

# First Aid Policy



Agree Date	Review Date	Persons Responsible
April 2026	April 2028	Miss Tonkin

Earlview Primary School and Nursery is aware of its responsibility to make first aid provision for its staff and visitors to the school. We are also aware of our duty of care to our children. At present we have two members of staff who holds the First Aid at Work Certificate in line with requirements as laid down by the Employment Medical Advisory Service (EMAS).

The named employee is: Education Authority

Earlview Primary School and Nursery is aware of and adheres to the regulations in relation to re-qualification requirements as stated in the Health and Safety Executive NI guidance on First Aid at Work. It is the responsibility of management to liaise with EA to ensure that this takes place. All those employed in the school are aware of the qualified first-aider and will direct those in need of treatment or assistance to the closest practical area or if the situation requires into the hygiene room.

### **Qualified First Aiders**

We currently have 20 qualified First Aiders

The following staff are trained in First Aid at Work

1. Miss. Tonkin – requalification due before 16<sup>th</sup> October 2026
2. Mrs. Marsden – requalification due before 3<sup>rd</sup> March 2028

The following staff are trained in Emergency First Aid at Work

(requalification due before 25<sup>th</sup> March 2027)

1. Mrs. Montgomery
2. Mrs. Cullen
3. Miss. Corney
4. Mrs. Temples
5. Miss. Patrick
6. Miss. Hoy
7. Mrs. Burns
8. Mrs. Fleming
9. Miss. Robinson

The following staff are trained in Emergency Paediatric First Aid

(Requalification due before 14<sup>th</sup> April 2028)

1. Ms. Stewart
2. Mrs. Carson
3. Mrs. Dillon
4. Miss. Woodside
5. Miss. Spencer
6. Mrs. Davey
7. Mrs. Lutton
8. Mrs. Crawford
9. Mrs. Cully

A First Aid Training Audit will take place annually of all staff in each September to identify levels of first aid cover in school and training needs.

### **Provision**

- A First Aid Box can be found at the Staff Room and Area B. Portable first aid kits are also available for school trips and playgrounds.
- Confidential medical information on each individual child will be available to the Staff, including names and contact information etc. on SIMS.net (or its replacement).
- Children with acute medical conditions have completed Care Plans displayed in the Staff Room and in each child's classroom.
- All staff are trained in the use of an EpiPen when they are teaching a child whose medical needs require one. Medicines, EpiPens and Care Plans for individual children are in the Staff Room and Care Plans are also in the child's classroom.
- All pupil medication should be stored in the pupil medication box in each classroom and a written record of administration maintained daily as per the pupil medication policy.
- Staff should take cognisance of the Code of Conduct for Employees and the advice about self-protection, when administering First Aid. Staff should be conscious of Child Protection issues, bearing in mind the gender, age and intimacy of any first aid applied.

The Administration of Medicines Policy will be applied in circumstances where requests are made for prescribed medicines to be administered during school hours. In normal circumstances, no other medicines should be brought into school by a pupil.

## Procedure

- Minor bumps and bruises should be dealt with by a staff member who holds the **Emergency First Aid At Work** qualification. An accident slip (Appendix A) should be sent home to parents.
- Should a more serious injury occur, the First Aider will assess the injury and decide whether the parent should be contacted and if so, the injured child will be kept comfortable and will be monitored closely until the parent arrives.
- Should the staff member need extra support they can call upon the staff member who holds the First Aid at work Qualification.
- **If a child has bumped their head a phone call home should be made to make the parent aware of what has happened and how the child is. Give the parent the option to come and check the child over if they wish.**

If the situation requires an ambulance to be called, parents will be contacted immediately and if parents are unable to travel in the ambulance, then a member of staff will accompany the injured child. The school's responsibility ceases as the child is entrusted to the care of the NHS ambulance personnel. A member of school staff cannot give permission for any treatment at casualty but will look back to the permission slip received at the beginning of the school year regarding hospital visits. The Emergency Department staff will have to decide over questions like blood transfusions, haemophilia etc.

The Principal and other relevant members of staff should consider whether the accident or incident highlights any actual or potential weaknesses in the school's policies or procedures, and act accordingly, making suitable adjustments where necessary.

## Recording

- All minor first aid given is recorded in an Accident **Book**, located in the office or photocopying room in the locked cupboard (Appendix B)
- Any injuries where parents have had to be contacted should be recorded on an Accident **Form** (Appendix C) found in the Staff Room, by the adult who witnesses an injury or to whom an injury is reported. This should be given to the Principal.
- If a child has to go home or to hospital, as a result of their injury, an Accident **Form** along with an AR1 Form should be completed and given to the Principal.

If a child is injured and you have concerns about the severity of the injury, again please contact the person who holds the First Aid at work certificate or the Principal.

## Health, Illness and Emergency

Earlview Primary School and Nursery is committed to encouraging and promoting good health and to dealing efficiently and effectively with illnesses and emergencies that may arise while children are in our care.

## **In the Event of Illness**

If a child is feeling ill staff will respond as per injury procedure and contact parents/guardians.

In the event of an ill child feeling better, they will be resettled back into class, but will be kept under close supervision for the remainder of the day in case they need to go home.

If a child is physically sick, parents/guardians must be immediately contacted and the child must go home and remain at home, as per DE Guidance, for 48 hours.

If the child does not need to go straight to hospital but their condition means they should go home, the parent/carer will be contacted and asked to collect their child. In the meantime, the child will be made as comfortable as possible and be kept under close supervision. From this point on, the information, from the Public Health Agency Guidance on Infection Control in Schools and other Childcare Settings, will dictate the child's return to school, if applicable. Staff will use the Guidance on the **Infection Control poster (Public Health Agency)** which is displayed in the staff room and office to offer advice on exclusions from school due to illness (See Appendix D).

**Appendix A – Parent contact**

Today I had an accident at  
School.

Date\_\_\_\_\_

Name\_\_\_\_\_

I hurt my\_\_\_\_\_

I was given first aid by\_\_\_\_\_



# EARLVIEW PRIMARY SCHOOL & NURSERY

## ACCIDENT RECORD

1. About the person who had the accident (give full name, home address and designation).

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Please tick one:- Pupil  Visitor  Employee  Please State Occupation \_\_\_\_\_

2. About you, the person filling in this record (if not the person mentioned above).

Name \_\_\_\_\_

Address (Base Location) \_\_\_\_\_

Postcode \_\_\_\_\_

Occupation \_\_\_\_\_

3. About the incident (continue on the back of this page if you need to).

• *When* did it happen? Date: / / Time: \_\_\_\_\_

• *Where* did it happen? State which room or place \_\_\_\_\_

• *How* did the accident happen? Give the cause if you can \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Was there any personal injury? Say what it was

• Injury \_\_\_\_\_

• Body Part(s) affected (state left or right as appropriate) \_\_\_\_\_

\_\_\_\_\_

5. Please sign the record and date it:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Should the injured party be required to go home early, stay off work or school, attend out-patients, be detained in hospital or otherwise require medical help then you will have to complete an *Accident Report Form ARI*.

All acts of violence to staff will necessitate an ARI to be completed.

Tick if an ARI form is to be completed. Yes  No

Now remove from folder and return to Principal for recording and filing

Record No: \_\_\_\_\_

## Appendix D

The information below has been provided by the Health Protection Agency:

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B 19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. See: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance
<i>Shigella</i> * (dysentery)		Please consult the Duty Room for further advice
<i>Cryptosporidiosis</i> *	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory Infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary

Other Infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A *	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis*/ septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic