

Vigo Primary School



FIRST AID POLICY

This policy has been approved and adopted by the Governing Body in November 2025 and will be reviewed in November 2026.

Signed: *Marty Johnson (CoG)*

Policy Statement

Vigo Primary School will undertake to ensure compliance with the relevant legislation with regard to the provision of first aid for all employees and to ensure best practice by extending the arrangements as far as is reasonably practicable to children and others who may also be affected by our activities.

Responsibility for first aid at Vigo Primary School is held by School Business Manager, who is the responsible manager. All first aid provision is arranged and managed in accordance with the Children's Services Safety Guidance Procedure SGP 08-07(First Aid).

All staff have a statutory obligation to follow and co-operate with the requirements of this policy.

Aims & Objectives

Our first aid policy requirements will be achieved by:

- Carrying out a First Aid Needs Assessment to determine the first aid provision requirements for our premises
- It is our policy to ensure that the First Aid Needs Assessment will be reviewed periodically or following any significant changes that may affect first aid provision
- The Children's Services First Aid Needs Assessment Form (CSAF-002) will be used to produce the First Aid Needs Assessment for our site
- Ensuring that there are a sufficient number of trained first aid staff on duty and available for the numbers and risks on the premises in accordance with the First Aid Needs Assessment
- Ensuring that there are suitable and sufficient facilities and equipment available to administer first aid in accordance with the First Aid Needs Assessment
- Ensuring the above provisions are clear and shared with all who may require them

First Aid Training	
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The responsible manager will ensure that appropriate numbers of appointed persons, school first aid trained staff, emergency first aiders, qualified first aiders and paediatric first aid trained staff are nominated, as identified by completion of the First Aid Needs Assessment, and that they are adequately trained to meet their statutory duties.

Emergency First Aiders (Those completing the HSE approved 1-day emergency first aid course)

Vigo Primary School Emergency First Aid trained staff can be found by accessing the VPS training matrices. All trained staff can be identified with a blue staff lanyard with a green cross stitched on it.

They will be responsible for administering first aid, in accordance with their training, to those that become injured or fall ill whilst at work or on the premises. They may also have other duties and responsibilities which are identified and delegated as appropriate (e.g. first aid kit inspections).

Paediatric First Aid Trained Staff

Vigo Primary School Paediatric First Aid trained staff details can be found by accessing the VPS training matrices. All trained staff can be identified by a part blue/part green staff lanyard.

First Aid Provision

These staff are in place to meet the Early Years Foundation Stage (EYFS) statutory obligations for provision of first aid to those children aged 5 years old or younger.

First Aid Provision	
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Vigo Primary School's First Aid Needs Assessment has identified the following first aid kit requirements:

- 2 MDSA red back packs
- 6 MDSA Bum bags
- 5 Bum bags for school trips in first aid cupboard in school hall
- 4 first aid trays in first aid cupboard in school hall
- 22 Classroom First Aid green crates to include Medical/Accident reporting books
- 1 trips back pack
- Fully automated defibrillator located in the main office by the school's main reception

It is the responsibility of Rebecca Scahill to check the contents of all first aid kits every term and record findings on the Children's Services First Aid Kit Checklist (CSAF-003).

Completed checklists are to be stored in the school's Google Drive Admin Office Health and Safety File.

The contents of first aid kits are listed under the 'required quantity' column on the checklist itself. Minor first aid is to be carried out locally in the classrooms or on the playground. For any child or adult requiring a higher need of medical attention they will be taken to the school office. The office will have the following facilities:

- Running water, first aid kit, telephone, chair etc

Emergency Arrangements	
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Upon being summoned in the event of an accident, the first aider/appointed person is to take charge of the first aid administration/emergency treatment commensurate with their training.

Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance.

The first aider/appointed person is to always call an ambulance on the following occasions:

- In the event of a serious injury
- In the event of any significant head injury
- In the event of a period of unconsciousness
- Whenever there is the possibility of a fracture or where this is suspected
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment

In the event of an accident involving a child, where appropriate, it is our policy to always notify parents of their child's accident if it:

- is considered to be a serious (or more than minor) injury
- requires first aid treatment

Procedure on head bumps	
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Minor Bump to Head

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'.

Treatment in school:

- Child to be assessed by a First aider
- Pupils to receive a red wrist band to indicate that they have had a head bump so that staff are aware and can notify parents at the end of the day.
- Incident will be recorded on Medical Tracker and at the same time an email notification will be sent to parents.
- Observe, if pupil begins to display head injury symptoms then they will be taken to the school office for further assessment, if no change during observation then pupil returned to normal lessons

Minor Head Injury – no loss of consciousness.

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

- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp

- Mild dizziness

Treatment in school:

- Paracetamol if needed for pain relief (Ibuprofen should not be given if a head injury is suspected)
- Ice pack to swelling
- Rest
- Observation
- Incident will be recorded on Medical Tracker and at the same time an email notification will be sent to parents.
- Pupils to receive a red wrist band indicating they have had a head Injury so that staff can see easily that they have bumped her head that day.

If any of the following symptoms are displayed, the child would need to receive immediate medical attention in hospital, if there is a:

- Loss of consciousness/confusion or drowsiness
- Loss of balance or difficulty in walking
- Loss of power in arms/legs
- Clear fluid leaks from nose or ear
- Significant visual disturbance – blurred or double vision
- Severe headache not eased by pain relief
- Vomiting
- Seizure

Severe Head Injury – loss of consciousness.

A severe head injury will usually be indicated by one or more of the following symptoms:

- Unconsciousness briefly or longer
- Difficulty in staying awake
- Seizure
- Slurred speech
- Visual problems
- Difficulty in understanding what people are saying
- Balance problems
- Loss of power in arms/legs/feet
- Pins & needles
- Amnesia
- Leakage of clear fluid from nose or ears
- Bruising around eyes/behind ears

Treatment in school:

- Suspect neck injury if unconscious and do not move
- CALL 999 FOR AMBULANCE
- Notify parent by phone
- Complete accident form

See Appendix A for NHS Head Injury Advice for Parents and Carers

Trips	
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The first aid arrangements for school organised trips / visits are included in the trip risk assessments. These are reviewed for each trip / visit and the level of first aid provision is reviewed to ensure adequate cover is provided for the trip / visit, and that sufficient cover is retained at the school to cover those who stay at school.

A first aid kit, contact list and medical information will be taken on all trips. This data will be signed out and back in for GDPR. This kit will include an emergency inhaler and two auto-injectors (two different strengths) for use during an anaphylaxis shock. During residential trips one member of staff will be responsible for the collection and organisation of medicines. The delivery of the medicines may however be delegated to other staff on the residential.

Class Activities	
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For any activity that may cause injury, or one that involves foods or substances where there is a risk of harm or allergic reaction a full medical list for the children involved will be obtained from the Scholar Pack report or child's Scholar Pack Individual record and this will be used for preparing the risk assessment for this activity. Where possible parents will also be contacted by text, email or letter to check if there is any reason for the child not to participate.

Out of Hours	
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The first aid arrangements for all school managed and organised after school activities (parents evenings, school fetes and sports activities) are considered in this policy.

On occasions where there may be the need for additional provision, the school will carry out a needs assessment for that activity. Where the school have arrangements to let / hire out buildings to external organisations there needs to be arrangements in place to co-ordinate the first aid arrangements with the hirer.

Records	
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All accidents requiring first aid treatment are to be recorded on Medical Tracker with (at least) the following information:

- Name of injured person
- Name of the qualified/emergency/school first aider or appointed person
- Date of the accident
- Type of accident (eg. bump on head etc)
- Treatment provided and action taken

Children becoming ill during the school day	
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It should be recognised that close contact between children is inevitable and consequently contagious illnesses are quickly passed on. Basic hygiene is taught and includes the use of a tissue and the importance of washing hands. However, it is inevitable that, from time to time, some children will develop an illness during the course of a school day. Whilst sometimes all that is needed is a rest and some TLC, occasionally it may be necessary to send a child home or to the named emergency contact. The decision to send a child home will be taken by first aid trained members of the office staff. Emergency contact details should be checked with parents at least annually.

Children returning to school after illness	
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School is a place where children are engaged in busy and sometimes strenuous activities. Therefore, parents should ensure when a child has been sick or has had diarrhoea they remain at home for 48 hours after the last bout of sickness. For further details around whether a child is too ill for school, the NHS website should be consulted <https://www.nhs.uk/live-well/is-my-child-too-ill-for-school/>

Asthma	
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Detailed instructions (Flow Chart) for the treatment of asthma attacks is included as part of this policy statement (see Appendix B).

Defibrillators

Currently it is not a requirement for HCC schools to have Automated External Defibrillators (AEDs) on site. The need for AEDs should be considered and decided upon locally through the first aid needs assessment.

Vigo primary School has an AED which is located on the wall on the school office. The school has trained a sufficient number of first aiders in its use. The school ensures that the AED is available while the school is open, and that the defibrillator is checked and maintained in accordance with manufacturer's instructions. Please refer to DFE guidance for schools on AEDs for further information.

Appendix A – Head Injury Advice Sheet (This is now sent as part of the Parent Notification email via Medical Tracker)

Head Injury Advice Sheet

Advice for parents and carers of children



How is your child?



RED

If your child has any of the following during the next 48 hours:

- Vomits repeatedly i.e. more than twice (at least 10 minutes between each vomit)
- Becomes confused or unaware of their surroundings
- Loses consciousness, becomes drowsy or difficult to wake
- Has a convulsion or fit
- Develops difficulty speaking or understanding what you are saying
- Develops weakness in their arms and legs or starts losing their balance
- Develops problems with their eyesight
- Has clear fluid coming out of their nose or ears
- Does not wake for feeds or cries constantly and cannot be soothed

You need urgent help

Go to the nearest Hospital Emergency (A&E) Department or phone 999



AMBER

If your child has any of the following during the next 48 hours:

- Develops a persistent headache that doesn't go away (despite painkillers such as paracetamol or ibuprofen)
- Develops a worsening headache

You need to contact a doctor or nurse today

Please ring your GP surgery or call NHS 111 - dial 111



GREEN

If your child:

- Is alert and interacts with you
- Vomits, but only up to twice
- Experiences mild headaches, struggles to concentrate, lacks appetite or has problems sleeping

If you are very concerned about these symptoms or they go on for more than 2 months, make an appointment to see your GP.

Self Care

Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 – dial 111

How can I look after my child?

- Ensure that they have plenty of rest initially. A gradual return to normal activities/school is always recommended.
- Increase activities only as symptoms improve and at a manageable pace.
- It is best to avoid computer games, sporting activity and excessive exercise until all symptoms have improved.

www.what0-18.nhs.uk

This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight

Appendix B - Asthma Management Flow Chart

