



First Aid Policy

Updated By	Mrs V Wylie (19/09/2023)
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Purpose

- To preserve life
- To limit worsening of the condition
- To promote recovery
- To provide First Aid when required from trained staff
- To promote health and safety awareness in children and adults, in order to limit First Aid being necessary
- To encourage every child and adult to begin to take responsibility for their health needs

Related Policies

Health and Safety Policy

Medication Policy

Intimate Care Policy

Pastoral Care Policy

Child Protection/Safeguarding Policy

Medical Information

- Medical information about children in Carniny Primary School is gathered through the data collection sheets, which are issued before each child starts school. As well as this, information is provided by the parent or carer throughout each child's Primary years as medical conditions become apparent (P1 – P7).
- All-important medical information is provided for the class teachers and kept in the pupil's file in the office, as well as recorded on SIMS. Records about those children with particular medical conditions are kept in school and each teacher has a copy of this in his/her classroom.
- Details of all children requiring an Anaphylaxis care plan (~~e.g. for Epi-pen~~) are displayed in the school office, principal's office and child's classroom.
- Photos of children with dietary needs are displayed in the school kitchen, principal's office and school office.
- All Medical forms for children requiring medication throughout the school day are filed in the office.
- All teachers have a copy of all children's contact details.

Children with Care Plans

These plans will be drawn up in consultation with parents and relevant Health Professionals. They will include the following:

- Details of the child's condition
- Special requirements i.e. dietary needs, pre-activity precautions
- Any side effects of the medicines
- What constitutes an emergency
- What action to take in an emergency
- Who to contact in an emergency
- The role staff can play

First Aid Provision

- The Manual for School Principals and Governors guides First Aid Provision (See Appendix 1)
- The Principal is responsible for ensuring there is an adequate number of qualified First Aiders
- Names of First Aiders are displayed throughout the school
- The First Aiders in conjunction with office staff will ensure the maintenance of the contents of the first aid boxes and other supplies
- Portable First Aid kits are taken on educational visits and are available from School office and Disabled Toilet
- All Relevant staff will be trained in any aspects of First Aid deemed necessary e.g. asthma, epilepsy, the use of an epi-pen
- All staff will ensure that they have read the School's First Aid Policy

First Aid Boxes

- First Aid Boxes are located in the School Office and Disabled Toilet
- No medicine/tablets are to be kept in the first aid boxes

Procedures

In school:

- In the event of a serious injury or medical emergency, contact one of the named First Aider(s)
- Any pupil complaining of illness or who has been injured is sent to a member of staff who ~~are~~ is a qualified First Aider to inspect and, where appropriate, treat. If necessary, parents should be contacted as soon as possible so that the child can be collected and taken home
- Parents should be contacted if there are any doubts over the health or welfare of a pupil
- IF THE SITUATION IS LIFE THREATENING THEN AN AMBULANCE SHOULD BE CALLED AT THE EARLIEST OPPORTUNITY WITHOUT WAITING FOR THE APPOINTED PERSON TO ARRIVE ON THE SCENE
- The school recommends that, unless it cannot possibly be avoided, no member of staff should administer First Aid without a witness (preferably another member of staff or pupil)
- No member of staff should administer First Aid unless he or she has received proper training, except in the case of minor cuts and grazes, which can be dealt with by members of staff
- Minor accidents (cuts, bumps, bruises) are a frequent occurrence and will be treated as follows:
 - A cold pack will be applied to bruises and bumps

- Cuts will be cleaned with non-alcoholic wipes/running water. Plasters will be applied if unavoidable
- ~~Vinegar~~/Ice packs will be applied to insect stings
- For their own protection and the protection of the patient, staff who administer First Aid should take the following precautions:
 - hands should be washed before and after administering First Aid
 - disposable gloves should be worn
- All serious accidents should be reported to the Principal or First Aider who should call an ambulance and the child's parents ASAP (numbers located in office and with child's teacher)
- In the event of a serious incident when an ambulance is called, 2 members of staff should accompany the pupil to hospital (one in ambulance and the other in a car)
- Parents are asked to go immediately to the hospital
- On occasions (e.g. Sport) it may be necessary to transport a pupil to hospital without using an ambulance. This should be on a voluntary basis. In such cases staff should ensure they have specific cover from their insurance company (it is advisable that two members of staff accompany the child in the teacher's car)
- If staff are concerned about the welfare of a pupil, they should contact the Principal or First Aider immediately. If an injury has been sustained, the pupil should not be moved
- Flowcharts for showing procedures for dealing with Non-Head and Head injuries are detailed in Appendix 3 and 4

Out of School:

- Staff should always take a mobile phone on trips out of school (own mobile phone and/or school mobile)
- Medication stored in school should be brought on all school trips
- Teachers must always take a First Aid kit
- During Educational Visits the Principal has responsibility for ensuring staff have adhered to the school's Educational Visits Procedures
- A Risk Assessment must be carried out by the trip organiser in advance of any scheduled activity

Head Injuries

All head injuries have the potential to be life threatening and qualified medical assistance should be sought in all instances where a **major** head injury is suspected. Types of major head injuries include concussion, cerebral compression and skull fracture.

Treatment

- Control any bleeding
- Contact the emergency services

- Place the casualty in a comfortable position preferably on a flat surface with the head and shoulders raised
- Monitor the casualty and be prepared to carry out basic life support
- An ice pack may be applied to a head injury if there is a bump in order to reduce swelling. (Health Matters First Aid at Work training – October 2021)

Parents/Carers should be contacted by telephone when a child has had a head injury. Additionally, a Head Injury Report slip should be completed and sent home to parents.

See Appendix 2 for Procedure for dealing with Suspected Concussion (Appendix 2) and Flowchart for dealing with Head Injuries (Appendix 4).

Treatment of Bleeding

The following instructions should be taken when dealing a pupil who is bleeding:

- Wear disposable gloves
- Sit or lay casualty down on a firm stable base
- Examine the wound
- Do not attempt to remove any embedded foreign objects
- Apply direct pressure onto the wound to try and stem the bleeding
- Dress the wound with a sterile dressing
- If blood seeps from the first dressing, then apply a second dressing directly over the top of the first one
- If blood seeps through the second dressing, then remove both dressings and start again
- Support the wounded part and be prepared to treat the casualty for shock
- Do not allow the casualty to smoke or to consume any food or drink
- Call for ambulance and monitor the casualty.

Swimming Pool Lessons

- Swimming instruction is provided by qualified swimming instructors. We use Seven Towers Swimming Pool for swimming lessons, and we ensure that pupils adhere to the swimming pool rules.

Action at an Emergency (To be undertaken by trained First Aider)

- Assess the situation: Are there **dangers** to the First Aider or the casualty? **GET HELP!** Make the area safe, look at injury: Is there likely to be a neck injury?
- Assess the casualty for **responsiveness**: Does the casualty respond. IF THERE IS NO RESPONSE:
- Open **airway** 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 **breathing**. If the casualty is breathing assess for life threatening injuries and then place in the recovery position. If the casualty is not breathing send a helper to call an ambulance and give 2 rescue breaths making 5 attempts at least

- Assess for signs of circulation. Look for breathing, coughing or movement. Continue rescue breathing and check signs for circulation every minute. If breathing is absent the First Aider should begin Cardio Pulmonary Resuscitation (CPR) at a rate of 30:2
- Continue with CPR until the ambulance arrives

Incident Reporting

- If a child has an injury in the playground and requires First Aid, he/she should proceed immediately to a staff member on duty indicating the injury. Staff members should be encouraged to clean minor scratches and avoid the need for children to enter the school (supervisors carry basic First Aid kits). For more serious incidents the member of staff dealing with the injury must hand over the child to a trained First Aider.
- All incidents are recorded by supervising/duty staff in the Incident and Illness Register is kept in the office and disabled toilet.

When an accident results in the injured party being required to go home early, stay off school, attend outpatients, be detained in hospital or otherwise require medical help the EA Online Accident Reporting System should be completed.

- Parents are contacted by telephone of all major head injuries where concussion is suspected and all other minor bumps or grazes to the head
- Parents are contacted by phone if there any concerns about a child's injury
- If members of staff sustain an injury at work, this should be reported to the Principal and details recorded in the Incident and Illness Register
- An injured member of staff or other supervising adult should not continue to work if there is any possibility that further medical treatment is needed. The member of staff or other supervising adult concerned should seek medical advice without delay.

Asthma, Diabetes and Epi-pen

- Parents of asthmatic children are asked to ensure that their child is equipped with a labelled inhaler. We also request that school is provided with a spare inhaler. Inhalers are stored in the medical cupboard in the staffroom. A register of children with Asthma is kept in the school office (SIMS).
- Parents of children with diabetes must meet with the class teacher and classroom assistant to discuss the care of the child in school
- Parents of children with anaphylaxis are asked to provide the school with two Epi pens. Epi pens are stored in the child's medical container in the classroom
- Any sharp items used (e.g. needles for diabetic injections) shall be placed in a sealed sharps box located in the disabled toilet
- Regular reminders (via Newsletter, website, ParentMail) will be communicated to parents/carers regarding allergy awareness (e.g. avoid sending food which may contain nuts)-

Administration of Medicines

- Before any necessary medications are administered, written permission from parents must be given
- Parents are encouraged to administer other medications (e.g. antibiotics) outside school hours. If this can't be avoided the school will administer the appropriate medication provided a Medication Form is completed. Medication Forms can be downloaded from the school website or obtained from the school office. Medications will be stored in the office or in the medicine cupboard/fridge in the staff room.

Body Spillages

- No person must treat a pupil who is bleeding, without protective gloves
- Protective gloves are stored in all First Aid boxes and Disabled Toilet
- The Caretaker ~~or Domestic Assistant~~ will clean such spillages
- All body fluid spillages (vomit, diarrhoea and blood) must be cleaned immediately. This is vital if the spread of infection is to be reduced. Gloves **must** be worn when contact with blood or body fluid is likely
- Spillages should be placed in a sealed black plastic bag and put in the external dustbins for domestic waste disposal

Head Lice

- If there is an outbreak of Head Lice parents are encouraged, through the school Newsletter or ParentMail to be vigilant in checking their own children for head lice and treating appropriately
- If live lice are noticed in a pupil's hair the parents are contacted by telephone and asked to collect him/her from class

Basic Guidance

- If in doubt, then check with the trained First Aider
- Minor injuries to be treated by the Class teacher/Supervising staff (cuts, scratches etc.)
- All other injuries to be treated/overseen by a qualified First Aider
- All head injuries where concussion is suspected to be reported to the Principal or First Aider ASAP and parent/guardian contacted
- Parent/guardian to be informed of all **major** injuries
- School kitchen to be informed of all allergies

Intimate Care

Providing First Aid can become a form of Intimate Care. It may be necessary to have another member of staff present if for example items of clothing need to be removed (refer to Intimate Care Policy).

Qualified First Aid Staff

The following staff have achieved Health Matters Level 3 Award in First Aid at Work (3 Day training):

- Mr Calwell (March 2023)
- Mrs Wylie (October 2021)
- Level 3 Award in Emergency First Aid at Work:

The following staff have achieved Health Matters Level 3 Award in Emergency First Aid at Work (1 Day Training August 2023):

- Mr Fisher
- Mr Church
- Mr Marcus
- Mrs Armstrong
- Mr Armstrong
- Miss Crawford
- Miss McCartney
- Mrs Fletcher
- Mrs McMullan

First Aid Manual for Principals and Governors

Introduction

The Health and Safety (First-Aid) Regulations (NI) 1982 (as amended) require that adequate and appropriate equipment, facilities and personnel are provided to enable first-aid to be given to employees who are injured or become ill at work. Although these Regulations apply to the provision of first-aid for employees, schools should consider carefully the likely risks to pupils and visitors and make allowance for them when drawing up policies and deciding on the numbers of first-aid personnel. As a 'rule of thumb' schools should include the numbers of pupils/students alongside staff when they are determining how many first aiders they need.

What is first-aid at work?

People at work can suffer injuries or fall ill. It doesn't matter whether the injury or the illness is caused by the work they do or not. What is important is that they receive immediate attention and that an ambulance is called in serious cases. First-aid at work covers the arrangements you must make to ensure that this happens. It can save lives and prevent minor injuries becoming major ones.

The minimum first-aid provision

1. A suitably stocked first-aid box.
2. An appointed person to take charge of first-aid arrangements.
3. Provision of information to employees on first-aid arrangements.

What is an appointed person?

An appointed person is someone who:

- takes charge when someone is injured or becomes ill, including calling an ambulance if required; and
- looks after the first-aid equipment, e.g. restocking the first-aid box.

To fulfil their role appointed persons do not need first-aid training, though emergency first-aid courses are available. Appointed persons are not first-aiders and should not attempt to give first-aid for which they have not been trained.

Remember an appointed person should be available at all times that people are on school premises, and also off the premises whilst on school trips. This may mean appointing more than one, (see [Educational Visits Guidance](#)).

What is a first-aider?

A first-aider is someone who has undergone a training course, appropriate to the level identified in a first-aid needs risk assessment, which complies with Northern Ireland Regulations in either first-aid at work or emergency first-aid at work and holds a valid certificate of competence. **Both certificates are valid for a period of three years and it is a requirement that a two-day refresher course must be successfully completed for the first-aid at work course within 28 days of expiry, if not the full first-aid course must be retaken. For the one day emergency first aid at work course, this has to be retaken completely within three years.**

Following a first-aid needs risk assessment you may decide that one or more first-aiders are required.

Points to consider in a first-aid needs risk assessment

- What size is the school and is it on a split site? Additional provision may be required if there is more than one building, and it is over several floors;
- The location of school in relation to an accident and emergency department, ambulance station etc.? The time that it may take the emergency services to arrive must be considered;
- Consider any specific risks, for example, hazardous substances, dangerous tools and machinery. Adequate provision should be in place for practical departments such as science, technology, home economics and physical education;
- Specific needs. Are there members of staff or pupils with special health needs or disabilities? What age range does the school cater for?
- Accident statistics. Accident statistics can indicate the most common injuries, times, locations, and activities at a particular site;
- School trips. If a first-aider accompanies pupils off site, will there be adequate first-aid provision in the school?
- Out of school hours activities. There should be adequate provision for sports activities, clubs, etc., and cleaning staff who are on site after hours;
- Planned absences of first-aider/appointed person.

If the risks are significant, you may need to have one or more first-aiders.

How many first-aiders or appointed persons do I need?

The regulations do not specify the exact number of first-aid personnel required. Governing bodies and principals should make a decision based on their own circumstances and a suitable and sufficient first-aid needs risk assessment. Schools would be deemed low risk premises in HSE guidance. **The following table is issued as a guide.** For further [advice please contact the Education Authority's EA health and safety section.](#)

Type of School	What First Aid Personnel do you need?
Nursery/ Primary	At least one First Aid at Work (FAW) trained person for each 100 staff and/or pupils or part thereof.
Post Primary	At least one First Aid at Work trained person for each 100 staff and/or students or part thereof. Each practical department i.e. technology, physical education, home economics and science should have a FAW trained person as part of this ratio, e.g. if you have an enrolment of 700 students and 60 staff, you require eight FAW trained person.
Special	At least one First Aid at Work trained person for each 100 staff and pupils or part thereof. The final number required is dependent on the school's first-aid needs risk assessment and may be greater than this ratio.

For schools with less than 100 staff/pupils, they need to consider absence cover when determining how many first aiders they need e.g. if you have an enrolment of 55 children and six staff you still require two FAW trained staff.

First-aid training

The EA has a contract in place for first-aid training. The school should contact their local health and safety section for further information.

Provision of information to employees on first-aid arrangements

A simple method to keep staff informed is to display first-aid notices. There should be at least one notice in a prominent position at each site. Inclusion of first-aid information in induction training will help make sure new employees are made aware of first-aid arrangements.

What should I put in the first-aid box?

First-aid boxes should contain only those items which a first-aider has been trained to use. There is no mandatory list of items to be included in a first-aid container. It depends on what you assess your needs to be. As a guide a minimum stock of first-aid items would be:

- a leaflet giving general guidance on first aid (e.g. [HSE Basic advice on first-aid at work leaflet](#));
- individually wrapped sterile plasters (assorted sizes) appropriate to the type of work (hypoallergenic plasters can be provided if necessary);
- sterile eye pads;
- individually wrapped triangular bandages, preferably sterile;
- safety pins;
- large individually wrapped sterile un-medicated wound dressings;
- medium sized individually wrapped sterile un-medicated wound dressings; and
- disposable gloves.

Additional first-aid materials

The means assessment may indicate that additional materials and equipment are required, for example, scissors, adhesive tape, disposable aprons and individually wrapped moist wipes.

Where mains tap water is not readily available for eye irrigation, at least one litre of sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Once the seal has been broken, the containers should not be kept for re-use. Sterile eye irrigation liquids should not be used beyond their expiry date.

The administration of tablets and other types of medicine is not a provision under first-aid at work. It is recommended that tablets and medicines are not kept in the first-aid container.

Travelling first-aid containers

Before undertaking any off site activities, an assessment should be made of what level of first-aid provision is needed. There is no mandatory list of items to be included in a travelling first-aid kit. They might typically contain:

- a leaflet giving general advice on first aid;
- 6 individually wrapped sterile plasters (hypoallergenic plasters can be provided, if necessary);
- 2 individually wrapped triangular bandages, preferably sterile;
- 2 safety pins;
- large sterile un-medicated dressing;
- individually wrapped moist cleansing wipes; and
- 2 pairs of disposable gloves.

Additional items may be necessary for specialised activities.

How many first-aid boxes do I need?

Every school should provide at least one fully stocked first-aid container. It is important that first-aid boxes are checked on a weekly basis and restocked as required. The assessment of a school's first-aid needs should include the number of first-aid containers. Additional first-aid containers will be needed for split-sites, distant sports fields or playgrounds, any other high-risk areas and off site activities. All first-aid containers must be marked with a white cross on a green background.

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.

Automated External Defibrillator (AED)

An AED is a safe, easy to use, very effective, compact, portable device which is designed to be used by lay persons to deliver a high energy electric shock to a victim of Sudden Cardiac Arrest (SCA). It automatically diagnoses the heart rhythm, and determines if a shock is needed. The machine guides the operator through the process by verbal instructions and visual prompts, which are helpful for responders who are hard of hearing or are operating in noisy environments. They are safe and will not allow a shock to be given unless the heart's rhythm requires it.

If the requirement to provide an AED is identified in the school's first-aid needs risk assessment the EA Procurement Service can provide advice on suitable suppliers.

Further information and guidance on the management and care of AED's can be found in the EA/Council for Catholic Maintained Schools (CCMS) publication: "[Automated External Defibrillator \(AED\) Guidelines for Schools](#)"

First-aid during Covid

Guidance on the delivery of first-aid during Covid-19 is available in the frequently asked questions section of the EA internet: [EA Covid FAQs and guidance](#).

Procedure for Dealing with Suspected Concussion/Head Injuries/

A. Suspected Concussion

Concussion should be suspected if one or more of the following visible cues, signs, symptoms or errors in memory questions are present:

1. Visible Clues of Suspected Concussion

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

- Loss of consciousness or responsiveness
- Lying motionless on ground/slow to get up
- Unsteady on feet/Balance problems
- Grabbing/clutching of head
- Dazed, blank or vacant look
- Confused/Not aware of events

2. Signs and symptoms of suspected concussion

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

- Loss of Consciousness
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional
- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- "Don't feel right"
- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Feeling slowed down
- Pressure in head
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like "in a fog"
- Neck Pain
- Sensitivity to noise
- Difficulty concentrating

3. Memory Function

Failure to answer any of these questions or other relevant questions correctly may suggest a concussion

- Where are we today?
- Did your team win the last game?
- Who were you playing with?

Any child with suspected concussion should be sent home and assessed medically before returning to normal routines.

Red Flags

If any of the following are reported, then the child should be safely and immediately removed from the playing field/playground. Parents will be contacted to bring the child to hospital or school will phone for an ambulance.

- Child complains of neck pain
- Deteriorating conscious state

- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Unusual behaviour change
- Double vision

Remember:

- In all cases the basic principles of First Aid (Danger, response, airway, breathing, circulation) should be followed
- Do not attempt to move the player/child (other than required for airway support) unless trained to do so
- Do not remove helmet (if present) unless trained to do so

B. Other Minor Head Injuries

Other minor incidents involving the head will be assessed and appropriate action taken.

Flow Chart Detailing Procedure for Dealing with Non-Head Injury

Member of staff assesses severity of incident ▼		
Minor (Scratches, cut) ▼		Serious (Sprain, deep cuts, pain and swelling to joints) ▼
Is Treatment Required? ▼		Bring incident to attention of First Aider ▼
Yes ▼	No ▼	Place child in comfortable position ▼
CA or Supervisor treats appropriately ▼	Comfort Casualty ▼	Carry out First Aid (Control bleeding, clean wounds, ice packs, support for sore arm) ▼
		Contact parent/emergency services Call all parent contact numbers provided ▼
Monitor Casualty ▼	Monitor casualty ▼	Monitor casualty and be prepared to carry out basic life support until collected by parent/ambulance – Defibrillator available in school if required ▼
Complete Incident/Illness Report Slip and send home with child		If child remains in school: Complete Incident/Illness Report Slip and send home with child If child does not remain in school: Complete the EA Accident Injury Report Form (information transferred to EA Online Accident Reporting System)
Inform casualty's teacher		Inform casualty's teacher

Flowchart Detailing Procedure for Dealing with a Head Injury (face and head)

Member of staff assesses severity of incident ▼		
Minor (Scratches, no visible bumps) ▼		Serious (Significant bumps, bruising, paleness, shock, including possible concussion) ▼
Is Treatment/First Aid Required (Cuts)? ▼		Bring incident to attention of First Aider ▼
		Ascertain if casualty displays any of the visible clues, signs, symptoms or errors in memory questions that may indicate concussion: Symptoms (Headache, Nausea, Disturbed Vision) Behavioural (Depression, irritability, moodiness) Ears (Ringing or hearing impairment) Cognitive (Lapses of memory, concentration of focus) ▼
Yes ▼	No ▼	Place casualty in comfortable position. Apply an ice pack to any visible bumps to reduce swelling. ▼
CA or Supervisor Treats as appropriate ▼	Comfort Child	Contact parent/Emergency Services Call all parent contact numbers provided ▼
		Carry out First Aid (Control bleeding, clean wounds) ▼
Monitor Casualty ▼		Monitor casualty and be prepared to carry out basic life support until collected by parent/ambulance. Defibrillator available in school if required ▼
Complete Incident/Illness Report Slip and send home with child ▼	Complete Incident/Illness Report Slip and send home with child ▼	If child remains in school: Complete Incident/Illness Report Slip and send home with child If child does not remain in school: Complete the EA Accident Injury Report Form (information transferred to EA Online Accident Reporting System) ▼
Inform casualty's teacher	Inform casualty's teacher	Inform casualty's teacher ▼