



'OPENING DOORS OF  
OPPORTUNITY TOGETHER'

## FIRST AID POLICY

REVIEWED FEBRUARY 2024



## Mission Statement

*Meadow Bridge Primary School aims to foster a safe, happy and caring environment where each child's personal development is nurtured.*

*Every child's educational journey is enhanced and their lives enriched through stimulating learning experiences.*

*Equal emphasis will be placed on pastoral care and on ensuring each individual reaches his or her academic potential, equipping them for the future.*



## **FIRST AID POLICY**

Meadow Bridge Primary School is committed to providing emergency First Aid provision in order to deal with accidents and incidents affecting pupils, staff, and visitors.

The arrangements within this policy are based on the results of a risk assessment in respect of pupils, staff and visitors.

Meadow Bridge Primary School will take all reasonable precautions to ensure the safety and wellbeing of its pupils and staff. Details of such precautions are noted in the school's Health and Safety Policy, Administration of Medications Policy, and Critical Incident Policy.

School will ensure that adequate and appropriate First Aid equipment is available, personnel are trained and that the correct First Aid procedures are followed.

### **School's Arrangements for Providing First Aid**

- The Principal and Board of Governors approve, implement, and review the First Aid Policy on a two-yearly basis.
- All employees are informed of the First Aid procedures to be followed and their specific duties.
- Accidents will be recorded on either the Notification of Accident to Pupil and Member of the Public form (Appendix 1), or Notification of Accident to Employee form (Appendix 2), which will be sent to the Education Authority (and a copy retained in school).
- Minor First Aid administered to pupils will be recorded in the Class Incident Book which is passed along with the class when they move to subsequent year-groups.
- Equipment and materials required to provide First Aid treatment, will be provided.
- Arrangements will be made with the Education Authority, CASS, to ensure that First Aid training is provided to First Aiders, with a record of all training being maintained by Ms Stirling. Training updates and requirements will be reviewed annually.
- An established procedure is in place for managing accidents in school which require First Aid treatment.
- Employees are informed of First Aid arrangements.
- A risk assessment regarding First Aid requirements is in place, is reviewed on a regular basis, and updated as required.
- The First Aid risk assessment determines the number and level of trained staff in addition to any additional requirements (eg specialised training for children with specific medical needs).
- A parent/guardian will be advised if First Aid treatment has been given to their child.

## First Aid

First Aiders are appointed, following the guidance contained in the HSENI publication 'First Aid at Work'. Posters providing details of school's First Aiders are displayed in Resource Areas, the Office, and the Staff Room.

**The Designated First Aider is: Ms R Stirling**

**School First Aiders are:**

- Ms R Stirling**
- Mr A McCollum**
- Mrs V McCready**
- Mrs M Megarry**
- Ms E Woods**

## First Aid Boxes

- First Aid boxes are held in each Resource Area, the Hall, Classrooms, and the Office.
- Boxes are checked on a regular basis by the appointed person and restocked as required.
- All staff have access to a supply of disposable gloves and dry-pack instant ice pack for emergencies.
- A travelling first aid kit is available to be taken on educational visits. The staff member in charge of the trip advises Ms Stirling if items are used.

A standard First Aid Kit contains the following items:

- General First Aid advice leaflet
- Individually wrapped sterile adhesive dressings in assorted sizes
- Triangular bandages
- Sterile eye pads
- Safety pins
- Selection of wound dressings
- Disposable gloves

## Accident and Injury Reporting

Accidents resulting in an injury to a child are recorded in a Class Incident Book; more serious accidents are reported to the Education Authority on the Accident to Pupil (and Member of the Public) form (see Appendix 1) and a copy retained in school.

An accident involving injury to a child will initially be dealt with by either the child's teacher or an adult on duty.

If there is any concern about the injury, one of the trained First Aiders will be consulted.

When dealing with an injury involving blood, staff must wear disposable gloves and ensure that waste is disposed of securely.

Hands must be washed thoroughly after performing First Aid procedures.

Blood or bodily fluid spills will be cleaned up immediately, having treated the patient.

If there is any concern whatsoever regarding the injury, eg, a head injury, school will contact a parent promptly.

If the parent cannot be contacted and school deems it important, the family doctor or emergency services (999) will be contacted.

If the pupil requires hospital treatment and parents cannot be contacted, two members of staff will accompany the child.

First Aid training will be undertaken and updated as required.

Training/updates for specific needs will be taken by all relevant staff as required, eg Asthma, EpiPen training, etc.

### Accidents Involving Bumps to a Pupil's Head

The consequence of an injury from an accident involving a bump or blow to a pupil's head is not always evident immediately and the effects may only become noticeable after a period of time.

A parent/guardian will therefore be informed of any knock or bump to a pupil's head, regardless of whether or not emergency treatment is required. Where possible this will be done in person or via telephone. If this hasn't been possible, a Notification of a Head Injury Form will be sent home with the child (Appendix 3).

### Transport to Hospital or Home

The Principal will determine the appropriate action to be taken in each case. Where the injury requires urgent medical attention, an ambulance will be called and the pupil's parent or guardian will be notified. If hospital treatment is required, the pupil's parent/guardian will be contacted to take over responsibility. If contact cannot be made with a parent/guardian, or other designated emergency contacts, the Principal may decide to transport the pupil to hospital.

The following points will be adhered to when the Principal is required to make arrangements for transporting a child:

- Only staff cars which are insured to cover such transportation will be used.
- An individual member of staff will not be permitted to be alone with the pupil in a vehicle.
- A second member of staff will be present to provide supervision for the injured pupil.

## Illness

Children who are sick or ill will be attended to in the first instance by their class teacher. If considered necessary or appropriate, a First Aider will be contacted. If it is decided that the child should go home, the parent or guardian will be contacted to arrange collection.

A child who has been physically sick should remain at home for at least 48 hours (Public Health Agency guidelines).

## Educational Visits

- Prior to undertaking an educational visit or class trip, teachers will complete a risk assessment form for the trip and obtain a risk assessment for the destination.
- Adequate First Aid equipment must be taken and carried.
- Kits will be checked well before the date of the visit to ensure they are adequately stocked.
- Teachers will keep a list of all children in their class who are known, on occasions, to require medication.
- Teachers will ensure that they take with them the appropriate medication in named boxes for children who may require it on the trip, eg inhalers or EpiPens.
- A list of contact numbers for all pupils on the trip will be printed and taken by the teacher in charge.
- Staff will be prepared for travel sickness, seating any children likely or known to be travel-sick, towards the front of the coach.
- Travel-sick children will be cared for by the teacher or another member of school staff.
- School's regular First Aid procedures will be followed, as previously outlined.

## Automated External Defibrillator

An AED is a safe, easy-to-use, very effective, compact, portable device, designed for use by lay persons to deliver a high energy electric shock to a victim of Sudden Cardiac Arrest. The AED automatically diagnoses heart rhythm and determines if a shock is required. The machine guides the operator through the process by verbal instructions and visual prompts. AEDs are safe and will not allow a shock to be given unless the heart's rhythm requires it

**School's AED is located in a box to the right of the Office window.**

AED procedure training is arranged for members of staff and batteries are checked regularly by Ms Stirling and replaced as required.

- APPENDIX 1 -



EDUCATION AUTHORITY

ACCIDENT TO PUPIL & MEMBER OF THE PUBLIC FORM

This form must be fully completed by the Principal/Safety Co – ordinator or other senior management appointee and not by the injured party in every case of an accident to a pupil and should be forwarded to Education Authority, Health and Safety Section, 40 Academy Street, Belfast, BT1 2NQ. . (Please complete all sections below in BLOCK CAPITALS using black ink or black ball point). Please ensure that ALL information is completed on the form ie DATE OF BIRTH, HOME ADDRESS, NAME OF SCHOOL, DATE OF ACCIDENT!

1. Full name of injured person \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_  
Sex: Female  Male  (tick appropriate box)
3. Home Address: \_\_\_\_\_
4. Name of School: \_\_\_\_\_
5. Address of School: \_\_\_\_\_
6. Description of injury sustained: \_\_\_\_\_  
(e.g fracture, bruise, painful, if to a limb please state left/right)
7. Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm
8. Date reported: \_\_\_\_\_ To Whom: \_\_\_\_\_
9. Where did the accident happen? \_\_\_\_\_
10. What was injured person doing? \_\_\_\_\_
11. How did the accident appear to happen? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. If machinery, plant or vehicle was involved, please state details: \_\_\_\_\_  
\_\_\_\_\_
13. Was any person other injured at the same time: Yes  No
14. Was medical attention required:
  - a) Hospitalised  Name of Hospital/Clinic \_\_\_\_\_
  - b) Outpatient  Name of Hospital/Clinic \_\_\_\_\_
  - c) Doctor  Dr's Name \_\_\_\_\_
  - d) First Aid  FA's Name \_\_\_\_\_
15. Was person treated in hospital for more than 24 hours: \_\_\_\_\_
16. Did injury necessitate absence from school? (not applicable for MOP) Yes  No   
If so please state return: \_\_\_\_\_
17. Names and Addresses of all witnesses to Accident: (please use section on the back of this document to describe your version of events in detail).

Name	Address	Status (e.g Pupil, Adult)
_____	_____	_____
_____	_____	_____
_____	_____	_____
18. Name of supervisor at the time of the accident: \_\_\_\_\_

SIGNED (Principal): \_\_\_\_\_ DATE: \_\_\_\_\_

**STATEMENT OF WITNESS/WITNESSES**

a) Name and Address of Witness

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b) Did you actually see the accident take place?

Yes  No

Where exactly were you at the time?

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c) Please describe what you saw happen?

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DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

For Office  
use only

Initials \_\_\_\_\_ Date \_\_\_\_\_

Notification to: Dept of H & S

T & S/Health & Safety  HR

This form must be completed online and may be accessed by clicking [here](#).



- APPENDIX 2 -

EDUCATION AUTHORITY

NOTIFICATION OF ACCIDENT TO EMPLOYEE

This form should be completed in respect of all accidents to employees including teaching staff and forwarded to the Education Authority, Health and Safety Section, 40 Academy Street, Belfast BT1 2NQ. Any communication received on or behalf of the injured employee should be forwarded immediately unanswered.

No admission of liability or promise to make any payment should be given to any person.

PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK OR BLACK BALL POINT

1 School/Location \_\_\_\_\_  
Address \_\_\_\_\_

2 Employee's Name \_\_\_\_\_  
Address \_\_\_\_\_

Nat Ins Date of  
No Birth Occupation \_\_\_\_\_

3 Location of Accident \_\_\_\_\_

4 Date and Time of Accident \_\_\_\_\_

5 On the day of the accident between what hours  
(a) was the employee expected to work \_\_\_\_\_ to \_\_\_\_\_  
(b) did the employee actually work \_\_\_\_\_ to \_\_\_\_\_

6 How did the accident happen? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7 Date accident reported by employee \_\_\_\_\_

8 To whom was it reported? \_\_\_\_\_

9 Names and Addresses of Witnesses *(Statement on reverse to be completed)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10 Nature and severity of injury (if to limb or eye state right or left)  
\_\_\_\_\_

11 Name and status in School of anyone providing medical attention  
\_\_\_\_\_

12 Did injured person attend hospital? If so state which hospital/address  
\_\_\_\_\_

13 Has injured person returned to work? - if so state date of return  
\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Principal/Warden/Supervisor

**STATEMENT OF WITNESS**

**a**      **Name and Address of Witness**

\_\_\_\_\_

\_\_\_\_\_

**STATUS** e.g EA Employee, member of the public

\_\_\_\_\_

**b**      **Did you actually see the accident take place**

YES                          NO   

**Where exactly were you at the time**

\_\_\_\_\_

\_\_\_\_\_

**c**      **Please describe what you saw happen**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

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**a**      **Name and Address of Witness**

\_\_\_\_\_

\_\_\_\_\_

**STATUS** eg EA Employee, Member of the Public

\_\_\_\_\_

**b**      **Did you actually see the accident take place**

YES                          NO   

**Where exactly were you at the time**

\_\_\_\_\_

\_\_\_\_\_

**c**      **Please describe what you saw happen**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Notification of a Head Injury**

Dear Parent/ Guardian

Your child ..... received a bump on their head today whilst attending school.

Description of how head injury occurred:

.....

.....

.....

.....

A School First Aider assessed your child. Although no problems were detected at the time, we request that you observe your child for the next 24 hours for any of the following symptoms:

- Blurred vision
- Drowsiness
- Nausea or vomiting
- Severe headache
- Confusion
- Slurred speech
- Unresponsiveness
- Clumsy, staggering, or dizziness
- Bleeding from ears or nose

**Contact your GP or the nearest Accident and Emergency Department if you notice any of the above symptoms.**

Member of Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Noted in the Accident/Incident Book: \_\_\_\_\_

Principal: Mr D J Ball BEd PQH  
 3 Lany Road, Hillsborough, Co Down, BT26 6JR  
 Telephone: 028 9262 2509  
[www.meadowbridge.org.uk](http://www.meadowbridge.org.uk)  
[info@mbps.lisburn.ni.sch.uk](mailto:info@mbps.lisburn.ni.sch.uk)