



'BE THE BEST YOU CAN BE!'

FIRST AID Policy & Protocols

Lead person responsible:

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Any printed copies or PDF versions should therefore be viewed as "uncontrolled" and as such, may not necessarily contain the latest updates and amendments.

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Aims

To ensure continuity of provision throughout the school concerning Injury, Illness and medication.

Injury

- Children with injuries must be sent to the Welfare Officer (or nominee if the Welfare Officer is unavailable) in the Welfare Room next to the School Office so that the injury is treated and logged.
- During lunch time any injuries are treated by an appointed SMSA (Room 18, year 4 corridor). If needed a member of staff with a First Aid certificate should be called.
- All lunchtime injuries are logged by the SMSAs in their own 'Accident Book'
- A note should be given to the child to see the Welfare Officer after lunch, if the SMSA decides that is necessary.
- The Head teacher must be informed of any serious injury which may be logged by the Welfare Officer on the 'Accident /Incident' section on the Brent Intranet found through the Brent Extranet website in the event of a child being unable to attend school because of injury for longer than 3 days.
- In the event of a staff member being injured a report will be completed on the Accident/Incident section of the Brent Intranet.
- **HEAD INJURIES** must be seen, dealt with and logged by the Welfare Officer (or nominee), and a note completed detailing the injury for parents/carers.

Illness:

If a child becomes ill during the school day they will be sent to the Welfare Officer (or nominee) so it can be logged and dealt with appropriately.

- Contagious illness will be flagged on a notice outside the welfare room / staff informed.

The Head teacher must be alerted to ANY injury or illness needing an ambulance

Medication:

MEDICATION must be seen and logged on by the Welfare Officer

- A Medication Consent form must be completed by the parent/carer
- Medications are kept securely in medical cupboard of the Welfare Room
- We **Do Not** administer antibiotics for safety reasons. Parents and carers must come to school and administer antibiotics themselves, but only after the children have had a 3-day period of rest at home.
- Inhalers (of older children, years 5+6) can be kept in his/her classroom housed & supervised by the Class teacher, however the necessary paperwork and consent form to carry their medication must be completed.
- Medications will be taken and held by an accompanying adult when on a school trip or sporting activity during school hours.
- Members of staff must be aware of any child in their class with an IHCP and any emergency medical procedure in the event of an emergency.

On a residential trip

- MEDICATION will be held by the designated person in charge of First Aid on that trip
- Consent forms to be held by the designated person, stating Medical Condition, Medication, dosage & frequency and signed by the Parent/Carer.
- An additional form consenting to Paracetamol or equivalent being administered if needed, must also be considered & signed by the Parent/Carer. This will be held by the designated person on the trip.

All classrooms have a copy of:

- First Aid Policy
- Basic First Aid Guidelines (Appendix 1)
- Resuscitation
- DRSAB (**D**anger/**R**esponse/**S**hout/**A**irway/**B**reathing)
- Communicable Diseases

The SMSAs have a copy of:

- SMSA First Aid guidelines
- Whole School Medical Alert list for specific academic year.
- Whole School Physically Disabled
- List of First Aiders

Appendix 1 - Basic First Aid Guidelines

REMEMBER

In any situation where first aid is needed;

- **always** get help!
- **always** check for danger to yourself, you are of no use if you incur injuries while trying to help someone else!

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Cuts & Grazes

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Shock!

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Asthma:

Always to be taken seriously

Causes vary, but it is generally agreed several common factors may contribute and precipitate an asthma attack;

- colds /chest infections
- allergies (ingested and environmental)
- weather
- exercise
- emotional factors.

The muscles of the air passages in the lungs go into spasm causing inflammation and narrowing of the linings. This leads to reduced air flow, breathing difficulty and, in extreme cases death.

Symptoms may include; dry cough, distress, difficulty breathing, hunched shoulders.

Medication;

- **Reliever e.g. Ventolin/Salbutamol (blue /used in school)**
- Preventer e.g. Becotide (brown)

Both medications are usually provided in the form of an inhaler.

In the event of an attack:

- Reassure the child, speak calmly
- Administer **reliever inhaler** (several puffs as prescribed for child)
- Inhalers are kept in the medication cupboard in the medical room.
- Open airways - sit casualty at a desk/table, resting on elbows lean them forward, relaxing lung cavity.
- Ask child to focus attention on BREATHING OUT SLOWLY. This may help minimise gasping for air and calm the breathing down.

If there's no change after administering inhaler and attempting to open airways call 999 immediately!

Allergies

Causes of an allergic reaction may be due to something ingested or environmental factors.

They commonly include;

- Specific foods, dust, pollens, insect bites, chemicals, which might cause asthma symptoms, hay-fever, or skin reactions.
- Allergies to perfume, soap and certain foods may give rise to a rash and/ or itching.

Medication; a range of antihistamine medication taken as a tablet or syrup. These include Piriton, Clarityn, Cetirizine, Loratidine.

Severe allergic reaction to insect bites or food (e.g. peanuts/eggs) may lead to ANAPHALACTIC SHOCK....

Anaphylactic shock

Several children in school have severe allergies (see *Medical Alert Register*), which may lead to the life threatening reaction of anaphylactic shock.

- In this instance an Epinephrine Auto Injector (**EPIPEN** Adrenaline) must be administered following the child's personalised action plan lodged with medication. In the event of an auto-injector being used an ambulance must be called.
- Children with severe allergies have an individual health care plan (IHCP). Their action plan is kept with their EPIPEN and medication in the medical room.

The Individual Health Care Plan (IHCP) will outline what symptoms to expect and medication requirements specific to the child. A copy of the action plan is filed together with their medication.

Members of staff who teach a child with an IHCP will familiarise themselves with instructions to follow in the event of an emergency.

For full instructions for the use of EPIPEN:

see Appendix C: p1-3 of Medical Needs Policy in this policy

- Symptoms; Red, blotchy skin eruptions, puffy skin around eyes, impaired breathing (tight chest and/or severe breathing difficulty), severe shock
- Medication; follow instructions specific to the child on their IHCP.
In the event of using an EPI PEN an ambulance must be called.
- An Emergency Medication Form must be completed (Appendix C: p3)*

Convulsions and Seizures

Causes of convulsions and seizures are varied and include; infection, overheating or a medical condition called EPILEPSY.

Children in school with EPILEPSY are on the Medical Alert List and have an IHCP (Individual Health Care Plan).

If a seizure lasts 5 minutes or longer, emergency medication BUCCOLAM or equivalent will be administered and an ambulance called.

(Full emergency medication guidelines can be found with the child's IHCP and also in Appendix C: p4)

Signs & Symptoms: the child may complain of headache or feeling tired before an episode. At the onset they become unresponsive, their eyes may glaze over. They may collapse and have uncontrollable jerking of body and limbs lasting up to several minutes.

What to do:

Send for help. It is important to stay calm and make sure the child is safe. Clear away furniture, obstacles and onlookers. If possible place a cushion under their head, (unlikely during the convulsion).

Do not move them unless they are close to danger ie water.

As they come round they will not be aware of having had a seizure so may need reassurance. Cover with a blanket/coat to preserve modesty in case they wet themselves.

Place in the recovery position, if unsure of this, turn the casualty on their side and support.

In all cases parent/carers must be informed.

Note:

During swimming sessions children with a history of EPILEPSY must have a swimming buddy and members of staff to be on alert at all times.

CPR (Cardiopulmonary Resuscitation)

See resuscitation notes Appendix (separate sheets) at back

Cuts & Grazes

- Clean with copious amounts of water. Cover if bleeding.
- If severe apply direct pressure, keep covered. If bleeding continues (soaking through the dressing/s) apply a second dressing on top. Keep pressure applied. CALL 999...
- Keep checking for signs of shock (see Shock)

Eye Injuries

Blows to the Eye

- Immediately apply ice compress to the eye to reduce pain and swelling

For Pollen Irritants

- Use antihistamine eye drops to help control itching.

- You can also use an individual eye wash (water) to flush out the eye and help relieve irritation.

Foreign body in the eye

- DO NOT RUB
- If dirt or dust - Flush with copious amounts of clean water
- If after examination the piece is embedded in the eye, do not dislodge, cover loosely with a clean dressing and remove to hospital.
- Consider covering the other eye to minimise eye movement in affected eye.

Falls

Down Stairs – alert Welfare Officer/1st Aider

- **DO NOT MOVE** - check if conscious/unconscious. Call name...
- Check for - Broken bones, blood from eyes, nose, ears....call 999/112
- Cuts & grazes, check severity and remove to hospital or monitor, as needed.

Head Injuries

All head injuries, no matter how insignificant must be reported to Welfare Officer, or whoever is covering welfare to be logged and a note sent home and if necessary, the child monitored

Cuts and bumps

- **Important** to find out how the injury occurred.
- Check reactions of casualty – coherent answers to questions / head movement
- Check Eyes – Are they glassy? Are the pupils (1 or both) fixed?
If yes remove to hospital. Inform parents.

Other Symptoms – headache, signs of feeling sick, nauseous, disturbed vision or dizziness, may indicate possible concussion – inform parents/carers remove to hospital

Unconscious - before or after injury- Call 999/112.....

NOTE: Most bumps & cuts are superficial & need only be treated with ice, to keep swelling down, or cleaned with cool, clean water.

Medication in school (see also separate medical policy for info/forms)

Medicines to be administered in school must be accompanied by a signed consent form (available from welfare) or a letter from the parent/carer consenting to their use.

All letters must be brought to welfare directly, so that the correct paperwork can be completed and filed.

In the case of Antibiotics the child must be absent from school for the first 3 days of the course. This is to limit the spread of infection and for child's own protection, as their immune system will be suppressed.

Nosebleeds

These are very common in children who may be sensitive to 'overheating' or in children who have colds or hay fever.

Have casualty sit quietly and use a tissue to pinch nose firmly. Wait for the flow to subside.

If there is no improvement in 15 minutes, remove to hospital.

Shock

Shock is the result of trauma onset by injury (may be minor), blood loss or an extreme emotional situation. It can be defined as failure of the circulation, resulting in an inadequate supply of blood to vital organs.

Shock should be treated as an emergency, as symptoms may quickly escalate leading to a life threatening situation.

Symptoms include

- A rapid pulse
- Grey/blue skin (especially lips)
- Sweating, cold, clammy skin
- Weakness, feeling giddy

Then later

- Nausea or thirst
- Rapid, shallow breathing
- A weak pulse

Eventually

- Restlessness
- Gaspings for air
- Unconsciousness
- Cardiac arrest

What to do

Stay with the casualty (unless you must leave to dial 999/112), don't let them eat, drink (or smoke!!!!) Loosen any tight clothing, lay them down and elevate their feet, monitor their breathing. Be aware that your casualty could need CPR resuscitation from this point...! (See notes at back).

Sports Injuries

As teachers you are likely to be the first people to witness any sporting injuries, your observations are important. So, if the child stops crying after reassurance, the injury is unlikely to be serious. Screaming and/or total silence can be possible causes for concern.

(Remember, you know your own class and if you think something is wrong, you are probably right).

Any head injury, no matter how seemingly insignificant must be reported, to welfare, or whoever is covering welfare so that it can be logged and a letter sent home and monitored)..

Stings

Complications - Anaphylactic shock (see child's IHCP) and Anaphylaxis

Recognition

- *Wasp sting* - Raised, blotchy red/white lump – unlikely to contain sting.
Remove the sting by scraping it sideways, then wash the area with soap and water, apply cold compress, avoid scratching.
- *Bee sting* - similar to wasp but paler in colour
- & usually contains sting.
Remove the sting by scraping it sideways, then wash the area with soap and water, apply cold compress, avoid scratching.

Stroke – F A S T

Always get help- Call 999/112

If you suspect someone has had a stroke there are 3 questions to ask;

- **F** – face ask them to smile - Does their smile look lopsided? No response? Possible nerve damage
- **A** – arms ask them to raise both arms - Does one drift down? Check movement on both sides of the body
- **S** – speech ask them what happened - Cognitive response, (if they can tell you there is no brain dis-function)
- **T** – time to call an ambulance

Loss of Consciousness

Alert another member of staff/ First Aider

If someone appears to be unconscious find out what happened.

Are there dangers surrounding them? Did they fall over an obstacle? Did they slip on some liquid? Were they working on or with something electrical (if so, do not approach)? Did something fall on them? If there are people around get as much information as possible.

Send for help.

As a general rule:

CALL AN AMBULANCE.....Preferably get someone else to do it

Don't leave the casualty alone (except to call 999/112)- reassure

If everything around you is safe, proceed thus:

- Gently shake the casualty, calling their name or something like "Hello, can you hear me?" Speak clearly and loudly. Say loudly in opposite ear "Open your eyes" NO RESPONSE ~ Call for help now! (if you haven't already).
- Check for response ~ Breathing? Any blood, signs of broken bones? (use gloves if possible)
- Look for movement around the neck and chest.
- If there are any life-threatening conditions ~ control bleeding, support fractures etc.
- Tell helper to call an ambulance & tell them
" You have an unconscious casualty who is breathing and you will put them into the recovery position" (if you can). Ask the helper to return after making the call, bringing with them a first aid kit, the defibrillator machine and a blanket (foil).
- Keep talking to reassure the casualty, they probably can still hear you.
- Monitor & record casualty's responses every 10 minutes until help arrives.
- If casualty is not breathing commence CPR (see notes at back)

FINAL THOUGHT:

While many of these problems are simply dealt with, some might have far reaching implications. If you want a demonstration of CPR or anything else (Recovery Position for instance) or just want to ask any questions do come and talk to me in the medical room.

Please make yourself familiar with your class medical trip form.

Appendix 2 – Resuscitation

The following information is intended as a brief guide. Even though you may not be a designated First Aider, any initial steps you are confidently able to take, attending a casualty, alerting help or making the environment safe, may make all the difference to the outcome in the event of an emergency.

Resuscitation

Remember

Once you begin the sequence of CPR keep going until help arrives or until you are too exhausted to carry on, it is not a task one should take on lightly. While it is unlikely that you will get your casualty to recover in the field, your efforts may well keep the casualty alive until professional help arrives at the scene.

What to look for - Unconscious and not breathing child

If the child is not responding to you and you think they are unconscious, ask loudly 'What's happened? Or say to them: 'Open your eyes!' Place one hand on their shoulder and tap gently. If they still do not respond, it's likely that they're unconscious.

Open their airway (by lifting the chin 3 or 4cms) and check to see if they are breathing lowering your ear to their mouth and looking towards their chest, listening for the sounds of normal breathing and seeing if you can feel their breath on your cheek.

If they are not breathing, you need to start [CPR](#) (cardiopulmonary resuscitation – a combination of chest compressions and rescue breaths) straight away.

What you need to do - Unconscious and not breathing child

Raise the alarm. If someone is with you, get them to call 999 or 112 for emergency help. Tell the person to let emergency services know you have an unconscious casualty (child) who is not breathing and that you are starting CPR. Also ask them to return bringing a First Aid kit and a Defibrillator (available downstairs in the infant medical room).

If you're on your own, you need to give one minute's worth of **CPR – cardiopulmonary resuscitation** - before you call for help. This involves giving chest compressions and rescue breaths to keep the child's circulation going.

How to perform CPR on a child

Kneel down beside the child on the floor, level with their chest.

Give five initial rescue breaths before starting the sequence of 30 chest compressions and two rescue breaths.

How to give a rescue breath

Step 1 of 7:



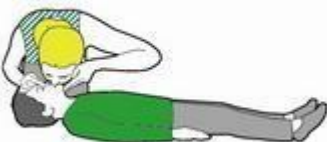
- Ensure the child's airway is open.

Step 2 of 7:



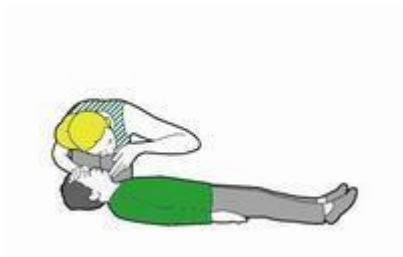
- Pinch their nose firmly closed.

Step 3 of 7:

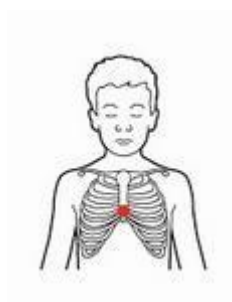


- Take a deep breath and seal your lips around their mouth.
- Blow steadily into the mouth until the chest rises.

Step 4 of 7:

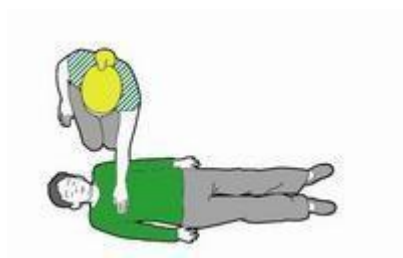


- Remove your mouth and allow the chest to fall
- Repeat this two times more.
- Now Give 30 chest compressions.



- Place the heel of one hand towards the end of their breastbone, in the centre of their chest, making sure you keep the fingers off the ribs.

Step 5 of 7:



- Lean over the child, with your arm straight, pressing down vertically on the breastbone, and press the chest down by at least one-third of its depth.
- Release the pressure without removing your hand from their chest. Allow the chest to come back up fully – this is one compression.
- Repeat this 30 times, at a rate of about twice a second or the speed of the song 'Staying Alive'.
- Now give two rescue breaths.

Step 6 of 7:



- Release the pressure without removing your hand from their chest. Allow the chest to come back up fully – this is one compression.
- Repeat this 30 times, at a rate of about twice a second or the speed of the song 'Staying Alive'.
- Now give two rescue breaths.

Step 7 of 7: Call for help



- Remember to call for emergency help after about a minute if you are on your own.
- Carry on giving 30 chest compressions followed by two rescue breaths for as long as you can, or until help arrives. If the child starts breathing normally again, stop CPR and put them in the recovery position.

Appendix 3 - D.R. S.A.B.

When assessing the situation, you may remember

DR SAB

Danger check for safety

Response check casualty is conscious

Shout Call for HELP!

Airway the passage through which we breathe –check it is clear

Breathing check to confirm that the casualty is breathing – what we do next depends on what we find.....



sja-emergency-first-aid-advice---poster.pdf

Ask me emergency first aid advice

If you find yourself in an emergency situation, try to stay calm and do what you can until emergency help arrives.

Assess the situation

- > Is it safe to approach the casualty?
- > Don't put yourself in danger

Stay calm

- > Try to think clearly
- > Comfort and reassure the casualty

Give emergency help

- > Prioritise the most life threatening conditions
- > Try to treat any casualties where you find them
- > Ask bystanders to help you if they can
- > Call 999/112 for emergency help

The Primary Survey

- > Use **DR ABC** to identify life threatening conditions
- > Remember the unresponsive casualties are at greatest risk.

Remember

- D**anger
- R**esponse
- A**irway
- B**reathing
- C**irculation

What to do if someone is unresponsive

1. Open their airway
2. Tilt head



3. Check for normal breathing for up to 10 seconds



4. If they're breathing normally:

- > Put them in the recovery position
 - > Then call 999/112 for emergency help
- If they're not breathing**
- > Call 999/112 for emergency help
 - > Start CPR.



What to do if someone is unresponsive and not breathing normally

1. Call for help

- > Tell them to call 999/112 and find an AED



2. Pump

- > Give 30 Chest compressions at a rate of 100-120 per minute



3. Breathe

- > Give two rescue breaths. If unwilling or unable, do chest pumps only



Continue to pump and give rescue breaths until help arrives.

What to do if someone is bleeding

1. Press it



2. Call 999/112 for emergency help



3. Secure dressing with a bandage to maintain pressure

4. Treat for shock.



What to do if someone is in shock

1. Lie them down

- > Their legs should be raised and supported



2. Call 999/112 for emergency help



3. Loosen any tight clothing

4. Keep them comfortable and warm

5. Monitor their level of response

- > If they become unresponsive prepare to give CPR.

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saves lives
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During a pandemic, please refer to the UK resus council at www.resus.org.uk for any CPR practice changes.

St John
Ambulance



Appendix 4 – Drowning

With all possible drowning incidents, the casualty must be removed to hospital, in case of a condition called “secondary drowning” where water may have entered the lungs causing irritation and the air passages to swell.

Aims

- To restore adequate breathing.
- To keep the casualty warm.
- To arrange removal to hospital.

What to do:

- Get the casualty to dry land with minimum danger to yourself – you are useless to the casualty if you get hurt.
- Do not get into the water unless there is no other way of effecting a rescue.
- Get help
- Get someone to call an ambulance - 999/112
- Lay the casualty on their back on a rug, coat or towel.
- Open the airway and check breathing. Be prepared to resuscitate if necessary.
- Keep the casualty warm.
- Place in the recovery position if they are breathing.
- Comfort while waiting for transportation to hospital.

Appendix 5 - Communicable Diseases & Incubation/ Exclusion Periods

Communicable diseases and their exclusion periods

<u>Disease</u>	<u>Incubation period</u>	<u>Minimum period of exclusion</u>
Chickenpox	14-21 days	6 days (from onset of rash)
German Measles	14-21 days	4 days (“ “)
Measles	10-15 days	7 days (“ “)
Mumps	18-21 days	until swelling goes (7days)
Whooping Cough	7-10 days	21 days from onset
Conjunctivitis	1- 3 days	until fit/adequate treatment

Skin infections

Impetigo	N	until healed/unless covered
Lice	O	none
Ringworm	N	until treated/covered
Scabies	E	until treated