

Springfields First School
First Aid Procedure and Policy

This procedure must be followed by ALL members of staff when treating an injury at school.

This procedure applies to children and adults alike.

If the injuries are life threatening

- Immediately send for Head teacher/Senior First Aider with the message “Emergency in Class ... /on the playground/field/car park” etc.
- Remember at the scene that you must ensure the area is safe before taking any further action. Call for help
- The most capable First Aid person with the injured person will provide immediate emergency first aid until senior first aider and/or Headteacher arrives.
- If a decision is made to perform mouth-to-mouth ventilation, use a resuscitation face shield where available.
- If the injuries are serious a member of office staff will immediately call 999 and ask for an ambulance.
- Whilst providing First Aid try to find out how the accident happened so that you can provide doctors/paramedics with the information. Stay calm, keep other children away and reassure the injured person.
- The school office will contact the parents/next of kin to inform them of the situation

If the injuries are acute, but not life threatening

(If in doubt treat an injury as life threatening – see 1 above)

- These are injuries which require immediate medical attention. (Serious head injuries, broken bones, acute cuts).
- Immediately send for First aider in charge “Injury in Class ... /on the playground/field/car park” etc.
- Provide appropriate first aid (see below) until senior trained first aider arrives.
- Headteacher or senior first aider will decide whether to contact the parents/guardians to take the child to hospital or whether to phone for an ambulance. (If appropriate the injured person may be taken to Accident and Emergency in a car. Two members of staff to accompany them)

Non-acute child injuries

- Discover the extent of the injuries.
- Provide appropriate first aid – see below.
- If appropriate move child into quiet area and inform the Office Staff. If in doubt do not move the child until senior first aider arrives to give further support.
- Check again whether the child is aware of any other injuries.
- Monitor the child. If the injuries are not deteriorating and the child appears to be alright s/he may return to class. **The child’s teacher must be informed if it was a head injury and the parents will be texted or rung – see Head Injuries below.** (Remind the child to tell the teacher or other member of staff if they feel worse or if something else starts hurting).
- If the injuries are deteriorating the office staff will contact the parents and inform them of the accident and ask them to pick up their child.

All visible injuries: complete an accident note and give to the child to give to the parents. These are kept in the accident book.

For all injuries tell the child to tell his/her teacher about the injury or tell the teacher yourself if necessary.

A fall with **no visible injury**, a bump with no visible injury, slip but no visible mark – no accident slip will be sent home.

so the parents/guardians can monitor their child for signs of any injuries that were not immediately apparent.

Headteacher/ Senior First Aider – Mrs E Goodfellow

First Aid

Appointed Person

The Appointed Person is the Headteacher. Most of the teaching and non-teaching staff have received First Aid training in the last three years. For those staff who know their training is out of date or who are unsure when they were last trained speak to Headteacher to check if more training is required.

First Aid Kits

The main First Aid Box is in the staff room in a cupboard.

PPE equipment available from Staffroom/Nursery Staff Toilet

For a minor injury PPE equipment is plastic gloves/plastic apron/ face mask if close contact

For injury or illness involving bodily fluids PPE equipment is plastic gloves/plastic apron/face mask

For illness that involves coughing or vomiting PPE equipment is plastic gloves/plastic apron/face mask/eye protection

For 'donning and doffing' PPE equipment please see:

<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>

Hygiene

Good hygiene routines are essential. Washing hands for 20 seconds using soap and water, applying hand sanitizer is essential.

PPE equipment, gloves, apron, face mask and eye protection (if needed) must be worn when dealing with body fluids (blood, urine, faeces, coughing). Some people are allergic to latex, so vinyl gloves are available if this is the case.

Always wash your hands for 20 seconds with soap and water before and after dealing with wounds and applying dressings.

If a child is injured, cover cuts and abrasions with a plaster first then give other first aid, unless it is a life threatening situation, in which case provide emergency first aid immediately.

If mouth to mouth resuscitation is required this must begin immediately. Use a resuscitator if one is available, but do not delay mouth to mouth whilst looking for one. If a decision is made to perform mouth-to-mouth ventilation, use a resuscitation face shield where available. Serious infection is highly unlikely from mouth to mouth.

Wash all skin that has been in contact with bodily fluids with soap and hot water as soon as possible. If body fluids spill onto surfaces, mop up with absorbent materials and disinfect with anti bacterial spray.

Splashes into eyes or mouths should be rinsed for several minutes with clean cold water.

Basic First Aid

Cotton wool or tissues must not be used for cuts or wounds. Wounds must be cleaned by rinsing lightly under running water.

Rinse puncture wounds with clean cold water, apply pressure and cover with a sterile dressing.

Splinters – We should not try to remove these. If only a small splinter, it could be covered with a dressing. If a large one, the parent should be rung as we are **not allowed** to remove it.

For All Accidents

- Speak with others who were involved or who saw the accident to find out how the accident occurred.
- If the accident is “Reportable” (certain types of mainly serious injuries, especially those caused by failure of health and safety procedures) inform the Headteacher and he will decide whether to contact the Health and Safety Executive. (Please note: “Reportable” accidents do not include typical playground accidents such as bumping into one another, falling over whilst running/walking etc.)
- All major accidents should be recorded in the **Accident Book and the online H and S portal**.

Head injuries

Head injury (cut, swelling, dizziness or confusion following a bump, a heavy fall where the head is seen to suffer a blow or a graze to the face) – Parents will be phoned immediately.

Head injury (small bump with no mark) – a text will be sent home informing parents of the incident, explaining that the child is not distressed but is being monitored.

Sending an ill child home

If a child is taken ill in school, then the office should be informed immediately. If a child is deemed to be sufficiently unwell that s/he needs to be sent home then the parents must be contacted as soon as possible in order that they may collect their child from school.

Referring to hospital

If the accident is such that a visit to hospital may be required the parents must be contacted as soon as possible to inform them of the accident and to ask them to take their child to casualty.

If the accident/illness is of a very serious nature an ambulance must be called immediately and the parents contacted as soon as possible. A member of staff will accompany the child in the ambulance if the parents have not been able to get to school in time.

If there is any doubt as to how serious an accident is then a senior member of staff must be consulted immediately. All accidents/illnesses which are serious enough to possibly require hospital treatment must be reported to a senior member of staff as soon as possible.

In all cases of accident and illness the child's wellbeing is the primary concern and therefore it is better to be over cautious when making judgements and deciding on what action to take.

This policy was updated in September 2026 and will be reviewed annually or as and when the need arises.