and blood) must be cleaned immediately. This is vital if the spread of infections is to be reduced.
- Never use mops to clear up body fluid spills that may be contaminated with blood.
- Absorb spillage with disposable paper towels or absorbent powder.
- Paper towels / card scoops should be used to scoop the remaining substance into a plastic bag which should be sealed. Very small quantities can be cleaned with tissue paper and flushed into the toilet.
- Clean the area thoroughly with warm water and detergent using a disposable cloth.
- Dispose of the plastic gloves and any cloths into a sealed bag and wash hands thoroughly.
- If blood or vomit is spilled onto cushions these should be disposed of in the clinical waste bins.
- If clothing of either the patient or the first–aider is contaminated with blood. Clothing should be removed and placed in a plastic bag and sent home with the child with advice to parents on laundering (advising that the clothing should be washed separately in a washing machine using a pre-wash cycle, then a hot wash cycle.

Action at an Emergency

(To be undertaken by a qualified First Aider **only**)

ASSESS THE SITUATION:

- Are there dangers to the First Aider or the casualty?
- Make the area safe, look at injury, assess potential risks and injuries
- Assess the casualty for responsiveness. Check for voice response, if there is no response, check for response to pain (pinch skin)

IF THERE IS NO RESPONSE:

- Shout for extra help if necessary. Ask the person to wait.
- Open airways by placing one hand on the forehead and gently tilt the head back.
- Remove any obvious obstructions from the mouth and lift the chin.
- Check for normal breathing for ten seconds

- **Send the helper to call an ambulance at this point, asking them to tell the emergency services that the casualty is unconscious, breathing/not breathing and that a first aider is with them.**

IF THE PATIENT IS BREATHING

- If the casualty is breathing assess for life threatening injuries, treat any major injures e.g. blood loss, and then place in the recovery position if possible. If there is no one to help, and you have to leave the casualty, you MUST put them in the recovery position.

- Stay with the patient until the ambulance arrives to maintain airway and breathing. An unconscious casualty can stop breathing at any point.

IF THE PATIENT IS NOT BREATHING

- If the casualty is not breathing you must begin CPR. Ensure an ambulance has been called – CPR is pointless without a defibrillator!

- **If the casualty is a child**, give an initial 5 rescue breaths, then begin chest compressions. You should give 30 chest compressions then 2 rescue breaths. Continue this until the Paramedics take over.

- **If the casualty is an adult**, give 30 chest compressions then 2 rescue breaths. Continue this until the Paramedics take over.

Automated External Defibrillators (AEDs)

An AED is a machine to used to give an electric shock when a person is in cardiac arrest. Cardiac arrest can affect people of any age and without warning. If this happens, swift action in the form of early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person's life.

The chain of survival

1. **Early recognition and call for help. Dial 999 to alert the emergency services. The emergency operator can stay on the line and advise on giving CPR and using the AED.**
2. **Early CPR to create an artificial circulation. Chest compressions push blood around the heart and to vital organs. If a person is unwilling or unable to perform mouth to mouth resuscitation, he or she may still perform compression-only CPR.**
3. **Early defibrillation to attempt to restore a normal heart rhythm and help blood and oxygen circulate around the body. Some people experiencing a cardiac arrest will have a 'non-shockable rhythm'. In this case, continuing CPR until the emergency services arrive is paramount.**
4. **Early post-resuscitation care - to stabilise the patient.**

Anyone is capable of delivering stages 1-3 at the scene of the incident. However, it is important to emphasise that life saving interventions such as CPR and defibrillation (stages 2 and 3) are only intended to help buy time until the emergency services arrive, which is why dialling 999 is the first step in the chain of survival. Unless the emergency services have been notified promptly, the person will not receive the post-resuscitation care that they need to stabilise their condition and restore their quality of life (stage 4).

Location

The AED is located in the front entrance outside the Head Teacher's office. It is clearly marked with a standard sign for AED's.

Maintenance
Modern AED's undertake regular self-tests and, if a problem is detected, will indicate this by means of a warning sign or light on the machine. Louise Dalziel will check the AED every month for warning indicators. The AED is kept with a number of accessories to ensure that it is always ready for use. Where necessary, these will be replaced after every incident.

Qualified First Aiders:

Louise Dalziel (lead)

Laura Crane
Una Dalziel
Eleni Koumi
Ginny Peplow
Dawn Rose
Alison Emmott
Charlotte Young
Kayan Tobias
Senem Bailey
Ruth Holmes
Megan Boxwell
Chris Caffrey
Lorraine Gowen

All staff are trained in dealing with asthma, allergies and epi-pen use.

Date: November 2025

Review: October 2026