



Moorland Junior School

FIRST AID POLICY

Links to other policies:

Epileptic Children Policy; Diabetic Children Policy; Admission of Controlled Drugs Policy, Allergy & Anaphylaxis Policy

INTRODUCTION

The policy outlines the support provided by Moorland Junior School to ensure that the First Aid needs of pupils, staff and visitors are met. This policy, along with relevant Health Centre policies and procedures provide a framework to facilitate the care of a sick or injured pupil whilst in the care of the School as a day pupil or a sick or injured member of staff or visitor.

The aim of First Aid is to reduce the effects of an injury or illness. This may or may not have been caused by a situation within the School itself. What is 'adequate and appropriate' will depend on the circumstances and the School is required to assess what its First Aid needs are.

The Health and Safety (First Aid) Regulations 1981 require the School as an employer to provide adequate and appropriate First Aid equipment, facilities and people so employees can be given immediate help if they are injured or taken ill at work. The Independent School Regulatory Requirements demand that the School ensures that First Aid is administered in a timely and competent manner by the drawing and effective implementation of a written First Aid policy.

This policy outlines the procedures that are to be adopted when any employee or contractor experiences an accident, near miss or dangerous occurrence on the school's premises. This policy will also apply to visitors and pupils who are not at work.

AIMS

First Aid is the immediate treatment of injury or illness until expert medical assistance can be obtained. Moorland Junior School is committed to providing first aid care for any pupil, member of staff, contractor, or visitor who suffers an injury or illness whilst on the school premises or off-site as part of a school activity.

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 might be expected to act towards their children. An injured child should never be left unattended.

All staff must know:

1. How to call the **Emergency Services – dial 999 (or 112 from a mobile phone)** and ask for an ambulance (999 from an internal telephone). If there is any doubt that an ambulance is required, call an ambulance straight away.
2. The location of the nearest First Aid box
3. The location of the Defibrillator.
4. The location of the Anaphylaxis Kit.

RESPONSIBILITY

Should any employee have concerns about the provision of first aid within the organisation, they should inform a responsible person to enable the School to investigate and rectify the situation if necessary.

Moorland Junior School is committed to providing a safe environment for all pupils, by:

- Administering appropriate first aid treatment as required
- Providing fully qualified First Aiders
- Providing sufficient numbers of suitably qualified paediatric first aiders to be deployed on site at each of our EYFS settings at all times when children of EYFS are in session, including Holiday Club, and to accompany all trips and outings where EYFS children are involved.
- Arranging mandatory training and three yearly updates for first aiders, including those trained in paediatric first aid (those who work with under 8s)
- Keeping copies of all first aid certificates
- Providing facilities for the provision of first aid at appropriate locations around the School
- Maintaining a list of information about pupils with medical conditions for staff
- Keeping parents and any other significant person informed as necessary
- Ensuring confidential recording of action taken
- Following the correct procedures for the reporting of accidents to RIDDOR
- Reviewing the first aid policy annually.

Procedure in case of accident or injury

If you witness an accident, ask the Office to send for a First Aider. Any pupil, visitor or staff member sustaining an injury whilst at School should be seen by the First Aider who will provide immediate first aid and summon additional help as needed. Do not leave any injured person unattended. In all cases of serious injury (or death), whether in the UK or abroad, the Proprietor must be informed. They will ensure that the First Aider then is instructed on reporting arrangements to the authorities, whether that is through RIDDOR, the Child Protection Agency, Ofsted and/or other agencies.

The First Aider/Headteacher/staff i/c will organise an injured person's transfer to hospital in the case of an emergency.

Parents/Emergency contacts should be informed as necessary by telephone by a member of staff as appropriate. In Juniors and Nursery this can be done by the class teacher.

REPORTING

For pupils in the Junior school and Nursery all accidents and injuries need to be reported to parents.

- A written record must be kept of all accidents and injuries.
- Reporting of pupil injuries – the member of staff that a pupil first approaches to inform of an injury is responsible for completing the accident report form. Accidents and injuries should be reported on CheqdIn, whereupon parents will receive a notification. Parents should also be contacted immediately by telephone, if appropriate (see "Contacting Parents" below).
- Reporting of staff injuries - Line Managers must keep records of any developments to the injured person's health, up to and including a return to normal duties. The Manager must check that self-certification forms submitted by an injured employee are completed to reflect that the absence was caused by a work accident.
- Any non-employee who is involved in an accident or near-miss incident whilst on the school's premises must report the incident immediately to the person responsible for his or her presence on site. If the person responsible is not available, the Visitor/Contractor must obtain the assistance of a responsible person to ensure that this procedure is adhered to.

- If an injury occurs to a pupil or a member of the public on the school's premises that results in their removal from site for hospital treatment, this must be immediately reported to Senior Leadership Team.

Contacting parents

Parents/Emergency contacts should be informed by telephone as soon as possible after an emergency or following a serious/significant injury including:

- Head Injury (a head injury advice sheet should be given to any person who sustains a head injury)
- Suspected spinal injury
- Suspected sprain or fracture
- Dental injury
- Anaphylaxis and following administration of an Epipen
- Epileptic seizure (see notes)
- Severe hypoglycaemia/hyperglycaemia
- Severe asthma attack
- Difficulty breathing
- Bleeding injury
- Loss of consciousness
- Burn or Scald
- Any other condition which renders a pupil/person unable to return to class/work

Parents of pupils can be informed of smaller incidents during the course of the school day by teachers in Junior School, using CheqdIn, and also by phone, or when collecting at the end of the day.

Contacting the Emergency Services

An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives. All cases of a person becoming unconscious (not including a faint) or following the administration of an Epipen, must be taken to hospital. **If in doubt, call an ambulance!**

Accident reporting

An accident form must be completed for any person sustaining accident or injury occurring on or off school premises i.e. off-site activities, school trips etc. Accident forms for adults are kept in the main school office. All completed forms must be returned to the office as soon as possible as certain injuries require additional reporting to RIDDOR. All accident forms are recorded on the accident log, which is kept under review to identify issues or patterns of re-occurrence.

Pupils unwell in school

Any pupil unwell in school may be allowed time to rest in the sick bay or Quiet Area at Staff/First Aiders discretion. This is a temporary measure until the pupil feels better or is collected by a parent. It is the responsibility of the Teacher/First Aider to call a parent.

Any pupil not well enough to attend lessons should be collected as soon as possible by a parent. Any pupil leaving School must sign out at Reception.

First Aid equipment and materials

Moorland Junior School provides a 'Sick Bay'. Drinking water and cups are provided for children sent to sick bay. Washing and toilet facilities are also nearby.

The school office is responsible for stocking and checking the first aid equipment and kits. Stocks are replenished as required, and kits are checked at the end of every term. There are first aid kits in the School Office and Sports Hall. Mobile first aid kits are available from the School Office for School trips. Each school mini bus has a first aid

kit. Teaching/ department staff are responsible for notifying the School Office if other first aid kits have been utilised so that restocking can be efficient.

First Aid Box Contents

first aid guidance leaflet
adhesive hypoallergenic plasters
triangular bandages
safety pins
cleaning wipes
micropore tape
sterile eye pads
large sized unmedicated dressings
medium sized unmedicated dressings
pairs disposable gloves
resuscitation face shield
finger dressings
foil blanket
burn dressing
scissors/shears
conforming bandage

First Aid for School trips

The trip organiser must ensure an appropriate level of first aid cover is provided following a risk assessment as detailed in the School Trips Policy.

First aid bags for School Trips are situated in the main School Office. The bag must be returned to the Office immediately on return and the First Aider notified of any items used so they can be replenished. Any accidents/injuries must be reported to parents and documented in the accident book as soon as possible and RIDDOR guidelines adhered to.

Pupils using crutches or with limited mobility

Parents should inform the School of the nature of injury and anticipated duration of immobility. The Form tutor should arrange for a 'buddy' to carry books, open doors etc.

Information about the pupil and his/her limitations should be communicated by email to all relevant staff immediately and updates given at the weekly Monday staff meeting.

Communication of pupils with significant medical conditions

Staff are made aware of all pupils with any significant medical condition in the first instance by email detailing condition and relevant treatment. The list of pupils with Medical or Dietary requirements is posted in the Pastoral Folder on SharePoint.

Pupils with medical conditions

Pupils who have serious allergies must always carry their own Epipen around School. These are prescription only for that specific child and should not be used by any other pupil. Parents must complete the 'Prescribed medication' form for all medications that the School may be required to administer.

Children in the EYFS with medical conditions such as asthma etc. have care plans which are updated termly by parents/carers. EYFS children with care plans are not permitted to attend Nursery unless their prescribed medication is on site. All Nursery Staff have paediatric first aid certificates.

Pupils who use an inhaler for asthma and other related breathing conditions must always carry their inhaler with them at all times. Nursery pupils' inhalers/spacers are kept by the Nursery staff.

Pupils with life threatening allergies and asthma must always show their medication to their teacher before leaving school for sport, and before leaving on a School trip. It is the teacher's responsibility to ensure the pupil has their emergency medication.

Pupils with life threatening allergies and asthma who do not supply the appropriate medication to School will be asked to go home or parents must bring in their medication immediately.

Dealing with body fluids

In order to protect ourselves from disease all body fluids should be treated as infectious. To prevent contact with body fluids the following guidelines should be followed:

- Disposable gloves should always be worn where exposure to body fluids is likely. Gloves are always available in the sick bay
- Wash hands thoroughly with soap and warm water after contact. Dry thoroughly
- Keep all abrasions covered with a plaster
- Clean up spills of blood, faeces, nasal and eye discharges, saliva and vomit immediately using the specialised kits provided and a disinfectant solution used to clean the area. **Never use a mop for cleaning up blood and body fluid spillages**
- If body fluids do come into contact with eyes, nose, mouth, skin or any open sores, wash the area well with soap and water or in the case of open sores irrigate well with saline and cover.

Prescription Medication in School

If a Pupil is required to take prescribed medication during the school day, then that medicine should be handed in to the school office at the beginning of the day and a 'Medicine to be Administered at School' form completed and signed by the parent or carer (Appendix 2). Pupils will be requested to attend at the School office at the times stated on the form, to receive their medication. A copy of the signed form will be kept in the Daily Medication Register in the School Office.

Non-Prescription Medication in School

The School Office may administer Paracetamol to a pupil provided that permission has been given by parents, using the Annual Parental Consent Form. Paracetamol consent for pupils requesting paracetamol will be checked before dispensing the paracetamol and the issue of drugs recorded. **No child under 16 years of age may be given any medication without their parent's written consent.**

In the Early Years Department, a confirmation of each and every medicine administered will be given to the parents at the end of the school day.

Administration of a medicine

The medicine should be brought to School in its original container and the pharmacy label with child's name attached and expiry date clearly visible. The Administrator must:

- Check that the relevant consent form has been completed
- Wash their hands
- Confirm the identity of the child
- Administer the medicine
- Document the administration

Medicines should be kept out of reach of children. Antibiotics and other medicines requiring cold storage should be kept in the fridge in the staff kitchen. There is a Controlled Drug cupboard located in the staff kitchen. Keys are held by Ashleigh McKeown and Deborah Frost.

Controlled drugs should be administered in accordance with the school's policy: [Controlled Drugs Policy](#)

Reporting of Injuries, Disease & Dangerous Occurrence Regulations (RIDDOR)

If the accident falls within the reporting requirements of the Reporting of Injuries, Disease and Dangerous Occurrence Regulations 2013 (RIDDOR), the Health and Safety Manager will notify the Bursary and complete the report for the HSE. The accidents detailed below are those which are reportable under the RIDDOR Regulations:

- The death of any person: all deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.
- Specified injuries to workers or pupils (regulation 4):
 - 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 body
 - 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
 - requires resuscitation or admittance to hospital for more than 24 hours
- Over-seven-day incapacitation of a worker: Accidents must be reported where they result in a pupil, employee or self-employed person being away from work or the School, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven-day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.
- Occupational diseases: As an employer, Moorland Junior School must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by work: These diseases include:
 - carpal tunnel syndrome
 - severe cramp of the hand or forearm
 - occupational dermatitis
 - hand-arm vibration syndrome
 - occupational asthma
 - tendonitis or tenosynovitis of the hand or forearm
 - any occupational cancer
 - any disease attributed to an occupational exposure to a biological agent.

Dangerous occurrences reporting: Gas incidents

Gas boilers throughout the School are serviced and maintained by an employed Gas Safe registered gas engineer. The gas engineer must provide details to the HSE of any gas appliances or fittings that they consider to be dangerous, to such an extent that people could die, lose consciousness or require hospital treatment. The danger could be due to the design, construction, installation, modification or servicing of that appliance or fitting, which could cause:

- an accidental leakage of gas
- incomplete combustion of gas or
- inadequate removal of products of the combustion of gas

Unsafe gas appliances and fittings will be reported using the HSE's online form (F2508 G1).

Staff taking medication

Staff should notify their line manager if they are required to take medication that may affect their ability to do their job safely, for example if taking medication which may cause drowsiness the member of staff should not operate machinery or be driving. Teaching staff should also consider their duty of care for pupils and ensure their ability to fulfil this duty is not affected by medication. The School Codes of Conduct provide further guidance on sick leave arrangements and alcohol consumption whilst at work.

EMERGENCY CARE PLANS

ALLERGIC REACTIONS MANAGEMENT

Teaching staff will be made aware of any child with life threatening allergies by email at or before the beginning of term by the School Office.

Signs and symptoms of mild allergic reaction

- Rash
- Flushing of skin
- Itching or irritation

Treatment

- Remove allergen if possible e.g. rinse skin, wash out mouth etc.
- Administer prescribed antihistamine following procedure above
- Observe victim closely for at least 30 minutes.

ANAPHYLAXIS MANAGEMENT Rapid signs and symptoms of severe allergic reaction

Anaphylaxis is a rapid developing condition resulting in sudden collapse of the casualty within seconds/minutes:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or feeling of lump in the throat
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty breathing, may be very noisy
- Difficulty speaking
- Sudden feeling of weakness caused by fall in blood pressure
- Collapse and unconsciousness

If anaphylaxis is suspected prompt action is required as follows:

- Remove antigen if possible
- Confirm identity of casualty
- Reassure casualty
- Send someone to ask Office staff to call 999 ambulance and casualty's parents/next of kin
- Remove Epipen from protective case and remove safety cap at top
- Holding Epipen in a fist like grip push firmly at right angles to outer thigh until auto injector mechanism functions. Hold in place for 10 seconds allowing injector to administer contents of syringe
- Remove Epipen from thigh and massage area
- Note time given
- If casualty has collapsed lay them on their side in the 'recovery position'
- Monitor breathing. Perform CPR if necessary
- Do not leave casualty
- An additional dose of Epipen may be required if no improvement after 5 minutes or if the casualty worsens
- Provide Paramedics with full history of casualty and incident.

Epipens are not a substitute for medical attention. If an anaphylactic reaction occurs and an Epipen is administered the casualty must be taken to hospital.

ASTHMA MANAGEMENT

Teaching staff will be made aware of any child with severe asthma by email at or before the beginning of term.

Moorland Junior School recognises that asthma is a serious condition which can be life threatening. We ensure that all pupils with asthma can and do fully participate safely in all aspects of school life including out of school activities.

Trigger factors for asthma may include: change in weather conditions, animal fur, viral or chest infection, exercise, pollen, chemicals, air pollutants, emotional situations and excitement.

Persons with asthma need immediate access to their reliever inhaler (usually blue). Younger pupils may need help/encouragement to administer their inhaler.

It is the parent's responsibility to ensure that School is provided with a named, in date reliever inhaler which is always accessible to the pupil. All pupils should carry their own inhalers except Nursery pupils whose inhalers are kept in the classroom locker with the class teacher.

Pupils are encouraged to be responsible, where appropriate, for their reliever inhaler, which is to be brought to School and kept on them at all times. It is the pupil's responsibility to take their inhaler on any out of school activities.

Recognising an asthma attack

- casualty unable to continue an activity or have difficulty with it
- difficulty breathing
- chest may feel tight
- possible wheeze
- difficulty speaking
- increased anxiety
- coughing, sometimes persistent

Action

- Ensure prescribed reliever is taken promptly
- Reassure casualty
- Encourage casualty to adopt a position which is best for them (usually sitting upright)
- **Wait 5 minutes** if symptoms disappear pupil may resume activity.
- If symptoms have improved but not disappeared, inform parents/carers and give another dose of the inhaler. Call School Office/First Aider for help.
- Loosen tight clothing
- If there is no improvement in another 5-10 minutes allow casualty to take another dose of their inhaler every minute for five minutes or until symptoms improve.
- Ask the Office to call an ambulance or if at the sports ground, the teacher in charge should call an ambulance if the School Nurse/First Aider is not present.
- Accompany the casualty to hospital and await the arrival of a parent/next of kin.

DIABETES MANAGEMENT

Signs and symptoms of low blood sugar level (hypoglycaemia)

Onset can be quite quick and may be due to a missed/late meal, missing snacks, infection, more exercise, warm weather, too much insulin and stress. Individuals should test their own blood sugar levels if testing equipment available. Symptoms include:

- pale
- glazed eyes
- blurred vision
- confusion/incoherent
- shaking
- headache
- change in normal behaviour-weepy/aggressive/quiet
- agitated/drowsy/anxious
- tingling lips
- sweating
- hunger
- dizzy
- leading to unconsciousness

Action

- Give fast acting glucose (Lucozade drink or glucose tablets) - the casualty should have their own emergency supply in School Office. Most individuals carry glucose tablets in their pocket. This will raise the blood sugar level quickly
- Call School Office/First Aider
- After 5 - 10 minutes follow this up with 2 biscuits, a sandwich or a glass of milk. Do not leave the casualty unaccompanied at any time
- Allow access to regular snacks and check blood sugar level again and as necessary
- Inform parents as soon as possible

Action to be taken if the pupil becomes unconscious

- Place casualty in recovery position and call School Nurse/First Aider
- Do not attempt to give glucose by mouth as this may cause choking
- Telephone 999
- Inform parents/next of kin as soon as possible
- Accompany casualty to hospital and await arrival of parent

Signs and symptoms of high blood sugar level (hyperglycaemia)

This develops much more slowly over time but can be much more serious if untreated. Caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal. Symptoms may include:

- feeling tired and weak
- feeling thirsty
- passing urine more often
- nausea and vomiting
- drowsy
- breath smelling of acetone
- blurred vision
- unconsciousness

Action

- inform School Office/First Aider at once
- arrange for blood glucose testing if possible
- inform parents/next of kin as soon as possible
- call 999 and accompany casualty, await arrival of parents/next of kin

EPILEPSY MANAGEMENT

How to recognise a seizure

There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- casualty may appear confused and fall to the ground
- slow noisy breathing
- possible blue colouring around the mouth, returning to normal as breathing returns to normal
- rigid muscle spasms
- twitching of one or more limbs and/or face
- possible incontinence

Action

- try to help casualty to floor if possible but do not put yourself at risk of injury
- move furniture etc. away from casualty in order to prevent further injury
- place a cushion or something soft under the casualty's head
- clear the area of students
- call First Aider
- cover casualty with a blanket as soon as possible in order to hide any incontinence
- stay with casualty throughout duration of the seizure
- as the seizure subsides place casualty into recovery position
- inform parents as soon as possible
- send for ambulance if this is the casualty's first seizure or, if a casualty known to have epilepsy has a seizure lasting for more than 5 minutes, or if an injury occurs as a result of the seizure. Casualty must be accompanied until parent/next of kin arrives
- casualty to rest for as long as necessary
- reassure other pupils and staff

BURNS AND SCALDS

Burns and scalds are damage to the skin caused by heat. A burn is usually caused by dry heat such as fire, a hot iron or the sun. A scald is caused by wet heat like steam or a hot drink.

Treatment of Burns & Scalds

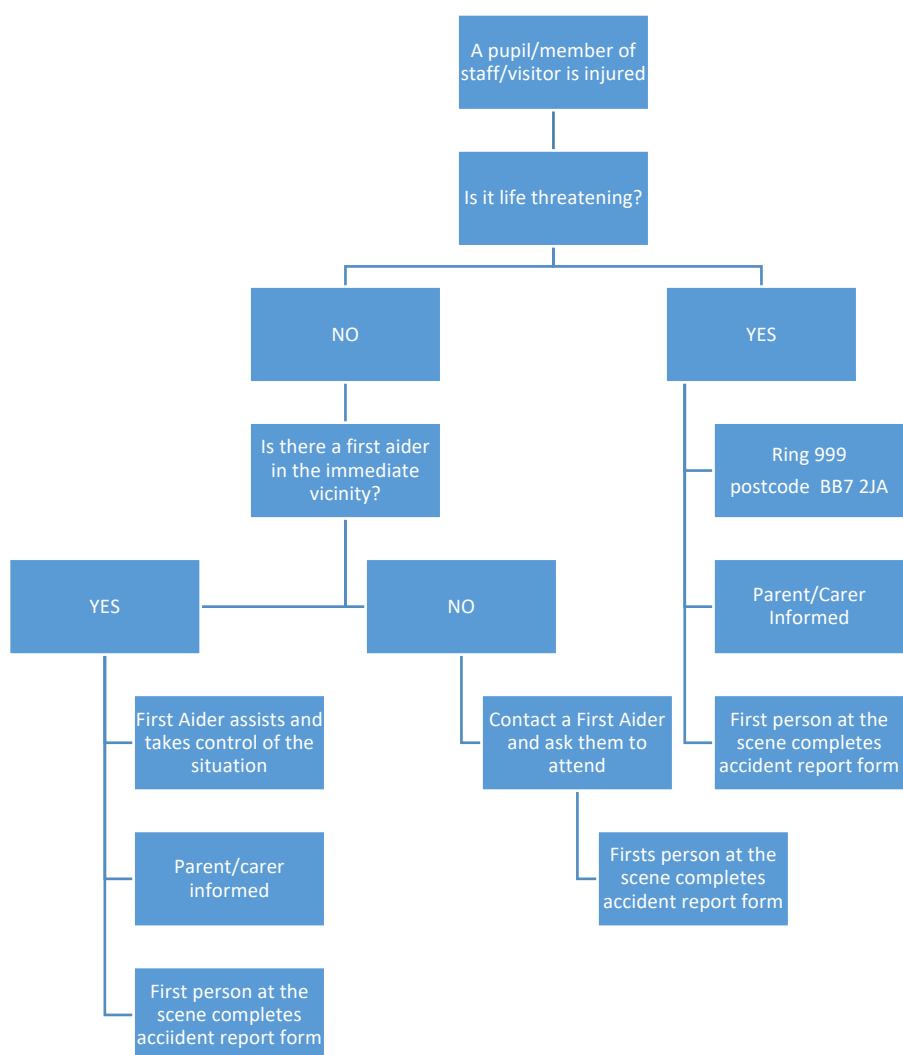
- Remove any heat source
- Cool the burn: hold the burned or scalded area under room temperature running water for about 20 minutes.
- Do not remove clothing.
- Cover the burn: Use cling film to lightly cover the burn.
- Do not use ice: putting ice on a burn can cause frostbite and further damage the skin.
- Do not apply ointments: applying ointments could prevent proper healing. Do not apply butter, toothpaste, lotions or other creams.
- Do not break blisters: Broken blisters are more likely to get infected.
- See a doctor even for minor burns: A doctor should examine your child's burn or scald within 72 hours (3 days) even if it is a small injury.

Any pupil sustaining a burn whilst at school should be treated in accordance with the above guidance.

This policy is reviewed annually or sooner if required.

REVIEWED AND UPDATED	SIGNED ON BEHALF OF THE SCHOOL	DATE FOR REVIEW
March 2026	Mrs D Frost	March 2027

Appendix 1: First Aid “What to do” Flow Chart



APPENDIX 2: Staff trained in First Aid

The following Junior/Senior School staff hold First Aid certificates:

Ashleigh McKeown	30-Aug-23	Level 3 Paediatric First Aid
Lisa Baron	7 March 26	Level 3 Paediatric First Aid
Leah Redmayne	8-Jan-24	Level 3 Paediatric First Aid
Hayley Mossdrop	2-Sep-23	Level 3 Paediatric First Aid
Deborah Frost	7 March 26	Level 3 Paediatric First Aid
Emily Simmonds	7 March 26	Level 3 Paediatric First Aid
James Stephenson	7 March 26	Level 3 Paediatric First Aid

All members of staff in the EYFS have current Paediatric First Aid Certificates:

APPENDIX 2: Medication administration forms

Parental Agreement to administer medicine:

Please note: we will not be able to give your child medicine unless you complete and sign this form.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the
school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the
medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Non-Prescribed Medication Administration Record

Name: _____ **DOB:** _____ **Month:** _____ **Sheet No:** _____

Note to staff: Please record the medication administered and the frequency/dosage. Complete the record indicating the medicine description, date administered, dose given as per packaging guidelines and time administered. Sign to confirm the medicine has been administered. Complete a new sheet for each new medicine and each new day.

Description of medication/frequency of dosage	Date	Dose	Time	Staff Signature

Record of Prescribed Medicine Administered

Name: _____ DOB: _____ Month: _____ Sheet No: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Name/Dosage
Morning																																
Lunch																																
Tea Time																																
Evening																																

Morning																																
Lunch																																
Tea Time																																
Evening																																

Key: H = at home M = missed medication R = refused medication X = not required