First Aid Policy and procedures including dealing with head injuries

This policy was adopted from NYES HR template dated	September 2024
This policy was adopted by the school on:	June 18th 2025
Estimated next review date by school	June 2026

Note:
This policy is adapted from the NYES Health and Safety First Aid Procedures and will be reviewed in line with any updates to these procedures or any procedures within school.

This procedure should be read in conjunction with the Health and Safety Policy and NYC's Guidance for Supporting Children and Young People with Medical Conditions in Schools.

1. General statement

It is our policy to ensure that appropriate first aid arrangements are in place for our staff, pupils and any visitors to our premises. This includes providing sufficiently trained employees for our business needs and maintaining an adequate supply of first aid equipment.

It also involves providing enough information to staff to enable first aid assistance to be sought during normal working hours.

This procedure should be read in conjunction with the Health and Safety Policy and NYC Guidance for Supporting Children and Young People with Medical Conditions in Schools.

2. Legislation and guidance

This policy is based on the Statutory Framework for the Early Years Foundation Stage, advice from the Department for Education on first aid in schools and health and safety in schools, guidance from the Health and Safety Executrive (HSE) on incident reporting in schools, and a number of pieces of legislation.

Our duty to provide first aid at work is governed by the Health and Safety (First Aid) Regulations 1981. These require us to carry out a risk assessment in order to determine what first aid facilities and personnel are necessary to meet the needs of our school. We are also required to review this assessment periodically to ensure that current provision is adequate. In order to comply with these regulations, our assessment has considered a number of factors, including the following:

- Size of school
- Type of school
- Building layout
- Past history of accidents
- Needs of travelling and/or lone workers

3. Roles and responsibilities

It is the aim for all staff members to be able to adminster basic first aid although it is recognised that for new staff, training may not be obtained immediately. However, there will always be sufficient first-aid trained staff in school. Training will be provided periodically to staff and an up-to-date list of first aid trained staff will be displayed at the school office and at other points around school.

3.1 Appointed person(s) and first aiders

The school's appointed persons are: Katrina Greenall and Erika Kirsch-Maskill. They are responsible, along with the Headteacher, for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section below) 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
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident
- Keeping their contact details up to date

3.2 Responsibilities of first aid personnel

Giving First Aid: If someone is injured, becomes unwell and needs help, the nearest first aider should be contacted, and asked to attend. The first aider will assess the situation, provide help, request assistance from other qualified persons (including any first aiders who are First Aid at Work trained) if necessary, and stay with the casualty until they are recovered or make arrangements for further medical assistance if they deem this necessary.

Medical support: When a first aider thinks that a casualty needs urgent medical treatment, they will arrange for the casualty to be taken to the nearest hospital accident & emergency department – if they think it is necessary, an ambulance will be called. Employees should not use their private car to transport a casualty to hospital. If emergency services are called, the Headteacher or other senior member of staff will contact parents immediately.

If urgent medical treatment is not deemed necessary, but if the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. The first aider will stay with the casualty until they are collected. Upon their arrival the first aider will recommend next steps to the parents.

Spillages of body fluids: Spillages of blood, vomit, urine and excrement should be cleaned up promptly using a body fluids disposal kit or similar. The area should immediately be cleared and cordoned off and cleaned up. Protective gloves must be worn and the waste be cleared appropriately.

Records: An accident form should be completed every time a first aider provides assistance to a casualty. As well as the usual details of the accident the name of the person giving first aid and summary details of the treatment given should be recorded. The accident report should be completed as soon as is reasonably practical after an incident resulting in an injury. The school uses Medical Tracker which enables parents to be contacted via e-mail for minor incidents that have required treatment. For more serious incidents or near misses, please see the section on RIDDOR.

4. Procedures

The following are general first-aid related procedures to be followed by all staff:

- If you are aware that anyone on the school premises has been taken ill, or has had an accident, call another member of staff for assistance.
- Assess the patient's condition and then call 999 or 112 for advice, if necessary.
- If it is a minor accident, wet paper towels will be applied to any areas where a child is complaining of pain, as long as the skin isn't broken.

- If there is a lump or swelling, an icepack will be applied for a maximum of 10 minutes. During this time, the child will stay under adult supervision. If the lump or swelling hasn't diminished over the 10 minutes, parents will be called and advised to seek further medical advice. Icepacks can be found in the PPA room, the school hall and in the learning zone.
- If the skin is broken (i.e. a cut or graze), then gauze and cold water will be used to clean the wound.
- Splinters can be removed by school staff, if they are sticking out above skin level.
- All incidents where a degree of first aid is applied will be recorded in our accident book and a form will be sent home, out of courtesy to parents. If the incident involved a child bumping their head, a text message will always be sent home. It is the responsibility of the person who deals with the child to fill in the accident book, complete the form and inform the office of the need to send a text home, if appropriate.
- If you need to access a first aid kit for personal use, do not remove it from its designated place.
- Any loss or damage to first aid equipment must be reported to the office team as soon as possible.
- If a first aid kit is poorly stocked, this should be reported to the office team.
- The first aid kits are checked weekly by the responsible person to ensure everything is well stocked and in date.
- Staff on visits out of school are expected to carry a first aid kit with them at all times. The number of staff required to carry first aid kits will depend on the nature of the visit and the risk assessment carried out by the Visit Leader and the Educational Visits Co-ordinator. The visit leader is responsible for returning the kit to where it is stored and informing the office team when it is poorly stocked.
- If the injured person is required to go to hospital as a result of their injuries, this will need to be logged by the school office to report on the Be Safe online portal.

5. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

These regulations cover what must be recorded and what is reported to the HSE. It is very important that all schools ensure that reportable accidents and incidents are reported quickly as there are legal time limits within which the reporting must be done. Delays in reporting can lead to legal action being taken by the HSE against the employer whether this be the council, trust etc. Some of the most serious accidents/incidents need to be reported to the employer immediately by telephone.

Those accidents covered by RIDDOR, in a school setting. Are;

- A pupil/student/visitor is taken to hospital and receives treatment;
- A member of staff suffers a specified injury e.g. a fracture (apart from fingers and toes);
- If a member of staff sustains an occupational injury resulting from an accident and reported if they are incapacitated for more than seven days. There is no longer a requirement to report occupational injuries that result in more than three days of incapacitation, but you must still keep a record of such injuries;

At Riccall Community Primary School, the B-Safe recording system is used and for more serious accidents and near misses, the advice of the Health & Safety team is sought when

conducting investigations.

Near Miss Reporting
B-Safe is used to report near misses where the incident may have had serious consequences. These are split into two categories, those that resulted in no injury or damage and those that resulted in only property damage (e.g. a vehicle on site reverses and hits a wall causing a broken tail light).

6. Procedures when dealing with head injuries

Injuries to the head can occur in many situations in the school environment, when a pupil's head comes into contact with a hard object such as the floor, a desk, or another pupil's body. The potential is probably greatest during activities where collisions can occur such as in the playground, during sport and PE.

Concussion is a disturbance of the normal working of the brain without causing any structural damage. It usually follows a blow directly to the head, or indirectly if the head is shaken when the body is struck.

It is important to recognise that it is not necessary to lose consciousness to sustain a concussion following a blow to the head.

The risk of injury is dependent upon the velocity and the force of the impact, part of the head involved in the impact and any pre-existing medical conditions.

Symptoms may not develop for some hours, or even days, after a knock to the head, and in rare cases can develop weeks after a head injury.

Whilst an initial concussion is unlikely to cause any permanent damage, a repeat injury to the head soon after a prior, unresolved concussion, can have serious consequences. A return to sporting activity before complete resolution of the concussion exposes the individual to the risk of recurrent concussions which can occur with ever decreasing forces. Children must be encouraged to report any suspected injury and to be honest with themselves, parents, school staff and medical staff for their own protection.

Measures to reduce risk of Head Injury/Concussion
The school environment is inspected regularly to minimise the risks for sustaining injuries. Staff are encouraged to take the following steps to minimise the risk of any potential head injuries:

- Pupils should be healthy and fit for school and for PE/Sport
- Pupils are taught/reminded about safe play and are expected to follow rules.
- Pupils should display good conduct at all times and maintain respect for other pupils.
- Pupils always wear the right kit for PE.
- Any equipment should be in good condition and used correctly.
- Qualified first aiders are present in school - staff are able to recognise signs and symptoms of concussion and are vigilant in monitoring pupils accordingly.
- Accident/Incident forms are completed promptly and with sufficient detail.
- Every head injury is taken seriously.
- Inform parents i.e., bumped head slip and sticker sent home and phone call home if necessary.

Symptoms of Head Injury / Concussion
Staff should be aware that the symptoms of concussion can include any of the following:

- Headache
- Hearing problems/tinnitus
- Nausea and vomiting
- Memory problems
- Disorientation
- Visual problems
- Problems with balance and dizziness
- Fatigue and drowsiness
- Sensitivity to light and noise
- Numbness or tingling sensation
- Feeling slowed down or mentally foggy Slow to follow instructions or to answer balance and poor hand-eye coordination
- Poor concentration
- Slurred speech
- Vacant stare
- Unsteady and shaky mobility
- Loss of sight
- Loss of consciousness
- Seizures or convulsions
- Sleeping difficulties
- Problems with waking up
- Appearing confused and disorientated
- Weakness or numbness in a part of the body
- Inappropriate emotions, such as irritability or crying

Managing a head injury
A minor bump to the head is common in children, particularly those of Primary school age. If a child is asymptomatic (i.e. there is no bruising, swelling, abrasion, mark of any kind, dizziness, headache, nausea or vomiting) and the child appears well, then the incident will be treated as a 'bump' rather than a 'head injury' and will follow protocol as set out in section 4. However, **Head injuries and the risk of concussion must be taken extremely seriously.**

- A pupil with a suspected Head Injury or Concussion should not be allowed back outside to play or join in with sports.
- Pupils should have complete rest until symptom free.

Action to be taken in school for a 'Bump to the head'

- Child to be assessed by a First Aider – cold compress applied.
- If a child is asymptomatic, complete accident form for parents and inform the school office so a text message can be sent to parents.
- Inform the class teacher.
- Class teacher to observe - If pupil begins to display Minor Head injury symptoms, follow actions to be taken detailed below (if unsure, always consult a colleague).

Minor Head Injury – no loss of consciousness.
A minor head injury often just causes bumps, swellings or bruises on the exterior of the head. Other symptoms can include those listed above.

Action to be taken in school for a 'Minor Head Injury':

- Ice pack/cold compress to swelling.
- Observation and monitoring – pupil should not be left alone.
- Give the child a bumped head sticker.
- Accident form to be completed and copy sent home
- Inform class teacher.
- **Parent informed by phone call** by first-aid responder who has treated the child.

When to call an ambulance?

1. Unconsciousness or lack of full consciousness, (for example, problems keeping eyes open).
2. Any noticeable symptoms since the injury (examples include problems understanding, speaking, reading or writing; loss of feeling in part of the body; problems balancing; general weakness; any changes in eyesight; and problems walking).
3. Any suspicion of a skull fracture or penetrating head injury (for example, clear fluid running from the ears or nose, black eye with no associated damage around the eye, bleeding from one or both ears, new deafness in one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull).
4. Any seizure ('convulsion' or 'fit') since the injury.
5. A high-energy head injury (for example struck by motor vehicle, a fall from a height)

Action to be taken by school:

- Suspect there is a neck injury if unconscious and do not move the child.
- CALL 999 FOR AMBULANCE
- Do not leave child alone.
- Notify parent by phone.
- Complete accident form and log with Be Safe.

7. Dealing with Visitors

It is our policy to offer first aid assistance to visitors on our premises. Should a visitor feel unwell or have an accident, then the employee supervising their visit should call for a first aider/appointed person. If the visitor has had an accident, the employee supervising their visit is responsible for ensuring that an entry is made in the accident book/form.

6. Children with Medical Needs

A list of children who have epipens, inhalers or who have diabetes will be prominently displayed in each classroom. The location of each child's epipen or inhaler will appear alongside the child's name. these should be somewhere that children can access themselves, if necessary.

8. Staff Training

All staff undertaking first aid duties will be given full training in accordance with current legal requirements. This means that any First Aider at Work will attend a three-day (18 hours) course, any Emergency First Aider at Work will attend a basic one-day (6 hours) course and any Paediatric First Aider at Work will attend a two-day (12 hours) course. An up-to-date list of first-aid trained staff is maintained by the school office and displayed in school.

Signed: DJ Llewellyn Date: 17/5/25