



# Kingsway Junior School

*'Developing Confident, Enthusiastic and Happy Learners!'*

## First Aid Policy for Kingsway Junior School

Responsible committee	Governing Body
Date Reviewed	Summer 2026
Next Review	Summer 2027
Signed on behalf of the Governing Body	<i>Caroline Loison</i>
Print Name	Caroline Loison

### **Dignity Statement**

Kingsway Junior School is committed to providing a learning environment where all children are treated with dignity and respect. As stated in the UN Convention on the Rights of the Child, all children are born with dignity, which cannot be taken away, regardless of behaviour, ability, disability, race, economic background, gender, sexuality or beliefs. Duty Bearers' protection of children's rights affords them this dignity and allows them to access education free from barriers.

# Kingsway Junior

## First Aid Policy

### 1. Rationale

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school. This care should extend to emergency first aid provision, the administration of medicines and dealing with Asthma and headlice.

### 2. Purpose

This policy;

1. Gives clear structures and guidelines to all staff regarding all areas of first aid and medicines
2. Clearly defines the responsibilities and the staff
3. Enables staff to see where their responsibilities end
4. Ensures the safe use and storage of medicines in the school
5. Ensures the safe administration of medicines in the school
6. Ensures good first aid cover is available in the school and on visits

### 3. Guidelines

3.1 This policy has safety as its priority, safety for the children and adults receiving first aid or medicines and safety for the adults who administer first aid or medicines. It is given to all new staff to the school as part of their induction pack. The policy is regularly reviewed and updated.

3.2 The administration and organisation of first aid and medicines provision is taken very seriously at Kingsway Junior School. There are annual procedures that check on the safety and systems that are in place in this policy. The school also discusses its first aid and medicines procedures with the school nurse each year. Adjustments are made immediately if necessary.

### 4. First aid in school

#### 4.1 Training

All support staff are given emergency first aid training. Fully trained first aiders attend retraining courses as required. There should always be one fully trained first aider on the school premises at any one time.

#### 4.2 First aid kits

An appointed first aider is designated in the first aid area during break and lunch to attend to any first aid requirements. There is a designated first aid kit.

First aid kits are stored in the office. All classes have an emergency first aid kit that the teacher keeps in a convenient place. These are checked and restocked at the beginning of each term by a nominated member of staff.

#### 4.3 Cuts

The nearest adult deals with small cuts. All open cuts should be covered after they have been cleaned. Children should always be asked if they can wear plasters BEFORE one is applied. Children who are allergic to plasters will be given an alternative dressing.

Any first aider can treat more severe cuts, but a fully trained first aider must attend the patient to give advice. Cuts, except very minor ones, should be recorded in the accident file and parents informed.

ANYONE TREATING AN OPEN CUT SHOULD USE RUBBER GLOVES. All blood waste is disposed of in one of the Yellow bins (located in the Disabled Toilet and the Female toilets by the school office).

#### **4.4 Bumped heads**

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack. A 'Bumped Head' letter must be given to any child who bumps their head. The child's teacher must be informed so that he/she can keep a close eye on the progress of the child. ALL bumped head incidents should be recorded in the accident file. Parents and guardians must be informed BY TELEPHONE if the injury is serious or a txt message will be sent if it is less serious.

**When you receive a text message – please reply yes to having received it.**

#### **4.5 Accident file**

All accident files are located in the school office. Old files are archived in the school office. More serious injuries, requiring the attention of a first aider are recorded in the same file which is also kept in the school office.

In the event of a record being entered, it will be filed in date order. Every child has their own sheet. Records of different children must not be entered on the same sheet.

For major accidents an online accident form needs to be completed on SOLERO within 24 hours of the accident. The Headteacher needs to be informed of all accidents.

#### **4.6 Calling the emergency services**

In the case of a major accident, it is the decision of the fully trained first aider or any staff member if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision.

If a member of staff is asked to call the emergency services, they must:

1. State what has happened
2. Provide the child's name
3. Provide the age of the child and their date of birth
4. State whether the casualty is breathing and/or unconscious
5. Give the location of the school

In the event of the emergency services being called, a member of the Admin staff OR another member of staff, should wait by the school gate on Briar Rd and guide the emergency vehicle into the school.

If the casualty is a child, their parents should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are clearly located in the school office.

## **5. Medicines in School**

### **5.1 What can be administered?**

The school is able to administer prescribed medication, and Hayfever medication. Parents need to complete a 'Parental agreement for school to administer medicine' form setting out the details of the medication to be administered (see Supporting Pupils with Medical Conditions Policy).

Medicines are locked in the cupboard in the office and two members of staff sign when medication is given

### **5.2 Creams**

In exceptional circumstances we may administer creams for skin conditions such as eczema if we have written authorisation from the child's parents/carers. **HOWEVER**, the cream has to be administered by the child.

### **5.3 Asthma and other medical problems**

At the beginning of each academic year, any medical problems are shared with staff and a list of the children concerned and their conditions is kept in the class register. New photographs and signs are made of children with severe medical problems such as severe allergies.

These signs and notices are displayed,

1. In the school office
3. In the school kitchen (if food allergy)
4. In the staffroom

### **5.4 Adrenaline auto injectors (AAI) and anaphylaxis shock training**

Some children require AAI's to treat the symptoms of anaphylaxis shock. AAI's are all kept safely in the school office. Staff receive regular training on the use of when there are pupils in school who require their use. Children who require these AAI's are listed in as 5.3 above. A spare AAI is kept in the school office and can only be administered with prior written permission by the parent.

### **5.5 Inhalers**

Inhalers are kept in the school office. Key Stage 2 children are expected to take their inhalers with them whenever they do rigorous activity.

### **ASTHMA SUFFERERS CANNOT SHARE INHALERS.**

A spare inhaler is kept in the school office. Children who have written prior permission are able to use this inhaler in the event of an emergency.

In the event of a child having an asthma attack, who has no inhaler, the parents must be sought quickly by phone to give permission for the administration of someone else's inhaler. If parents cannot be located, then the emergency services will be contacted and they would give permission for the sharing of the inhaler.

### **5.6 Headlice**

Staff must not touch children and examine them for headlice. If a child is suspected of having headlice Parents/Carers must be informed and asked to examine them. When we are informed of a case of head lice in school, we send a standard letter and or txt message to the class where the case has been identified.

### **5.7 Vomiting and diarrhoea**

If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until 48 hours has elapsed after the last symptom.

### **5.8 Chicken pox and other diseases, rashes**

If a child is suspected of having chicken pox etc, we will look at their arms or legs. To look at a child's back or chest would only be done if we were concerned about infection to other children. In this case another adult would be present and we would ask the child's permission.

If a child has any of these infections they will need to stay off school for a prescribed period of time. The Headteacher or school office will advise the parent of the timescales.

## **6. Monitoring and review**

6.1 The effectiveness of this policy will be monitored by the Governing Body.

6.2 This policy will be reviewed every two years.