



## Standens Barn Primary School First Aid Policy

Version	V1
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**Inclusion** – Improving education for everyone.

**Integrity** – We are consistently open, honest, ethical, and genuine.

**Initiative** – We have the courage to always seek a better way to a better future.

**Inclusion** – We use our drive and commitment to energise, engage and inspire.

**Involvement** – We encourage our community to take ownership and responsibility.

## Table of version reference

<b>Revision</b>	<b>Date</b>	<b>Comments</b>
<b>V1</b>	<b>May 2026</b>	<b>New Trust wide policy</b>

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## 1. Aims

The Trustees of INMAT are required to assess the first aid needs and to provide adequate and suitable first aid arrangements, equipment and facilities for all its employees/staff under health and safety legislation *Health and Safety (First-Aid) Regulations 1981* (as amended)) and the DfE's *Guidance for First Aid in Schools 2022*.

InMAT recognise that as a school this policy will extend to pupils/visitors and others even though the Regulations do not oblige employers to provide first aid for anyone other than their own employees.

This policy will provide for risks to pupils and visitors and will make allowances for them when performing risk assessments and when deciding on numbers for first aid personnel. This is in addition to the *Management of Health and Safety at Work Regulations 1999* which require employers to make a suitable and sufficient assessment of the risks to the health and safety of their employees at work and others who may be affected by their undertaking, to identify what measures they need to take to prevent or control these risks.

Whilst most of the terminology used in this policy refers to pupils it should be presumed that where possible this would also include staff and visitors.

The aims of the policy are to:

- Ensure that the school has adequate and appropriate equipment, facilities and procedures to provide suitable first aid;
- Ensure that the school's first aid arrangements are in line with this policy and government guidelines; and
- Ensure that the first aid arrangements are based on a risk assessment of the school's likely requirements, taking into account the size, location of the school and any hazardous activities undertaken.

## 2. Guidance

National guidance is provided in the DfE's document [First Aid in Schools](#) and in the HSE's [The Health and Safety \(First-Aid\) Regulations 1981: Guidance on Regulations](#).

## 3. Responsibilities

### 3.1 The Board of Trustees

The Trustees of InMAT is responsible under the *Health and Safety at Work etc Act 1974 (HSWA)* for:

- Ensuring that InMAT has an appropriate policy based on suitable and sufficient risk assessments carried out by a competent person;
- Ensuring that InMAT provides sufficient funding for first aid provision;
- Ensuring that all newly qualified early years staff (with a full and relevant level two or level three childcare certification) have a full Paediatric First Aid (PFA) or an emergency PFA certificate in order to be included in the required adult: child ratios in an early years setting and on excursions;
- The Trustees of InMAT will follow the [Statutory Framework for the Early Years Foundation Stage](#) (EYFS) updated in September 2025 in relation to the new conditions of paediatric first aid training;
- Providing a suitable and sufficient first aid room or rooms where the assessment of first aid needs identifies this as necessary. The area, which must contain a washbasin and be reasonably near to a WC, need not be used solely for medical purposes, but it should be appropriate for that purpose and readily available for use when needed;
- Provide suitable first aid arrangements are in place for off-school activities e.g. school excursions;
- Ensuring that InMAT has access to appropriate guidance on first aid issues;
- Ensuring that staff are appropriately consulted and trained;
- Receiving and considering reports from InMAT;
- Ensure that InMAT keep accident records and will report to the HSE as required under the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)*;
- Ensuring that insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment; and
- Reviewing the policy annually, and/or when statutes or guidance change, and/or after an incident/accident.

### 3.2 Headteachers

The Headteachers of InMAT are responsible for ensuring the Board of Trustee's policy is put into practice and for:

- The day-to-day internal management responsibility for first aid;
- Determining the first aid needs of InMAT, considering, among other things, the number of employees, size, location and work activity;
- Developing and reviewing detailed procedures;
- Monitoring the training and expertise of first aid staff;
- Ensuring that there are enough trained staff to meet statutory requirements and assessed needs, including making an allowance for staff who may be on sick leave or off-site;
- Liaising with the person responsible for first aid
- Informing employees of the arrangements that have been made in connection with the provision of first aid, including the location of equipment, facilities and personnel; and

- Ensuring that staff, students and parents are aware of InMATs Health and Safety and First Aid Policy and procedures.

### 3.3 Competent Person/Designated First Aid Leader

The Board of Trustees or Headteachers of InMAT will appoint a **competent person** to be in charge of first aid provision, this person will be known as the Designated First Aid Leader who will:

- Ensure that the first aid provision is adequate and appropriate;
- Carries out appropriate risk assessments in liaison with the Headteachers;
- Ensure that the number of first aiders/appointed persons meets the assessed need;
- Ensure that appropriate training is provided and monitors the competence of first aiders;
- Ensure that the equipment and facilities are fit for purpose and first aid kits are regularly re-stocked;
- Ensure that InMAT incidents are reported to the HSE as required under the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)*;
- Ensure that an ambulance or other professional medical help is summoned when required;
- Ensure that all staff know the procedures for calling for first aid and their duties towards any person requiring first aid; and
- Regularly keeps the principal informed of the implementation of the policy.

### 3.4 Staff

Teachers' conditions of employment do not usually include giving first aid. Staff may, however, volunteer to undertake first aid tasks. Certain support staff may have the giving of first aid as part of their contract. They must be appropriately trained. However, all staff in charge of students (including volunteer staff) must use their best endeavours at all times, particularly in emergencies, to secure the welfare of the students in the same way that parents would be expected to act towards children.

Trained staff may take action beyond the initial management stage. Other staff must provide aid only to the level of qualification or competence they possess.

If first aid is required staff must not move the patient. A first aider must be summoned.

Staff who deal with a first aid incident must ensure that the incident is recorded. This includes incidents on out-of-school activities.

The record must include:

- The date, time and place of incident;
- The name (and class) of the injured or ill person;
- Details of the injury/illness and what first aid was given;
- What happened to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital); and
- Name and signature of the first aider or person dealing with the incident.

#### 4. Duties of a First Aider

All employees providing first aid in InMAT must have an appropriate first aid qualification and **remain competent** to perform their role. Typically, first aiders will hold a valid certificate of competence in either paediatric first aid (PFA), first aid at work (FAW) or emergency first aid at work (EFAW). EFAW training enables a first aider to give emergency first aid to someone who is injured or becomes ill while at work. FAW training includes EFAW and also equips the first aider to apply first aid to a range of specific injuries and illnesses. All first aid training providers are required to train workplace first aiders in the use of an automated external defibrillator (AED) on all first aid at work courses.

A first aider must:

- Complete a first aid course and hold a valid first aid certificate;
- Give immediate help to casualties; and
- Ensure that, when necessary, an ambulance or other professional medical help is called.

First aiders and appointed persons will be expected to follow any appropriate trust or government guidance.

InMAT recognises that a first aid certificate does not constitute appropriate training in supporting children with medical needs. InMAT will have regard to the statutory requirements and guidance, as well as the pupil's Individual Healthcare Plan and the relevant school policies in relation to the care of students with medical conditions.

#### 5. Appointed Persons

Appointed persons do not have to be first aid trained, but they may be and quite often are. They:

- Take charge when someone is ill or injured;
- Look after the first aid equipment; and
- Ensure that medical help is called when necessary.

They should not give first aid treatment for which they are not trained.

InMAT will, however, ensure that they are trained in coping with emergencies. The training will include:

- What to do in an emergency;
- Cardiopulmonary resuscitation;
- What to do for the unconscious casualty; and
- What to do for a wounded or bleeding person.

#### 6. Number of First Aiders/Appointed Persons

Headteachers will use the HSE checklist for assessment on pages 10 to 12 [\*The Health and Safety \(First-Aid\) Regulations 1981: Guidance on Regulations\*](#) and appendix 3 of the same.

It is essential that adequate provision is made to cover all times people are at work. Headteachers must ensure that there is cover for annual leave/holiday or other planned absences in terms of first aiders and appointed persons including staff accompanying school excursions and leaving the school short in terms of supply. Consideration should also be given to what cover is needed for unplanned and exceptional absences such as sick leave or special leave due to bereavement.

The number of first aiders required is:

The number of appointed persons is: [Amie James](#), [Alison Allerton](#), [Denise Bethell](#) and [Rowena Clarke](#)

## 7. Number, Location and Contents of First Aid Containers and Suitable First Aid Accommodation

X1 fully equipped (DfE guidance First Aid in Schools 2022) First Aid room container and equipment

X6 first aid bags to be worn by relevant trained staff during lunchtimes

X2 kits for educational visits including swimming

X1 defibrillator (located in Medical Room)

Schools will notify the local NHS ambulance service of the defibrillator's location on installation. AED's are provided in all school premises. This is decided on the basis of first aid needs assessments. Training in the use of AEDs can provide additional knowledge and skills and may promote greater confidence in the use of a defibrillator where it is provided.

The Designated First Aid Leader will determine the number of containers required and their appropriate locations and will ensure that this information is communicated to all staff.

The contents of each container will be at least the minimum suggested by [The Health and Safety \(First-Aid\) Regulations 1981: Guidance on Regulations](#) (see appendix 2 of the above for suggestions). The risk assessments will highlight any additional supplies that may be required in various locations. Drugs, medicines and tablets will not be kept within the first aid container. The container should be immediately recognisable as a first aid container and be green in colour with a white cross.

The number of first aid containers required is assessed as 1 and these are located as follows:

1 in first aid locker in staff room

### **Notifying parents/careers of an accident**

If a child has had a bump to the head, a letter will be sent home asking the adult to continue monitoring the child for the next 24 hours.

If a child has had another injury, a slip will be sent home informing the adult of the injury.

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

If unsure at any time, the first aider will call NHS direct 111 for further advice or dial 999.

The first aider will 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 a possibility of a fracture or where this is suspected, whenever the first aider is unsure of the severity of the injury.*

If an ambulance is called, the caller must speak to the emergency services and the following information will be required

1. State what happened
2. The child's name
3. The age of the child
4. Whether the casualty is breathing and/or unconscious
5. The location of the school

#### **Notification of parents/carers when a hospital visit is needed:**

Our procedure for notifying parents will be to use all telephone numbers available to contact them and leave a message should the parents not be contactable.

In the event that parents cannot be contacted and a message has been left, our policy will be to continue to attempt to make contact with the parents every half hour. In the interim, we will ensure that the qualified first aider, appointed person or another member of staff remains with the child until the parents can be contacted and arrive (as required).

In the event that the child requires hospital treatment and the parents cannot be contacted prior to attendance, the qualified first aider/appointed person /another member of staff will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital.

#### **First Aid out of school on trips or residential visits:**

On a school trip, the class teacher, of any child who requires an inhaler, auto- injector (epi-pen), or prescribed medicine, is responsible for taking the medication and attached forms, for that child.

In the event of children needing first aid on school trips:

- A first aid box is taken and allocated to relevant staff who are first aid trained or on site first aiders may be used.
- The first aider deals with minor injury.
- For major injuries the school is informed and Major Incident Procedures followed. Parents/carers are also informed by the school office or teacher in charge of trip.
- Gloves are ALWAYS worn when treating injuries.
- Any accident or incident is reported back at school and an 'incident in school' form filled in as soon as possible. A note on the incident is made at the scene.
- For serious head injuries the school and the parents are informed immediately by telephone.
- If children are sent home, they must be collected by a responsible adult.
- In the event of a serious incident an ambulance is ALWAYS called.
- A member of staff accompanies the child in the ambulance, whilst the school contacts the parent/carer and arranges for them to meet the child and staff at the hospital.
- In the event of parents being unreachable, all phone numbers on emergency contact form will be called.
- First Aid should only be carried out by qualified First Aiders.
- All First Aid must be logged for Medical Records.

## AED (Defibrillator)

- The defibrillator is stored in our first aid room and is always readily available.
- The signage is visible
- The following training video has been shared with staff so they are aware of how to use the machine. However, the machine verbally gives instructions when in use:

<https://medianadefib.co.uk/e-learning/>

## 8. First Aid Kits

There is no definitive list of what should be in a first aid kit. The contents of each kit will be determined by the first aid needs assessment. The following list is a suggestion only, for general and low-risk environments.

- A leaflet giving general guidance on first aid (for example, HSE's leaflet Basic Advice on First Aid at Work);
- 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 sterile individually wrapped un-medicated wound dressings; and
- Medium-sized sterile individually wrapped un-medicated wound dressings; and
- Disposable gloves.

## 9. Travelling first-aid kits

Again there is **no** mandatory list of items to be included in first-aid kits for travelling staff but they might typically contain:

- A leaflet giving general guidance on first aid (for example HSE's leaflet Basic Advice on First Aid at Work)
- Individually wrapped sterile plasters (hypoallergenic plasters can be provided, if necessary);
- Individually wrapped triangular bandages, preferably sterile;
- Safety pins;
- Large sterile un-medicated dressing;
- Individually wrapped moist cleansing wipes; and
- Disposable gloves.

## 10. Medication

First aid does not include administering medication; this is covered under the Supporting Pupils with Medical Conditions policy. It is recommended that medication is not normally kept in first aid kits.

## 11. Concussion

In April 2023 the Government, in collaboration with the Sport and Recreation Alliance, released the first-ever UK-wide [Concussion Guidelines for Grassroots Sport](#). These guidelines aim to assist players, coaches, parents, schools, National Governing Bodies, and sports administrators in recognizing, managing, and preventing concussions.

The key message, "If in doubt, sit them out," emphasizes that no one should return to play within 24 hours of a suspected concussion. This guidance builds on existing protocols already implemented in Scotland.

Students, parents, coaches, teachers, and sports administrators are encouraged to read and familiarise themselves with the guidelines, which outline the following steps:

- Recognise the signs of concussion;
- Remove anyone suspected of having a concussion immediately; and
- Return safely to daily activities, education/work, and, eventually, sport.

No one should return to competition, training, or Physical Education (PE) classes within 24 hours of a suspected concussion. Anyone who may have suffered a concussion should avoid driving (e.g., car or motorcycle), riding a bicycle, operating machinery, or consuming alcohol within 24 hours. Commercial drivers (e.g., HGV operators) must consult a Healthcare Professional before resuming driving.

The school will ensure that all individuals suspected of having a concussion will be evaluated by a qualified onsite Healthcare Professional or by contacting the NHS at 111 within 24 hours of the injury. If there are concerns about more severe injuries or the presence of 'red flag' symptoms, the person should receive urgent medical attention either onsite or at a hospital's Accident and Emergency (A&E) Department. Ambulance transfer should be arranged by calling 999 if necessary.

Concussion patients should generally rest for 24-48 hours, although light daily activities and walking are acceptable. However, they must avoid strenuous exercise, demanding work, or sports during this period. Afterward, they can follow a graduated return to normal activities (such as school/work) and sports.

If symptoms persist for more than 28 days, the student/teacher should be evaluated and treated by an appropriate Healthcare Professional, such as their General Practitioner (GP).

## 12. Mental Health

In the past, workplace first aid guidance primarily focused on addressing physical health needs. However, the 2024 amendment now requires employers to consider both the physical and mental health of their employees when assessing and implementing first aid measures.

This shift promotes a more comprehensive approach to occupational health and safety, ensuring that employees can receive immediate support for both physical injuries and mental health issues. It also aligns these requirements with broader health and safety practices. Employers have several options to comply with the new guidelines, particularly when appointing and training first-aiders.

#### Mental Health First Aid Training

One of the most effective steps is to participate in mental health first aid and awareness training. InMAT will ensure that leaders have the knowledge and skills necessary to recognise, understand, and assist workers facing mental health challenges.

In-person training is also valuable, offering a face-to-face setting that fosters better understanding and retention of key concepts.

#### Government-Funded Mental Health First Aid Training

InMAT can access government grants dedicated to mental health first aid training. Some of these funding schemes provide up to £1,200 to raise awareness and improve mental health support in the workplace.

#### E-Learning as a Supplement

InMAT is aware that blended learning models allow businesses to supplement their standard first aid programs with online resources focused on mental health. E-learning modules offer a flexible way to train employees, accommodating various schedules and learning styles.

#### Aligning Training with Mental Health Needs

When conducting workplace first aid assessments, InMAT will also evaluate the mental health training needs of staff. This ensures that first aid training is tailored to address the specific mental health challenges faced by employees.

### 13. Risk Assessments

The persons responsible for first aid, the Designated First Aid Leader, must make suitable and sufficient risk assessments to determine any extra provision required over and above the minimum provision, taking into account any known medical conditions of staff/pupils etc.

The risk assessments must also cover the risks to employees and also any non-employees who may visit InMAT.

### 14. Illness

All pupils who feel unwell or who have suffered an accident should, if possible, be accompanied to the first aid room. Where it is unsafe to move the pupil, someone should be sent to the staff room (during lunchtimes) or main school office (during other times school day) to gain assistance.

A qualified first aider will assess the individual's need and apply basic first aid; a second opinion should be sought if available.

A qualified first aider will issue an advisory note to the parents/carers detailing the illness or incident that has occurred.

If there is any concern that the injury or illness may be more serious. The parents/carers will be contacted immediately.

Any pupil having difficulty breathing, feeling dizzy or faint must remain with the teacher or other member of staff. A message should be sent to the staff room (during lunchtimes) or main school office (during other times of school day) to send a first aider/school nurse immediately.

## 15. Pupils' Medical Conditions

A list of pupils who suffer from medical conditions together with details of any Individual Health Care Plans which are prepared for pupils with more serious medical conditions such as diabetes, anaphylactic shock, asthma or epilepsy is updated annually or when required. [A copy of this information is kept in the SEND Hub, in the first aid room and in the staff room. Information is also on Arbor.](#)

Appropriate medication should be with the pupil in their classrooms at all times and should be named and labelled. Named and labelled spare inhalers and auto-injectors (commonly known as Epi-pens) will also be kept for each pupil with a known medical condition in First Aid locker in staff room and kept with each child in their classroom.

Members of staff will be made aware of the pupils who suffer from medical conditions and have Individual Healthcare Plans. Having due regard to confidentiality, staff authority and medical necessity in the distribution of information.

### **Asthma and Inhalers**

- Inhalers must be readily accessible at all times. This includes activities outside the classroom (PE and school trips).
- Please ensure inhalers and canister are clearly labelled with child's names.
- Older pupils able to use their inhalers themselves should be allowed to carry them with them. If not, they should be located in their drawer in their classroom.

It is the teacher's or teaching assistants' responsibility to ensure they have each child's inhaler with them before they leave the premises for a local visit, trip or worship.

### **Auto injectors (epi-pen)**

All children who require an epi-pen have a specific 'Medical Information Form' which is kept with

This will also include the action required in the event of an emergency. Please see medical risk assessment for individual pupils who may require use of an auto injector.

**Administering Medicines in school:**

**Short term medication is not administered in school.**

- Where a parent wishes non-prescribed medication to be given this will be their responsibility and they can make arrangements to come into school during the day to administer this.

Portable first aid kits, auto-injectors and inhalers should be taken to all off-site excursions.

**16. Insurance**

InMAT has procured insurance arrangements that provide appropriate cover for claims arising from actions of staff acting within the scope of their employment.

InMAT will also ensure that adequate liability insurance is in place to cover accidents to pupils and visitors as well as staff.

**17. Training**

Schools will provide adequate and appropriate training for first aid staff and appropriate information for all staff to enable them to carry out their duty of care.

The Board of Trustees will ensure that there are sufficient trained members of staff to meet statutory requirements and the assessed needs, allowing for staff that are absent or off-site.

**Staff first aid at work trained:** Rowena Clarke

<b>Accredited level 3 Paediatric first aid</b>	
<b>January 2026</b>	<b>January 2026</b>
Louise B	Laura H
Rowena C	Samantha J
Natalie C	Yvonne J
Rachel D	Helen K
Ryan D	Karen MW
Sharon SH	Hannah O
Helen S	Nina P
Lucy T	
Amy S	

## 18. Equal Opportunities

InMAT will take particular care with the first aid provision for its disabled staff and pupils and have due regard to the Equality Act 2010 and the Education Act 2014, as well as the relevant statutory guidance.

Appropriate risk assessments will be carried out by the Designated First Aid Leader and suitable provision will be made in liaison with the Headteachers.

## 19. Records

Appropriate records must be kept, and reports must be made for each incident. The record must include:

- Date, time and place of the incident;
- Name (**and job, if relevant**) of the injured or ill person;
- Details of the injury/illness and what first aid was given;
- What happened to the person immediately afterwards (for example, went back to work, went home, went to hospital); and
- Name and signature of the first aider or person dealing with the incident.
- Records may also be added to My Concern and then Handsam- this is dependent on type of injury and after care

The reporting of accidents and incidents is completed at school level and will be in accordance with the requirements of the *Data Protection Act 1998 and 2003*.

## 20. Monitoring and Review

Periodic reviews should be undertaken by the Designated First Aid Leader particularly after any operating changes, guidance or legislation changes, as well as any accidents/incidents, to ensure that provision remains appropriate.

The Headteachers will review the first aid needs and arrangements annually or as required and will ensure that the appropriate level of first aiders/appointed persons are in post and that the appropriate standards are met. INMAT will report to the EHIT Committee of any accidents reported to the HSE.

**To be displayed in first aid room**  
**Standens Barn Primary- first aid advice and guidance 2025-2026**

These are the guidelines that's have been agreed on and should be adhered to at all times

- At lunch time there is a designated first aider in the staff room who will deal with injuries.
- Minor injuries can be dealt with on the playground. There is a first aid kit in the trolley or outside.

### **Medical supplies**

- The designate first aid room is the small room next to the staff room. First aid supplies are kept in the wall cupboard on the labelled shelf. A contents list is located on the inside of the cupboard.
- Please keep the area clean and tidy and replenish supplies when you notice them getting low. See Nina for further stock. (Please do not take stock as supplies need to be monitored)
- Only items supplied by the school should be used for first aid.
- A clock is also on display to record time accurately, this can be crucial in certain circumstances.

### **Cleaning wounds**

- Use protective gloves at all times, especially when treating open wounds.
- In the first instance, where practical, wounds can be cleaned under running water.
- Where this is not possible, wounds can be cleaned using non-antiseptic moist wipes or gauze swabs with water. **PLEAE DO NOT USE PAPER TOWELS.**
- Treatment of more sensitive areas should be done with another member of staff. **AVOID DOING THIS ALONE.**

### **Gauze swabs**

- Gauze swabs are supplied in sealed sterile packs. Once opened you should either use the swab or dispose of it in the medical bin.
- **DO NOT PLACE OPENED PACKS BACK IN THE CUPBOARD.**
- **OPENED PACKS SHOULD BE DISCARDED AS THEY ARE NO LONGER STERILE.**

### **Ice packs**

- Ice packs are located in the freezer in the staff room and protective sleeves in a drawer in the staff room.
- **ICE PACKS TO BE USED FOR BUMPS ONLY.** Apply to affected area for 10 minutes. If pain is persistent seek a second opinion.
- Please ensure that all ice packs and sleeves are returned to the staff room as soon as possible after use.
- **DO NOT USE ON OPEN WOUNDS, GRAZES OR AREAS AROUND THE NOSE, MOUTH & EYES.** This is because any bodily fluids can easily transfer onto the ice pack sleeve- even if there is no visible fluid. For treatment of these areas use a small disposable ice pack wrapped in gauze or paper towel. Dispose of this after use.

### **Splinters**

- It is acceptable to extract splinters if they are protruding enough to be easily removed using tweezers. You must not try to remove an embedded splinter.

## **Inhalers**

- Inhalers must be readily accessible at all times. This includes activities outside the classroom (PE and school trips).
- Please ensure inhalers and canister are clearly labelled with child's names.
- Older pupils able to use their inhalers themselves should be allowed to carry them with them. If not, they should be located in their drawer in their classroom.

## **Short term medication is not administered in school.**

- Where a parent wishes non-prescribed medication to be given this will be their responsibility and they can make arrangements to come into school during the day to administer this.

## **Accident report book**

Any treatment administered by a member of staff **MUST** be recorded in the accident report book, no matter how minor. The self-carbonating slips allow the school to have an identical copy of the advice sent home to parents. Please ensure you complete the full form, using biro pen, making sure the details are legible including your name. The top copy should be handed directly to the class teacher.

If a head injury has been sustained, ensure that a telephone call is made home and a follow up letter completed- see separate form. Speak to the teacher leading the class and ensure a bumped head sticker is also given.

It is important to follow up, directly with the class teacher, any cause for concern and pass on any information which may have been disclosed by a child concerning an incident which led to the cause of an injury.

Remember, you are not alone, don't be afraid to ask for a second opinion.