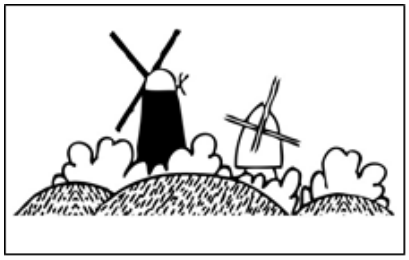

THE WINDMILLS JUNIOR SCHOOL

First Aid Policy

Last reviewed: June 2026 – Next review: June 2027

1. Introduction

This policy outlines The Windmills Junior School's responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors, and the procedures in place to meet that responsibility. It takes account of guidance from West Sussex County Council's policies and procedures.

The school recognises its responsibility to ensure that first aid provision is available at all times whilst people are on school premises, and also during off-site activities such as educational visits and sporting fixtures.

This policy is based on legislation and guidance found in first aid in schools and health and safety in schools guidance from the Health and Safety Executive (HSE) on incident reporting in schools.

2. Roles and Responsibilities

The school's appointed Medical Lead is Mrs Caroline Wells. They are responsible for:

- Providing a second opinion to first responders when required
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Communicating to all relevant parties and reporting to West Sussex if an injury/accident involves a visit to the hospital or emergency services being called.

Mrs Caroline Wells ensures there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits.

2:1. First aiders are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Completing accident details in the First Aid book (kept in the Childs's classroom) on the same day as, or as soon as is reasonably practicable, after an incident
- Keeping their contact details up to date
- Reporting any safeguarding concerns identified while providing first aid in line with the school's child protection and safeguarding policy to the Designated Safeguarding Lead (DSL) or deputy DSL.
- Medical Assistants -we have 12 First Aiders who have completed the National College Paediatric First Aid online course.

- Medical Officers – we have 3 Advanced First Aiders – (2 LSAs and 1 office member) who have completed St John's Ambulance Advance First Aid: A 3-day course in first aid delivered by St John's Ambulance. Certificates are valid for 3 years and need to be renewed after this time.

Our school's first aiders are displayed prominently across the school and school office.

The school is fully aware of its responsibility to:

- Appoint the appropriate number of suitable trained people as Appointed Persons and First Aiders which meet the needs of the school.
- Provide relevant training and ensure monitoring of training needs.
- Provide sufficient and appropriate resources and facilities.
- Inform staff and parents of the school's first aid arrangements.
- To keep accurate and up to date accident records and to report these to WSCC where required in accordance with policy.

2:2. The local committee

The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

2:3. The headteacher/deputy headteacher

- The headteacher is responsible for the implementation of this policy, including:
- Ensuring that an appropriate number of trained first aid personnel are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils

Reporting specified incidents to the HSE when necessary

2:4. Staff School

Staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident details in first aid folders for all incidents they attend to.
- Informing the headteacher or their manager of any specific health conditions or first aid needs

3. First Aid Procedure

First Aiders are responsible for assessing injury or ill health and using their training to decide upon the most appropriate response. If a child tells you they feel ill, in the first instance you should use your professional judgement to decide what to do next. If it is during a lesson, the class Teaching Assistant will be best placed to decide next steps. Refer to a first aider if unsure. If the first aider is in any doubt and needs professional medical advice, that is a non-emergency, he or she should phone NHS 111.

Accidents involving children

If a child has an accident in the classroom, then they need to be checked by a First Aid trained member of staff and the incident recorded in the first aid folder kept in the child's classroom.

If a second opinion is required, the child should be seen by another member of staff who has completed the 3-day First Aid training.

Minor incidents

In the event of a minor incident, such as a splinter, bump, bruise, cut or graze on the school premises:

• The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment

• Relevant first aid will be given that includes cleaning the injury and covering it if the injury is bleeding or weeping

• Cold packs (ice packs NOT wet tissue), will be applied as a result of a bump or bruise or red mark

• Splinters that protrude from the skin can be taken out unless this involves digging into the skin. The area will then be cleaned and covered where necessarily

• If someone is stung, reassure them. If the stinger can be seen, brush or scrape it off sideways with something firm like a fingernail, credit card or plastic ruler as soon as possible. Raise the affected area and hold a cold compress against the injury to help reduce the swelling, for a recommended time of 20 minutes. If the sting is in the mouth or throat, an ice cube can be sucked or cold water can be sipped, to try to prevent any swelling. Monitor breathing and level of response. Parents/carers need to be contacted to make them aware. Call 999 or 111 for emergency help if the casualty shows signs of a severe allergic reaction.

Individual Health Care Plans

Pupils with acute medical conditions have individual Health Care Plans and emergency plans, detailing their medical needs and support required in school. Information regarding these pupils is sent out on a regular basis. The needs of the pupils varies considerably, as well as the action to be taken in the event of an emergency. Please take time to familiarise yourself with child names and conditions in your class.

Head Injuries

Head bump protocols

A bump to the head is common in children. If a child is asymptomatic i.e. there is no bruising, swelling, abrasion, mark of any kind, dizziness, headache, confusion, nausea or vomiting and the child appears well, then the incident will be treated as a 'bump' rather than a 'head injury'.

Child to be assessed by First Aider and monitored for head injury symptoms.

If no change, return to class and record in the class first aid book.

Minor Head Injury

A minor head injury often just causes lumps or bruises on the exterior of the head. Other symptoms include:

- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Mild dizziness
- a bump or bruise to the head
- possible head wound
- dizziness or vomiting
- short period of unresponsiveness.

⇒First, administer first aid - sit them down, comfort them, apply cold compress.

⇒treat any bleeding/wound

⇒Monitor - by sitting in a calm place, ideally on a chair.

⇒Any marks from the neck up should be reported to the child's parents.

⇒First Aider to let the class teacher know in case there are questions at the end of the day.

⇒A school "I bumped my head" sticker or wrist band is to be put on the child and a 'Head Bump' letter sent home

- Assess how alert the child is
- Are they alert? Are their eyes open?
- Can they respond if you talk to them?
- Do they respond to pressure of touch on their shoulders?
- Are they unresponsive to the above?
- Treat any wounds. Whilst head injuries can be minor, they can have the potential to be serious. All head injuries should be treated with caution.

Major head injuries

Signs and symptoms of **major head** injuries include:

- Drowsiness
- Headache
- Vomiting
- suffering a seizure and fit
- unequal pupil size
- blood- or blood-stained watery fluid coming from the ear or nose
- unresponsiveness.

Where a major head injury is suspected, first aiders will apply a cold pack, treat any bleeding and wound alongside assessing how alert the child. 999 will be called as well as Parents/Carers. If Parents/Carers are unable to attend, a member of staff will accompany the child to hospital.

For all minor and major head injuries Parents/Carers will be contacted to make them aware their child has bumped their head and that school will monitor them. Children will be monitored and Parents/Carers will be contacted again if the first aider or school staff have any concerns the child is beginning to deteriorate. 999 or 111 will be phoned if first aiders have any concerns or the child's condition worsens.

Concussion is caused by a bump, jolt or blow to the head. Concussions can also occur from a fall or blow to the head that causes the head and brain to move rapidly back or forth. If a child shows confusion, is sluggish or slow, cannot recall events prior to or after the incident, is sick or behaves unusually they need to be seen by a medical professional.

If a child has a head injury and shows one or more of these danger signs 999 will be called immediately:

- one pupil is larger than the other
- drowsiness or cannot be awakened
- a headache that gets worse and does not go away
- weakness, numbness or decreased coordination
- repeated vomiting or nausea
- slurred speech
- convulsions or seizures
- difficulty recognising people or places
- unusual behaviour
- loss of consciousness (even a brief loss of consciousness should be taken seriously)

Severe Head Injury

If unconscious, you should suspect a neck injury and do not move the child

⇒ ASK THE OFFICE TO CALL 999 FOR AMBULANCE

⇒ Notify parent asap. Call all telephone numbers and leave a message

⇒ Repeat every hour

⇒ If the ambulance service assesses the pupil over the phone and determine that no ambulance is required, pupil is to be sent home

Urgent treatment should not be delayed in order to consult with parents or carers.

Autoinjector Pen (EpiPen/Jext) (Anaphylaxis/Allergy Awareness)

Updated lists of pupils carrying EpiPens are sent out on a regular basis to all staff. A poster of the child is also displayed in the staff room and inside the classroom cupboard door to help supply cover.

In accordance with Benedict's Law, all Staff on the premises receive Anaphylaxis/ Allergy training on an annual basis.

Please see separate Allergy policy for further information.

If accident/ injury occurs to a member of staff/adults working in the school, the above procedures should be followed.

4. Hygiene and infection control

Small amounts of bodily fluids

Disposable plastic gloves should be worn, and disposable paper towels and a detergent solution should be used to absorb and clean surfaces. These items should be disposed of in black plastic bin bags, tied up and placed directly into waste bins with other waste. The Bodily Fluid Clean Up powder, aprons and gloves are kept in orange bags, kept on hooks in toilets, around the school. Bodily fluid powder for vomit, is kept in the orange bags, and these should be sprinkled over the area and they will absorb the liquid and take away any odours. Disposable bowls are kept in classrooms and in the first aid room for vomit.

Human hygiene waste that is produced in places like schools and offices is generally assumed not to be clinical waste because the risk of infection is no greater than for domestic waste. However, this should be verified in the risk assessment on a case-by-case basis. Guidance can be found at HSC Public Health Agency in the document below:

Guidance on infection control in schools and other childcare settings

5. Record keeping

- Accident/ First Aid details will be recorded in first aid books, in the child's classroom.
- As much detail as possible should be supplied when reporting an accident, including all of the information.
- For offsite visits, incidents should be recorded in the first aid note book.

Records should be kept according to the following schedule:

- pupils – 25 years from the pupil's date of birth
- employees and others - 6 years from the date of the accident

The first aid records for pupils must be kept separately from those of employees and others. Records must be kept securely and protected from unauthorised access.

Reporting to the HSE

The administration team will keep a record of any accident that results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7). The administration team will report these to the Local Authority who will report to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

These include:

- Death
- Specified injuries, which are:
- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding) which:
- Covers more than 10% of the whole body's total surface area; or
- Causes significant damage to the eyes, respiratory system or other vital organs
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the administration team will report these to the Local authority as soon as reasonably practicable and in any event within 15 days of the incident.
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
    - Carpal tunnel syndrome
    - Severe cramp of the hand or forearm
    - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
    - Hand-arm vibration syndrome
    - Occupational asthma, e.g from wood dust
    - Tendonitis or tenosynovitis of the hand or forearm Any occupational cancer
    - Any disease attributed to an occupational exposure to a biological agent

- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosional Authority as soon as reasonably practicable and in any event within 15 days

6. Contacting Emergency Services:

Any adult can contact the emergency services.

Contacting emergency services signs are displayed in the school office with the school details. In some circumstances such as if there is an emergency outside on the field the 'what3words' app can be used to help emergency services find your exact location.

Request for an ambulance - Dial 999, ask for ambulance and be ready with the following information:

- Your telephone number - Tel: 01273 842421
- Give your location as follows - Dale Avenue, Hassocks, West Sussex.
- State that the postcode is - BN6 8LS
- Give exact location in the school/setting – half way down Dale Avenue next turning past Downlands Secondary school if coming from Hassocks village
- Inform Ambulance Control of the entrance and state that the crew will be met and taken to the scene of the incident.
- Use the 'what3words' app if needed
- If the child has an IHCP or any other medical plans, these should be handed to paramedics on their arrival, along with any medication belonging to that child.

The Medical Officer, the office staff, or a member of SLT is responsible for reporting the incident to the child's parents.

If contact has not been able to be made and a child needs to be taken to hospital, a member of staff will stay with the child until the parents arrive, or accompany a child taken to hospital by ambulance.

Consent is generally not required for any life-saving emergency treatment given in Accident and Emergency Departments. However, awareness is required for any religious/cultural wishes i.e. blood transfusions which should be communicated to the medical staff for due consideration. In the absence of the parents to give their expressed consent for any other non-life threatening (but nevertheless urgent) medical treatment, the medical staff will carry out any procedures as deemed appropriate. The member of staff accompanying the child cannot give consent for any medical treatment, as they do not have parental responsibility.

7. First Aid Kits

First aid kits and boxes must be stored in a robust container marked with a white cross on a green background. Each classroom has a first aid kit on display where it can be easily located. LSA's take a basic first aid kit (blue bag) outside at break times to administer basic first aid.

WSCC recommended contents based on the British Standard should be applied:

- one leaflet giving general guidance on first aid
- one leaflet giving a list of first aid kit components included in kit
- 6 pairs of Nitrile disposable gloves (conforming to BS EN 455-1 and BS EN 455 -2, Large size (8- 9))
- 40 individually wrapped sterile adhesive dressings (water resistant, sterile, an island design and blue ones for food technology or kitchen areas)
- 2 sterile eye pad dressing with bandage
- 2 individually wrapped sterile triangular bandages
- 1 conforming bandage
- 6 safety pins
- 4 medium-sized individually wrapped sterile unmedicated wound dressings (approximately 12cm x 12cm)
- 1 large individually wrapped sterile unmedicated wound dressings (approximately 18cm x 18cm)
- 1 foil blanket 130cm x 210 cm
- 1 mouth to mouth resuscitation device which includes a one-way valve
- 1 micro porous adhesive tape
- 2 finger sterile dressing with adhesive fixing
- Scissors

The contents of a travelling first aid kit for off-site visits must be appropriate to the type and duration of visit, but should contain the following as recommended:

- 1 pair of Nitrile disposable gloves (Conforming to BS EN 455-1 and BS EN 455 -2, Large size (8- 9))
- 10 individually wrapped sterile adhesive dressings
- 1 sterile eye pad dressing with bandage
- 1 individually wrapped sterile triangular bandages
- 1 conforming bandage
- 2 safety pins
- 1 medium-sized individually wrapped sterile unmedicated wound dressings (approximately 12cm x 12cm)
- 1 large individually wrapped sterile unmedicated wound dressings (approximately 18cm x 18cm)
- 1 foil blanket 130cm x 210 cm
- 1 micro porous adhesive tape
- Scissors

Do not keep antiseptic creams, lotions, or any type of medication or drug in a first aid kit.

8. First Aid Accommodation

The school medical room is located within the main school building. It is near the main entrance and has good access to the car park.

The room is equipped with:

- First aid equipment, a sink with hot and cold running water, soap and paper towels
- Disposable gloves
- Drinking water
- First aid box and materials
- A bench that can be used for children to lie on and chairs
- Clean blanket and pillows
- A fridge
- A copy of the Health Protection Poster 'Guidance on Infection Control in Schools and other Child Care Settings

9. Playtime and Lunchtime

The appropriate adult supervision is organised by the Inclusion Manager and Deputy Head to ensure all areas of the outside environment are covered by responsible staff. There will always be a first aider on duty outside in the predetermined location on the playground. Minor incidents will be dealt with by the team outside, however if a more serious injury occurs, the team will be assisted by an advanced first aider (Medical Officer), either being taken in or, if the injury does not permit this, then they will come outside to assist.

During the school day LSAs should be the first port of call for supporting children who feel unwell.

10. Educational Visits

All off-site activities will be staffed by at least one first aider, and the appropriate first aid kit will be taken every time pupils leave the school site. If the school holds medicines for a pupil, these will be taken together with the appropriate forms.

11. Indemnity

West Sussex County Council employees who hold a valid first aid qualification are indemnified by the County Council's insurance against any claims for negligence or injury, provided they relate to first aid provided in the course of their employment and they acted in good faith and in accordance with their training. The indemnity is regardless of where and to whom the first aid was provided. Some training providers also provide indemnity cover for the period of the certificate to protect the first aider from claims when providing first aid in any situation and not restricting its use to the workplace.

Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Administering medicines
- Allergy policy