



Harmony Hill Primary School

First Aid Policy

2022-2024

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FIRST AID

The teacher in charge of First Aid is Mrs E McKee.

Purpose

- To preserve life.
- To limit worsening of the condition.
- To promote recovery.
- To provide First Aid when required from trained staff.
- To promote health and safety awareness in children and adults, in order to limit First Aid being necessary.
- To encourage every child and adult to begin to take responsibility for their health needs.

Medical Information

- Medical information about children in Harmony Hill Primary School is gathered through the data collection sheets, which are issued before each child starts school. As well as this, information is provided by the parent or carer throughout each child's Primary years as medical conditions become apparent (Nursery – P7), including Individual Care Plans
- All important medical information on individual children is kept in the teacher's substitute file with Mrs KcKee. Records about those children with particular medical conditions are kept in school and each teacher has a copy of this in their teacher's file.
- A Care Plan register is filed in the staff room and school office and in the child's classroom along with the relevant Care Plan. All emergency phone numbers are kept with the 'child's medical box' and within SIMS
- A substitute teacher's reference file is available for temporary staff

Children with Care Plans

It is the responsibility of parents to inform the school of their child's Care Plan, to provide a copy of it, and to ensure that any relevant updates are passed on accordingly.

These plans will be drawn up in consultation with parents and relevant Health Professionals and a Care Plan consent form is duly completed. The Care Plan will include the following:

- Details of the child's condition.
- Special requirements i.e. dietary need & pre-activity precautions.
- What constitutes an emergency?
- What action to take in an emergency.
- Who to contact in an emergency.
- The role staff can play.

School maintains an extensive running record of updated care plan discussions with parents

1. FIRST AID PROVISION

- The Principal is responsible for ensuring that there is an adequate number of qualified First Aiders¹

Nursery Unit	Mrs. J Andrews Mrs. D Seymour
Foundation Stage	Mrs. E McKee
Key Stage 1	Mrs. C Matchett Mrs. L Gaffikin
Key Stage 2	Mr Francis
Classroom Assistants	Mrs. W Porter

¹The school will seek to continue to build capacity in trained first aiders throughout 2022-2025

- Mrs E McKee is the designated member of staff for overseeing First Aid and will ensure the maintenance of the contents of the First Aid boxes and other supplies. Mrs McKee also liaises with appropriate bodies to ensure adequate training.
- Portable First Aid kits are taken on educational visits and are available from the school office.
- In liaison with the school nurse allocated to our area, all staff will be trained in any aspects of First Aid deemed necessary e.g. asthma, epilepsy, the use of an epi - pen.
- All staff will ensure that they have read the School's First Aid Policy.

First Aid Boxes

First Aid Box is located in the P2 Corridor. In addition;

- Names of First Aiders are displayed above fridge in hall(as above).
- No medicine/tablets are to be kept in the First Aid boxes.

Procedures

In School:

- In the event of injury or medical emergency, if possible contact the appointed First Aider(s) or other Teacher.
- The qualified First Aider(s) to inspect and, where appropriate, treat. After treatment, supervision will be provided by the class teacher or supervisor (during breaks). If necessary, parents should be contacted as soon as possible so that the child can be collected and taken home.
- Parents are contacted if there are any doubts over the health or welfare of a pupil.
- **IF THE SITUATION IS LIFE THREATENING THEN AN AMBULANCE WILL BE CALLED AT THE EARLIEST OPPORTUNITY WITHOUT WAITING FOR THE APPOINTED PERSON TO ARRIVE ON THE SCENE.**
- The school recommends that, unless it cannot possibly be avoided, no member of staff should administer First Aid without a witness (preferably another member of staff).
- No member of staff or Assistant should administer First Aid unless he or she has received proper training, except in the case of minor cuts and grazes, which can be dealt with by members of staff.
- For their own protection and the protection of the patient, staff who administer First Aid should take the following precautions. Exposed cuts and abrasions should be cleaned under running water and patted dry with a sterile dressing. Hands should be washed before and after administering first aid. Disposable gloves should be worn.
- After the calling of an ambulance, all serious accidents should be reported to the Principal^{1st}/Vice Principal^{2nd}/SLT^{3rd} who will then contact the child's parents ASAP (numbers located in office/SIMS and with child's teacher.)
- In the event of a serious incident when an ambulance is called, a member of staff should accompany the pupil to hospital.
- Parents are asked to go immediately to the hospital.
- On occasions (e.g. sport) it may be necessary to transport a pupil to hospital without using an ambulance. This should be on a voluntary basis. In such cases staff should ensure they have specific cover from their insurance company.

- If staff are concerned about the welfare of a pupil, they should contact the Principal or First aider immediately. If an injury has been sustained, the pupil should not be moved.

Out of School:

- Whenever possible take a MOBILE TELEPHONE on trips out of school.
- Teachers of pupils who have asthma must bring their inhalers.
- Teachers to ensure care plans and supporting medication are brought
- Diabetic children must be supported with necessary items and assigned personnel.
- Teachers must take a First Aid kit.
- If staff/parents are transporting pupils within their own cars, the driver is responsible for ensuring they have adequate insurance cover, and individual permission has been obtained from the parent of each pupil travelling.
- During Educational Visits the Principal/Vice Principal has responsibility for ensuring staff have adhered to the school's Educational Visits Procedures.
- A Risk Assessment will need to be carried out as part of an educational trip by the year group teachers involved. These are sent to the Vice-Principal, who checks and collates them.

Particular attention needs to be paid to:

- Outdoor Educational Visits.
- Hazardous Activities.
- Class Visits.

Swimming Pool Lessons

- Swimming instruction is provided by qualified swimming instructors. Harmony Hill PS makes use of Lisburn Leisureplex Swimming Pool for swimming lessons, and staff ensure that pupils adhere to the swimming pool rules.

2. ACTION AT AN EMERGENCY (To be undertaken by trained First Aider)

- Assess the situation: Are there dangers to the First Aider or the casualty? **GET HELP! Get defib!** Make the area safe, look at injury: Is there likely to be a neck injury?
- Assess the casualty for responsiveness: Does the casualty respond.

IF THERE IS NO RESPONSE

- Open airway by placing one hand on the forehead and gently tilt the head back. Remove any obvious obstructions from the mouth and lift the chin.
- Check for breathing. If the casualty is breathing assess for life threatening injuries and then place in the recovery position. If the casualty is not breathing send a helper to call an ambulance and give 2 rescue breaths making 5 attempts at least.
- Assess for signs of circulation. Look for breathing, coughing or movement. Continue rescue breathing and check signs for circulation every minute. If breathing is absent the First Aider should begin Cardio Pulmonary Resuscitation (CPR) at a rate of 2 : 30. Start defib!

3. INCIDENT REPORTING

- All (*minor*) playground incidents, injuries, head injuries, ailments and treatment are reported in the Accident Book kept within each respective classroom. **[See Appendix 3 and 4]**
- Should a child sustain a *major* injury, or an injury incurred within the school, an EA Accident Injury Report Form should be completed by the member of staff supervising at the time of the incident occurring. These are checked and countersigned by the Principal, forwarded to the EA, and a copy retained within school. **[See Appendix 2]**
- Parents are informed of a head injury by phone call by the Class teacher and Concussion Protocols followed **[See Appendix 1]**
- First Aiders or Class teachers contact parents by phone if they have concerns about the injury.
- If members of staff, sustain an injury at work, this should be reported to the First Aider and details recorded in the EA's Accident Injury Report Form. **[Appendix 2]**
- An injured member of staff or other supervising adult should not continue to work if there is any possibility that further medical treatment is needed. The member of staff or other supervising adult concerned should seek medical advice without delay.

4. SPECIFIC MEDICAL NEED

Asthma

Parents of asthmatic children are asked to ensure that their child is equipped with a labelled inhaler. We also request that school is provided with a spare inhaler.

Inhalers are stored in the classrooms and the child has access to them at all times. Inhalers must be taken to each PE lesson (including swimming) by the teacher requiring this medication. In the case of Foundation Stage, teachers will assist.

A register of those children who have asthma is held centrally within SIMS and updated each Academic Year.

Children who can use an inhaler

- Who have been diagnosed with asthma and prescribed a reliever inhaler;
- Who have been prescribed a reliever inhaler **and** for whom written parental consent for use of the emergency inhaler has been given.

HARMONY HILL PRIMARY SCHOOL	
ASTHMA REGISTER	
Child's Name:	
Class Teacher:	
Parent Name:	
Parent Signature:	
Date:	
SECTION A – FOR CHILDREN WITH A DIAGNOSIS OF ASTHMA <i>Please complete accordingly:</i>	
Either:	
I confirm that my child has a diagnosis of asthma.	
I confirm that I give permission for my child's photograph to be attached to this information.	
Our staff have been updated on spotting signs of an asthma attack, however, there may be particular symptoms affecting your child which you feel we should be aware of. If so, please outline these below or, if applicable, please attach a care-plan.	
Parent's Signature: _____	
Or	
I confirm that my child does not have a diagnosis of asthma but periodically requires inhaler	

Diabetes

- Parents of children with diabetes must supply the sugar drink and the appropriate hypo/hyper kit with blood testing devices.
- Any sharp items used (e.g., needles for diabetic injections) shall be placed in a sealed sharps box located in an appropriate place.

Epi-pen register

- A Care Plan register is maintained in school. Parents are asked to provide the school with Epi – pens for the classroom in an emergency.

Allergies

- Harmony Hill is a Nut Free school
- Parents are asked in writing at the beginning of each school year to notify the school of any food allergies which their child may suffer from.
- Any class in which there is a child/children with specific food allergies, a note will be sent to all class parents requesting them not to send in food / items containing the said allergen/s.
- Dietary Requirements are requested from parents and updated periodically throughout a child's time in the school. This data is then passed on to the school canteen. [See Allergies Form below]
- The school Head of Catering will arrange for parents to discuss dietary needs following the completion of this form.

Special Diet Application Form

If your child requires a special diet, please fully complete this form and return to the school office.
Please note-

- If your child requires a special diet for religious or cultural reasons or because they are vegetarian or vegan, please fully complete Part A and Part B of this form.
- If your child requires a special diet for medical/ health reasons, please complete Part A and Part C of this form, in addition to a Special Diet Medical Form. Please note, special diet medical forms may be signed only by a medical consultant, GP or registered dietitian.

Incomplete forms will not be accepted and will be returned to parent/guardians for completion. This may result in a delay in your child receiving a special diet.

PLEASE NOTE- The school catering service will accommodate specific dietary needs from existing menus and ingredient range, therefore a child with a special dietary need may not always get a choice of dishes. If any specialist dietary preparations and prescription foods are required these will need to be supplied by the child's parent/guardian. The set price for school meals will remain the same in these circumstances.

PART A- CONTACT DETAILS

Pupil details	
Pupil's Name	Date of birth
School details	
School	
School Address	
Parent/Guardian's details	
Contact Name	Contact daytime telephone number
Contact address	

5. ADMINISTRATION OF MEDICINES

- Before any necessary medications are administered, written permission from parents must be given.

[See Administration of Medicines Policy]

Body Spillages

- No person must treat a pupil who is bleeding, without protective gloves.
- Protective gloves are stored in all First Aid boxes and by the Building Supervisor.
- The Building Supervisor will clean such spillages.
- All body fluid spillages (Vomit, diarrhoea and Blood) must be cleaned immediately. This is vital if the spread of infection is to be reduced. Gloves **must** be worn when contact with blood or body fluid is likely.
- Spillages should be placed in a sealed black plastic bag and put in the external dustbins for domestic waste disposal.

Head Lice

- A general letter is sent to the parents of all pupils in a class if there is a case of head lice in the class.
- If live lice are noticed in a pupil's hair the parents are contacted by telephone and asked to collect him/her from class. This will be handled discretely.

Basic Guidance

- If in doubt then check with the trained First aider.
- Minor injuries to be treated by the Class teacher. (Cuts, scratches etc)
- All other injuries to be treated by the First aider.
- All head injuries to be reported to the Principal or First aider ASAP and parent/guardian contacted.
- Parent/guardian to be informed of all major injuries.
- Cook informed of allergies.

APPENDIX 1

CONCUSSION AWARENESS – WHO NEEDS TO KNOW?

The Department of Education has requested that all schools should write to parents/guardians to highlight the need for you to keep all organisations informed if your child receives a concussion injury.

Concussion is a brain injury which is usually caused by hitting the head or a fall. It can happen at any time, anywhere: for example during sports, in the school playground, or at home. Concussion must always be taken seriously and it is vitally important that any child/young person suspected of having concussion should immediately be stopped from continuing whatever activity they are doing and be assessed by a medical professional for diagnosis and guidance.

A second injury when a child has concussion can be extremely serious and may even be fatal. It is vitally important therefore that medical clearance is sought before your child returns to school/play.

Children should not resume physical activities such as Physical Education (PE), sports or games until permitted to do so by a medical professional. Concussion may also affect your child's ability to learn at school. This must be considered and medical clearance should be sought before the child returns to school.

As symptoms vary from child to child, a graduated return to school programme may be needed. If your child suffers a concussion in school or outside school, it is vitally important that you keep all people/organisations with responsibility for caring for your child informed so that they are aware of the potential dangers and any restrictions that may apply to the activities your child is permitted to do.

The 'Recognise and Remove' leaflet produced by the Department of Education and the Department of Culture, Arts and Leisure is available on the Department of Education's website <http://www.deni.gov.uk>, and provides guidance on the signs to look out for.

Keeping everyone informed about concussion is in your child's best interests and parents/guardians have a key role in making sure that information is passed on to their child's teacher, sports coach, youth leader or other care provider.

APPENDIX 2

EA Accident Reporting Form

EA Accident Reporting Form.pdf - Adobe Acrobat Reader DC

File Edit View Window Help

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Part 3: Accident Details

Date of accident*
click to select date

Time of accident*

Was the accident reported to the injured person's line manager?
Select

Video footage available?
 Yes No




Name and address of establishment where accident occurred (if different from above)
establishment

Where did the accident occur?
exact location. e.g. classroom, gym, kitchen, playing fields, corridor.

How did it happen?
detail exactly how the accident occurred




APPENDIX 3

ACCIDENT/ILLNESS FORM.

Date	Time	Pupils Name	Class	Location of incident	EA Form Completed
Details of Treatment and Additional Comments				Name of parent/carer contacted (if applicable)	Y / N
				Child collected Yes <input type="checkbox"/> No <input type="checkbox"/>	Time
				Slip sent home with child Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bump	Cut / Graze	Nosebleed	Asthma	Trip / Fall	Suspected Strain / Sprain / Fracture
Sting	Allergy / Reaction	Seizure	Other:	Parent contacted	Unable to contact Parent.
Parent contacted and has decided child can remain in school.					
				Front	Back
					
				Mark the area of the body which had the injury	
				HEAD INJURY ADVICE Observe your child carefully & should your child suffer any drowsiness, vomiting, visual disturbance, severe headache or complain of feeling generally unwell following this injury, please seek medical advice and take this slip.	
				OTHER INJURY ADVICE If you have any concerns or your child deteriorates please consult a doctor.	
				Parent/Carer Signature:	
 Harmony Hill Primary School Tel: 028 92664501				INCIDENT / ILLNESS REPORT SLIP	
				REPORT SLIP No. 001471	

APPENDIX 4

HEAD INJURY FORM

Date	Time	Pupils Name	Class / Form	Location of incident	
Details of Treatment and Additional Comments				IF IN DOUBT ALWAYS SEEK ADDITIONAL MEDICAL ADVICE	
				Name of parent/carer contacted (if applicable)	Time
Bump	Cut	Slip / Trip	Graze	Fall	Fall from height
Impact	Direct impact to head	Parent contacted	Unable to contact Parent.	Parent contacted & has decided child can remain in school.	The school is of the opinion that your child should consult a Doctor.
				Front	Back
					
				Mark the area of the head where the injury occurred	
				HEAD INJURY ADVICE Observe your child carefully & should your child suffer any drowsiness, vomiting, visual disturbance, severe headache or complain of feeling generally unwell following this injury, please seek medical advice and take this slip.	
				Child Collected?	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Staff Signature:	
 Harmony Hill Primary School Tel: 028 92664501				CONCUSSION POSSIBILITY ALERT	
				REPORT SLIP No. 000061	

APPENDIX 5

HEAD INJURY PROTOCOL

General protocol guidance:

- All head injuries will be seen and assessed by a qualified First Aider.
- A cold compress will be applied.
- If there is any form of bleeding, parents will be informed immediately and (where possible) be asked to collect their child.
- After a head injury a pupil will be supervised for at *least fifteen minutes* even when there are no apparent or obvious symptoms.
- Pupils suffering from a head injury will not be left unattended by school First Aid staff until they are confident that a serious injury has not been sustained.
- **Where there is any immediate doubt or concern about their condition, the school will ensure a child is taken to hospital either by ambulance, accompanied by a member of staff.**
- **The school will insist that any casualty who has sustained a significant head injury is seen by professionals at the hospital, either by sending them directly to hospital (in the case of an adult) or;**
 - **by informing parents that they have called for Emergency Medical support and that they will meet the parents at the hospital**
- Parents, the Principal and Teaching & Non-Teaching staff will be made aware of all significant head injuries sustained in school.
- Where necessary the First Aider will seek information from pupils, or supervising adults, who witnessed the accident.
- The First Aider in charge of treatment will keep a record of each pupil attended to, the nature of the injury and any treatment given. They will also record the time and location of the accident.
- The First Aider will advise the class teacher of the incident as they return to class.
- In the event of a head injury in school, where the injury is of a “non-serious” nature, the First Aider must:
 - Escort the pupil to their class teacher and;
 - Provide a copy of the Head Injury Form to the receiving member of staff.
 - Place a copy of the letter into the First Aid Record file in the Staff Room.
- In the case of (non-serious/non-emergency), when appropriate, parents will receive a phone call from the **pupil’s teacher**, advising them of the injury, and the circumstances of the accident. The parent will be notified that the child has a copy of the school Head Injury Letter in their school bag.
- Copies of the letter will be kept with the class teacher and in the First Aid Record Folder in the Staff Room.

- The class teacher should not rely on a pupil to inform their parent of their injury.
- Whilst the child remains in school they should be supervised to ensure no deterioration in their wellbeing.
- A child remaining in school after a head injury will be advised to avoid running around, playing strenuous games and undertaking PE for the rest of the day.
- The school will not offer the injured child any pain relief unless the school holds a completed and signed medical form giving clear instruction to offer the medicine.

The following signs have been recognised as symptoms of a serious head injury and they should be recognised by all staff.

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults

RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground/Slow to get up
- Unsteady on feet / Balance problems or falling over/Incoordination
- Grabbing/Clutching of head
- Dazed, blank or vacant look
- Confused/Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

<ul style="list-style-type: none"> - Loss of consciousness - Seizure or convulsion - Balance problems - Nausea or vomiting - Drowsiness - More emotional - Irritability - Sadness - Fatigue or low energy - Nervous or anxious - "Don't feel right" - Difficulty remembering 	<ul style="list-style-type: none"> - Headache - Dizziness - Confusion - Feeling slowed down - "Pressure in head" - Blurred vision - Sensitivity to light - Amnesia - Feeling like "in a fog" - Neck Pain - Sensitivity to noise - Difficulty concentrating
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3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week / game?"
- "Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

<ul style="list-style-type: none"> - Athlete complains of neck pain - Increasing confusion or irritability - Repeated vomiting - Seizure or convulsion - Weakness or tingling/burning in arms or legs 	<ul style="list-style-type: none"> - Deteriorating conscious state - Severe or increasing headache - Unusual behaviour change - Double vision
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Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

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APPENDIX 6

RECOGNISE AND REMOVE LEAFLET: DENI GUIDANCE

3. Memory function
 (It is to expect any of these questions correctly may suggest a concussion.)

"What venue are we at today?"
 "Which half is it now?"
 "Who scored last in this game?"
 "What team did you play last week's game?"
 "Did your team win the last game?"

Any athlete with a suspected concussion should be **IMMEDIATELY REMOVED FROM PLAY**, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- An on-field player of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsions
- Weakness or tingling/numbing in arms or legs
- Deteriorating consciousness
- Slower or increasing headache
- Unusual behaviour change
- Double vision

Remember:

- In all cases, the basic principles of first aid (energy, response, danger, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove helmets unless trained to do so.

From McKeown et al., Concussion Assessment and Management in Sport, Br J Sports Med 42:761, 2018
 © 2013 Concussion in Sport Group
<http://ajgm.bmj.com/content/47/5/2673.tl.pdf>

Benjamin Robinson was only 14 years old when he died from second impact syndrome as a result of sustaining a double concussion during a school rugby match in Northern Ireland.

Ben sustained his first concussion at the start of the second half but played on for another 25 minutes and was involved in two further heavy collisions.

If the signs and symptoms of concussion had been recognised earlier, Benjamin would have been removed from play.

RECOGNISE AND REMOVE

"IF IN DOUBT, SIT IT OUT"

CONCUSSION
 Concussion can be fatal, so everyone needs to know the signs.

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www.dca.gov.uk

Department of Education
www.doe.gov.uk

Department of Culture, Arts and Leisure
www.dca.gov.uk

<https://www.education-ni.gov.uk/sites/default/files/publications/de/concussion-recognise-and-remove-leaflet.pdf>

APPENDIX 8 FIRST AID PROCEDURE AT SCHOOL

