



First Aid Policy

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1. Aim

1.1 The aim of this policy is to set out guidelines for all staff at Blue Sky Independent School in the administration of First Aid to children, employees, or visitors. This policy shall be shared with all employees during their induction to ensure familiarity with the school's first aid procedures.

1.2 We are committed to adhering to the Local Authority's procedure for reporting accidents and recognise our statutory duty to comply with the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1995.

2. What is First Aid?

2.1 First aid can save lives and prevent minor injuries from becoming major ones. Under health and safety legislation, employers are required to ensure that there is adequate and appropriate equipment and facilities for providing first aid in the workplace.

3. First Aid and Medication

3.1 All members of staff at Blue Sky Independent School have current first aid training, which includes training for infants and young children.

3.2 Two staff members, Lynzi Tiner and Rebecca Van-Crump, have specific paediatric first aid training.

4. Our First Aid Kits

4.1 Our first aid kits comply with the Health and Safety (First Aid) Regulations 1981 and British Standard BS 8599-1:2011. Each kit includes the following items:

- Assorted plasters
- Disposable sterile triangular bandages
- Eye pads
- Medium-sized and large-sized dressings
- Sterile cleansing wipes
- Nitrile powder-free gloves
- Safety pins
- Tuff-Kut scissors
- Burnshield dressing or cling film
- Finger dressings
- Conforming bandages
- Disposable heat-retaining blanket
- Microporous tape

- Disposable tweezers
- A resuscitation aid or pocket face mask

4.2 The kits are:

- Regularly checked by staff responsible for maintaining them in their individual rooms.
- Stored in various locations:
 - The main first aid kit in the school office
 - A second kit in the hallway
 - A third in the forest school resources
 - A fourth for off-site use

4.3 The kits are:

- Re-stocked as necessary
- Easily accessible to adults
- Kept out of the reach of children

5. Accident Books

5.1 Due to the size of our school, there is one accident book for children and one for staff. These are stored safely but remain accessible to first aiders.

5.2 All staff members know where the books are kept and how to complete them.

5.3 Accident books are reviewed half-termly by a member of the first aid team to identify potential or actual hazards.

5.4 The accident books will record any first-aid treatment given and must be written in pen. Each entry should include:

- The date, time, and place of the incident
- The name of the injured or ill person
- Details of the injury or illness and first aid given
- The immediate outcome for the person (e.g., whether they went home, returned to learning sessions, or went to the hospital)

5.5 Information in the accident books can help the school to:

- Identify accident trends and improve health and safety risk controls
- Reference for future first-aid need assessments
- Assist with insurance and investigative purposes

5.6 All completed accident books should be submitted to the Headteacher for future reference.

6. Ofsted Requirement to Notify Parents and the Data Protection Act

6.1 Parents must be informed of any accidents, injuries sustained, and/or first aid treatment given to their child while at the school. The first aider who treated the injury will contact the parent to inform them of what happened and recommend next steps.

6.2 Staff must be aware of the Data Protection Act and should not allow parents to view personal information other than that relating to their child.

6.3 Parents are not permitted to take photographs of any child other than their own. Copies of accident records will not typically be provided to parents unless authorized by the Headteacher.

7. Administration of Medicines

7.1 For details regarding the administration of medicines, please refer to the Administration of Medicines Policy.

8. Medical Emergencies at Blue Sky Independent School

8.1 All staff members who have contact with pupils with medical conditions will be informed about the best course of action if a child becomes seriously ill and requires emergency treatment.

8.2 In case of a medical emergency, the school will:

- Call an ambulance before contacting parents if a child becomes seriously ill; this applies to all children, not just those with Education, Health, and Care Plans (EHCPs).
- Arrange for a competent member of staff to travel to the hospital in the ambulance and act in loco parentis until the parents arrive. This staff member will have the authority to sanction emergency procedures as advised by medical staff.

9. Sickness Policy

9.1 Our policy for the exclusion of ill or infectious children will be discussed with parents. This includes procedures for contacting parents or other authorized adults if a child becomes ill while at school.

9.2 We do not provide care for children who are unwell (e.g., have a temperature, sickness and diarrhoea, or infectious diseases).

9.3 Children with head lice are not excluded but must be treated. Parents will be notified if there is a case of head lice in the school.

9.4 Individuals with HIV (Human Immunodeficiency Virus) may attend the school, and staff may or may not be informed. No one will be excluded based on their HIV status.

9.5 Good hygiene practices concerning the clearing of any spilled bodily fluids will be carried out by the Health and Safety Coordinator and the Emergency First Aiders.

9.6 In the case of suspected COVID-19 symptoms, children who become unwell will have their temperature checked. If the temperature exceeds 37.5°C, the Senior Leadership Team (SLT) will advise that the student be taken home.

10. Treatment of Injuries

10.1 Following an accident, the First Aider will take charge of administering first aid and emergency treatment appropriate to their training. After assessing the injured person, they will administer the necessary first aid and decide whether to call an ambulance.

10.2 The First Aider should call an ambulance in the following situations:

- In the event of a significant injury or head injury
- If bleeding cannot be controlled
- In the event of unconsciousness
- Whenever a fracture or break is suspected
- Whenever the First Aider is unsure of the severity of the injuries

11. Treatment of Head Injuries to Children

11.1 Children often bump their heads, and while most incidents are harmless, the supervising adult should apply a cold compress (wet tissue or cloth) for the child's comfort.

11.2 Parents/Carers must be contacted if a child has a visible or grazed bump on the head.

11.3 All head bumps must be recorded in the accident book, and a letter should be sent home informing parents of possible symptoms to monitor.

11.4 The First Aider responsible for the head bump must contact the parent and inform the Headteacher. If the parent cannot be reached by telephone, messages will be sent electronically to ensure the parent receives the information. A copy of the accident form must also be retained by the school.

11.5 Emergency First Aiders should be sought if the child:

- Becomes unconscious
- Is vomiting or shows signs of drowsiness

- Has a persistent headache
- Complains of blurred or double vision
- Is bleeding from the nose or ear
- Has pale yellow fluid from the nose or ear

11.6 If any of these symptoms occur in a child who has had a head injury, urgent medical attention is required, and parents should be contacted along with emergency services.

12. Treatment of Suspected Breaks/Fractures

12.1 Signs to look for include:

- Swelling
- Difficulty moving
- Movement in an unnatural direction
- A limb that looks shorter, twisted, or bent
- A grating noise or feeling
- Loss of strength
- Shock

12.2 If an open fracture occurs, the wound should be covered with a sterile dressing and secured with a bandage while applying pressure to control any bleeding. The injured body part should be supported to prevent movement, which will help ease pain and prevent further damage.

12.3 Once this is done, call 999 or 112 for medical help. While waiting for assistance, do not move the injured person unless they are in immediate danger. Continuously check for signs of shock.

12.4 First Aid training states that clothing should only be removed if absolutely necessary. If removal could cause a safeguarding issue, two members of staff should be present; only one needs to be first aid trained. If waiting for a second member of staff puts a child's life in danger, the First Aider should not withhold treatment.

13. Disposing of Blood

13.1 Bloodied items should be placed in yellow clinical waste bags and disposed of in the sanitary bin in the main staff toilet.

14. Splinters

14.1 Splinters can be removed if they are small and visible but should not be extracted if embedded or in a joint. They must be removed in the same direction they entered. Sterile tweezers are stored in the main first aid box located in the school office.

15. Ice Packs

15.1 Instant ice packs are single-use only, meant for treating sprains, strains, and bruises, and must be kept out of children's reach. These are included in each first aid kit, with spares stored in the store cupboard.

15.2 Guidance on using ice packs:

- Ideally, an ice pack should be applied within 5-10 minutes of the injury occurring.
- The pack should be wrapped in a cloth to prevent cold burns and applied to the injured area for 20-30 minutes, repeating every 2 to 3 hours for the next 24-48 hours.
- Emergency first aiders must check the skin color after 5 minutes of applying the pack. If the skin is bright red or pink, the pack should be removed.

15.3 For injuries older than 48 hours, a heat source may be applied to promote blood flow to the area and stimulate the healing process.

16. Precautions When Using Ice and Heat

DO NOT USE ICE OR HEAT:

- If the casualty is diabetic
- Over areas of skin that are in poor condition
- Over areas of skin with poor sensation to heat or cold
- In areas with known poor circulation
- In the presence of visible or known infections

17. Asthma

17.1 For children at Blue Sky Independent School with asthma, all inhalers should be kept with the child, and a spare inhaler may be stored in the school office.

17.2 All inhalers must accompany children off the school grounds (e.g., during trips or swimming).

Children on the asthma register who have parental consent for the use of an emergency inhaler are clearly indicated. An emergency inhaler can be used if the child's prescribed inhaler is unavailable (e.g., broken or empty).

17.3 In the event of an asthma attack, the following steps should be taken:

- Sit the child upright (do not lie down) and encourage slow, steady breaths.
- Remain calm, as panicking can exacerbate the situation.

- Administer 1 puff of the reliever inhaler (usually blue) every 30 to 60 seconds, up to a maximum of 10 puffs.

ALWAYS SEEK THE ADVICE OR ATTENTION OF A QUALIFIED FIRST AIDER IN THE EVENT OF AN ASTHMA ATTACK.

18. Epi-Pens (if applicable)

18.1 All Epi-Pens are labelled and kept in the school office. One member of staff must have Anaphylaxis and Epi-Pen training.

18.2 Anyone can administer an Epi-Pen in an emergency if the adult or child is unable to do so themselves.

18.3 If a member of staff who has not had training must administer the Epi-Pen, the emergency services must be informed simultaneously.

19. Training

19.1 A central record of all training related to first aid is maintained by Gemma Weston (Business Manager) and reviewed annually to ensure that certificates are renewed within required timescales.