



Christ Church C of E Primary School

First Aid Policy

2023-24

Love must be completely sincere. Hate what is evil, hold on to what is good. Love one another warmly as Christians, and be eager to show respect for one another. Work hard and do not be lazy. Serve the Lord with a heart full of devotion. Let your hope keep you joyful, be patient in your troubles, and pray at all times.”

Romans 12:9-12

Mission Statement

Together we can do all things through Christ who strengthens us

Our mission is to love all children who are part of our community helping them develop respect, tolerance, self-confidence and to become the best they can be.

We will support our children to develop their God given gifts to the full and encourage a life-long passion for learning which will successfully lead them into secondary school and beyond.

As a church school at the heart of Moreton community, our work is underpinned by the Christian values of *friendship, humility, forgiveness, compassion, justice and service* which Jesus helps us to achieve.

We are a welcoming, caring and inclusive school committed to working in partnership with parents, governors, Christ Church and Chester Diocese Academy Trust.

We strive to provide a rich and varied curriculum which reflects God's concern for the whole child; promoting spiritual, moral, cultural, physical and emotional wellbeing alongside academic excellence and independence.

As a school community, we all work together to provide the very best for our pupils and families; firmly believing that:

Together we can do all things through Christ who strengthens us



1. Introduction

From time to time whilst children are in school (or taking part in school-activities outside of school) they will get injured or become unwell and so require first aid. When this happens, any member of staff is considered to be in 'loco parentis' and so will act accordingly to offer the care and help that could reasonably be expected of a 'caring parent' in those circumstances.

As well as fulfilling this core role, all CDAT schools also have members of staff who have been trained in first aid at different levels. These staff have a key role to play in ensuring that all CDAT schools provide a high standard of first aid care. Appropriate first aid equipment is available in school, to be used in the child's best interest and with great care. Where it is judged necessary the emergency services will be called or the child will be escorted to hospital. Our first aid practice is informed by current government guidance on best practice in first aid in schools, as laid out here: <https://www.gov.uk/government/publications/first-aid-in-schools/first-aid-in-schools-early-years-and-further-education>

While school staff may take on the role of parent 'in loco parentis', all CDAT schools recognise that it is essential that parents/carers are kept fully informed whenever a child has received first aid. Schools all have suitable systems for recording accidents/first-aid incidents and for informing parents. In some schools, these systems are electronic.

All CDAT schools will ensure that:

- First aid procedures are clearly communicated to all staff,
- Procedures for dealing with specific severe conditions (such as asthma and anaphylaxis) are kept up-to-date and staff kept aware of any pupils in school who are particularly at risk of medical emergencies
- Sufficient staff hold appropriate first aid qualifications at any time
- Additional training is provided in a timely manner to ensure that staff are able to support any child with a known medical condition that may require specific first aid (e.g. epilepsy)
- First aid kits are available in school and on all school trips: these will be regularly checked to ensure that they are appropriately stocked and that all materials are within use-by dates. Schools will take account of HSE guidance in deciding appropriate stock for first aid kits.

2. Our aims

- Through thorough planning and preparation, to minimise the likelihood of first aid being required without stopping children from taking part in a full range of activities both in and out of school
- To provide safe and appropriate care for children and staff in the event of an accident or medical crisis
- To ensure that we have sufficient trained first aid staff available to care for children or adults if the need arises.
- To ensure that we have at least two members of staff with paediatric first aid training, as required for the care of EYFS pupils.
- To ensure that all staff members know what to do if a child needs first aid treatment and how they should respond in those circumstances.
- To ensure that any child with known severe allergic reactions (anaphylaxis) is recognised by staff and where they have an EpiPen, it is available and staff know how to use it in an emergency
- To ensure that any child with a known medical condition is recognised by staff and they know the immediate steps to take in the event of that child entering crisis (e.g. an asthma attack)
- To ensure that we have appropriate first aid kit easily available in school with portable kits to take when children go off site on visits etc.
- To ensure that a member of staff with a current first aid certificate is present on all trips off site
- To ensure that members of staff are given training and that those with first aid certificates (including paediatric first aid certificates) are kept up-to-date.
- To ensure that all staff know how to involve the emergency services if they are needed.
- To ensure that appropriate medical support/attention and treatment is given to children for all but minor injuries.
- To keep parents and carers fully informed if their child has been given first aid treatment.

3. Provision of first aid

This section should be read in conjunction with each individual school's specific first aid procedures. These will typically cover situations including (but not confined to):

- dealing with anaphylaxis
- asthma procedures
- procedures for dealing with head injuries

In providing first aid:

- The first member of staff on scene will deal with the initial emergency 'in loco parentis' while seeking support as quickly as possible from a trained first aider; if the first member of staff on the scene is a trained first aider, they should still seek additional support to help deal with other pupils etc.
- A qualified first aider will assess the situation and decide whether qualified medical and emergency assistance is required (e.g. by contacting qualified medical/emergency services (999) or arranging for the child to be escorted to the nearest casualty facility). In doing this, they will use the 'better safe than sorry' principle and err on the side of caution
- Where a child is taken to hospital or emergency services are contacted, parents must be informed as early as possible.
- If an injury is sustained whilst the child is on a visit or other off-site activity, the senior member of staff present must notify the school as soon as the child's needs are met.
- If the child is not taken to hospital/emergency services contacted, but the first aider dealing with the situation feels it would be prudent to have the child 'checked out' by a medical professional (e.g. hospital or GP), parents will be told this and this recommendation will be recorded in the first aid log.
- All instances requiring first aid will be logged in line with school procedures.

4. First Aiders

Schools are responsible for ensuring that they have sufficient, appropriately trained first aiders in school, and on excursions out of school. As minimum expectation, in every CDAT school there should be:

- At least 2 members of staff with current, up to date paediatric first aid certificates – one of whom should be available at all times to support staff and pupils in EYFS
- At least 2 other members of staff with current, up to date first aid certificates (e.g. first aid at work) – in larger schools the number of first-aid trained staff should be proportionately larger
- Staff trained to deal with any known specific conditions that may leave a pupil vulnerable to a medical emergency (e.g. trained to use an EpiPen if a child is known to be prone to severe allergic reactions)

At all times, the level of qualified first aiders working in a school will be at least in line with the government's most recent recommendations.

The names of the school's first aiders should be displayed in a number of places around school, including the staffroom, the school hall and any doors used as entrances/exits to/from playgrounds. This is to ensure that anyone who needs to find a first aider can quickly check the up-to-date list, and that lists are displayed in the most appropriate areas.

A named member of staff will be responsible for ensuring that first aid qualifications are maintained and re-training takes place when needed.

5. Impact

Children and adults in this school will be kept safe but on the rare occasion when they need first aid treatment, the school will see that appropriate treatment is given by members of staff with appropriate levels of training and knowledge of first aid. Where medical and emergency treatment is needed, medical help will be sought quickly. All staff will carry out their duty of care professionally at all times and parents will be kept fully informed if their child has needed first aid treatment.

6. Policy Review

This policy was updated and agreed by the CDAT Board in August 2022. In line with recommended best practice, it will be reviewed again in August 2023.

CHRIST CHURCH FIRST AID PROCEDURES

THE LAW.



1.1 The minimum first-aid provision is:

- a suitably stocked first-aid container (see paragraphs 12.3 & 12.5);
- an appointed person to take charge of first-aid arrangements (see paragraph 16);
- information for employees on first-aid arrangements (see paragraph 7).

1.2 This minimum provision must be supplemented with a risk assessment to determine any additional provision (see first aid RA)

1.3 First-aid provision must be available at all times while people are on school premises, and also off the premises whilst on school visits.

2. FIRST AID IN SCHOOLS - WHO IS RESPONSIBLE?

The Employer

2.1 Health and safety legislation places duties on employers for the health and safety of their employees and anyone else on the premises. In schools this includes responsibility for the head teacher and teachers, non-teaching staff, pupils and visitors (including contractors). The governing body is the employer in voluntary-aided schools.

2.2 The employer is responsible, under the Health and Safety at Work etc Act 1974 (HSWA), for making sure that a school has a health and safety policy. This should include arrangements for first aid, based on a risk assessment of the school, and should cover:

- _ numbers of first aiders/appointed persons;
- _ numbers and locations of first-aid containers;
- _ arrangements for off-site activities/trips;
- _ out of school hours arrangements eg lettings are the responsibility of the person letting.

All staff have a basic level of first aid responsibility and are able to deal with low level first aid concerns.

The Governing Body

2.3 The governing body are required to develop policies to cover their own school. This should be based on a suitable and sufficient risk assessment carried out by a competent person. The governing body has general responsibility for all the school's policies. In practice, most of the day to day functions of managing health and safety are delegated to the head teacher.

Teachers and other school staff

2.4 Teachers' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. (reference - see page 4 paragraph 17 'Guidance for First Aid Schools – DCSF')

2.5 The employer must arrange adequate and appropriate training and guidance for staff who volunteer to be first aiders/appointed persons. The employer must ensure that there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff on leave or off-site.

3. WHAT ARE A FIRST AIDER'S MAIN DUTIES?

3.1 First aiders must complete a training course approved by the Health and Safety Executive (HSE).

3.2 At school, the main duties of a first aider are to:

give immediate help to casualties with common injuries or illnesses and those arising from

- specific hazards at school;
- when necessary, ensure that an ambulance or other professional medical help is called.

4. WHAT IS AN APPOINTED PERSON?

4.1 An appointed person is someone who:

- takes charge when someone is injured or becomes ill;
- looks after the first-aid equipment eg restocking the first-aid container;
- ensures that an ambulance or other professional medical help is summoned when appropriate.
- an appointed person does not always have to be first aid trained, but it is good practice that they are.

5. FIRST AID - WHAT DO SCHOOLS NEED TO DO?

5.1 The Health and Safety (First-Aid) Regulations 1981 set out what employers have to do.

5.2 Employers must provide adequate and appropriate equipment, facilities and qualified first aid personnel.

5.3 The Regulations do not oblige employers to provide first aid for anyone other than their own staff, but employers do have health and safety responsibilities towards non-employees.

6. REASSESSMENT OF FIRST AID PROVISION

6.1 The governing body and head teacher should regularly review the school's first-aid needs (at least annually), and particularly after any changes, to ensure the provision is adequate. Where minimum numbers of trained first aiders are set, these should be monitored to ensure that these standards are being met.

7. PROVIDING INFORMATION

7.1 The employer or the manager with the delegated function (usually the head teacher) must inform all staff of the first-aid arrangements. This should include the location of equipment, facilities and first-aid personnel, and the procedures for monitoring and reviewing the school's first-aid needs. This is communicated via memos, notice boards and also through induction procedures when new staff start (Every new member of staff is given an induction list of issues they should be made aware of. A health and safety discussion (including first aid) should be on the first day of attendance). Cover staff on a casual basis are given a booklet identifying this. Full time staff sign a document indicating their induction and this is returned into their personal file via the office.

8. RISK ASSESSMENT OF FIRST-AID NEEDS – WHAT SHOULD SCHOOLS CONSIDER?

8.1 Schools normally include staff, pupils and visitors when carrying out risk assessments for first-aid needs.

8.2 The governing body/head teacher need to consider additional first aid provision if there is more than one building. They should consider how many first-aid personnel are needed to provide adequate cover on each floor on a split level site and outlying buildings, and on each site of a split-site school.

8.3 Accident statistics can indicate the most common injuries, times, locations and activities at a particular site. These can be a useful tool in risk assessment, highlighting areas to concentrate on

and tailor first-aid provision to. Accident statistics are collated each term and reviewed at a staff health and safety meeting.

8.4 There are no rules on exact numbers as a judgement is based on each school's circumstance

8.5 The HSC provide guidance on numbers of first-aid personnel based on employee numbers. As a general guide, they recommend that:

- a lower risk place of work (eg shops, offices, libraries), with fifty to one hundred employees, should consider having at least one first aider; Schools will generally fall into the lower risk category.
- a medium risk place of work (eg light engineering and assembly work, food processing) with twenty to one hundred employees, should consider having at least one first aider for every fifty employees (or part thereof).

9. SELECTION OF FIRST AIDERS

9.1 Unless first-aid cover is part of a member of staff's contract of employment, people who agree to become first-aiders do so on a **voluntary basis**.

10. QUALIFICATIONS AND TRAINING

10.1 Training courses cover a range of first aid competences. However, **standard first aid at work training courses do not include resuscitation procedures for children**.

10.2 First aid at work certificates are only valid for **three years**. Employers should arrange refresher training and retesting of competence before certificates expire. If a certificate expires, the individual will have to undertake another full course of training to become a first aider. Schools should keep a record of first aiders and certification dates. The first aider themselves should also be pro-active and prompt their need for refresher training.

11. FIRST-AID MATERIALS, EQUIPMENT AND FIRST AID FACILITIES

11.1 Employers must provide the proper materials, equipment and facilities at all times. First-aid equipment must be clearly labelled and easily accessible. Each of the areas identified as first aid points in school have a fully stocked case of first aid equipment for emergencies. These cases are clearly marked.

- Each area has a box or 'bum-bag' containing wipes and plasters in order to treat minor scrapes – these are not to be considered as a first aid container.
- Lunchtime support & teaching assistants carry first aid provisions with them for minor treatment on the front and back playgrounds. The First aid station for more serious treatment is in the medical room, via reception
- At lunchtimes pupils are treated outside where possible and then in in the medical room, via reception
- During lesson time, teaching assistants who should administer minor treatment, with the ability to either send children to reception or call for nominated first aiders in the case of a more serious first aid incident. All year groups have TAs based in their classrooms.
- At toast club or during after school activities, staff on duty are responsible for first aid and completing relevant risk assessments associated with the activities in place
- Teaching staff working late are able to be treated by first aiders if required.
- Lettings are responsible for their own first aiders, but have access in an emergency to the first aid cases.

12.2 How many first-aid containers should a school have?

Every employer should provide at least one fully stocked first-aid container for each site. **All first-aid containers must be marked with a white cross on a green background.**

Christ Church has the following kits available:

1. School Hall
2. Staffroom

3. School kitchen
4. Medical room
5. Intervention Room
6. Annexe
7. Portable kits available from medical room

12.3 Contents of a first-aid container

There is no mandatory list of items for a first-aid container. However, the HSE recommend that, where there is no special risk identified, a **minimum** provision of first-aid items would be:

- a leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- two sterile eye pads;
- four individually wrapped triangular bandages (preferably sterile);
- six safety pins;
- six medium sized (approximately 12cm x 12cm) individually wrapped sterile un-medicated wound dressings;
- two large (approximately 18cm x 18cm) sterile individually wrapped un-medicated wound dressings;
- one pair of disposable gloves.

12.4 Containers being checked

The first aid containers are checked weekly by a nominated Midday Supervisor. A member of staff (teaching assistant), as part of their role checks the emergency portable first aid kits prior to taking them off site). These should be restocked as soon as possible after use. There should be extra stock in the school. This stock is kept in the medical room.

12.5 Travelling (portable) first-aid containers

Unless a risk assessment indicates otherwise an off-site visit will need a minimum of:

- a leaflet giving general advice on first aid;
- six individually wrapped sterile adhesive dressings;
- one large sterile un-medicated wound dressing - approximately 18cm x 18cm;
- two triangular bandages;
- two safety pins;
- individually wrapped moist cleansing wipes;
- one pair of disposable gloves.

13. HYGIENE/INFECTION CONTROL

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment.

14. REPORTING ACCIDENTS AND RECORD KEEPING – refer to [Procedure for Accident Reporting](#)

Statutory requirements

14.1 Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the HSE.

14.2 The employer must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. In

Christ Church, minor scrapes are recorded in pupil's medical files and more significant instances requiring first aid are recorded on smartlog so they can be monitored by SLT.

What accidents to employees do LEAs and/or schools need to report?

14.3 RIDDOR forms must be completed if there are;

- accidents resulting in death or major injury (including as a result of physical violence);
- accidents which prevent the injured person from doing their normal work for more than three days (including acts of physical violence).
- all accidents involving staff should be recorded in the school accident books.

How should schools report them?

Jeanne Fairbrother Associates are the school's H & S consultants and should assist school to investigate and / or report significant accidents and injuries.

14.4 HSE must be notified of **fatal and major injuries and dangerous occurrences without delay** (eg by telephone). This must be followed up within ten days with a written report on Form 2508. Other reportable accidents do not need immediate notification, but they must be reported to HSE within ten days on Form 2508.

What about pupils and other people who are not at work?

14.5 An accident that happens to pupils or visitors must be reported to the HSE on Form 2508 if the person involved is killed or is taken from the site of the accident to hospital; **and** the accident arises out of or in connection with work.

14.6 Like fatal and major injuries to employees or dangerous occurrences, these accidents must be notified to HSE without delay and followed up in writing within ten days on Form 2508.

15. FIRST AID RECORDING

15.1 Schools should keep a record of any first aid treatment given by first aiders and appointed persons. This should include:

- the date, time and place of incident;
- the name (and class) of the injured or ill person;
- details of the injury/illness and what first aid was given;
- what happened to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital);
- name and signature of the first aider or person dealing with the incident.
- There is a record book kept in the medical room, Foundation Classroom and the kitchen.

16. STAFFING

The School Office maintains a list of all staff qualified, to ensure qualifications are up to date. A first aider **MUST BE CONSULTED** in the event that a child (or member of staff) should sustain a **major injury** or injury of the following nature:

- Cut to head or serious knock
- Suspect sprain or break
- Burns
- Stings: i.e. bees/wasps/insects (due to the possibility of allergic reaction)

In addition, the above members of staff **MUST BE CONSULTED** to treat pupils who are known to have a specific illness i.e. diabetics/pupils known to have allergic reactions/pupils with Epipens in school - irrespective of the type of illness or injury sustained. **On NO ACCOUNT must these pupils be left/sent to self-administer their own treatment.**

Member of staff responsible for maintaining First Aid Stock – Amy Cowell / Colette Breslin

Classification for incidents such as these is '**FIRST AID**'

Consultation from the designated member of First-Aid staff **should not be sought** in the event of **minor incidents** which may be treated with Pastoral care. Examples of these are:

- Minor cuts or grazes
- Pupils who feel - or who are actually – sick
- Minor bumps to the head – i.e. pupils colliding in the playground.
- Minor marks to the body (bruises), skipping rope burns etc

FIRST-AID:

In the event of **major injury**, the designated member of First-Aid staff should be sent for immediately. An informed assessment will be carried out and the appropriate treatment given. Should the injury require medical assistance (i.e. Parent called into school/hospital visit/ambulance/), a member of the office staff should be contacted immediately to seek urgent authorisation from the Head/Assistant Head Teacher (injury type permitting) and the relevant action taken. The use of an EPI-Pen would normally require the calling of an Ambulance. The pen should be disposed of through the Ambulance Service. A child whose Epi-Pen has been used, **cannot** be allowed back into school, until there is a replacement pen. In the event of minor injury, once treated, the class teacher must be informed so that they can liaise with Parents/Guardians/Out-of-school club/Carer at the end of the school day. The medical staff dealing with the incident should complete the record book and also the first aid sheet (1/2 is given to the child to take home and the other half to the class teacher, for them to be aware of the incident). These forms should be given to the teacher and not left on desks, where they may become hidden. (see Appendix 1 for sheet). Should the decision be that Parents be notified/the child needs to go home, the office should be contacted to confirm authorisation with the Head/Assistant Head Teacher, and parents contacted.

Administration of Medicines

Please see [Administration of Medicines policy](#) for the storage and administration of medication.

Sources of information –

GUIDANCE ON FIRST AID FOR SCHOOLS - **a good practice guide (DFEE)**

Policy written by Amanda Donelan (Headteacher) and school nurse

Ensuring that the above provisions are clear and shared with all who may require them

First Aid Training

Louise Grant-Jones ANHT is responsible for ensuring that appropriate numbers of qualified first aiders, appointed persons and paediatric trained staff (if appropriate) are nominated as identified by completion of the First Aid Needs Assessment and that they are adequately trained to meet their statutory duties.

Qualified First aid Staff

A list of qualified first aiders at Christ Church Primary school is attached and also displayed in the office, staffroom, hall and canteen.

They will be responsible for administering first aid, in accordance with their training, to those that become injured or fall ill whilst at work or on the premises. There are also other duties and responsibilities which are identified and delegated to the first aider (e.g. first aid kit inspections), sharing their knowledge of first aid with other staff and keeping themselves up to date with first aid training.

Appointed Persons

At Christ Church Primary School Mrs R. Baker is the appointed person.

Where the first aid needs assessment identifies that qualified first aid staff are not necessary, the minimum requirement is to appoint a person (the Appointed Person) to take charge of first aid arrangements including looking after equipment/facilities and calling the emergency services, this will be either; the Headteacher, Assistant Headteacher or a member of the Middle Leader team.

Paediatric First Aid Trained Staff

At Christ Church Primary School there are 6 paediatric first aid trained staff who are as follows:

- Mrs Zoe Mc Nay
- Mrs A Donelan
- Mrs B Campbell
- Carole Cowin
- Sarah Kerr
- Kay Smith Mazone

These staff are in place to meet the Early Years Foundation Stage (EYFS) statutory obligations.

Emergency Arrangements

Upon being summoned in the event of an accident, the first aider is to take charge of the first aid administration/emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance. The first aider is to ***always call an ambulance*** on the following occasions:

- In the event of a serious injury
- In the event of any significant head injury
- In the event of a period of unconsciousness, convulsion/Epileptic episode
- In the event of administering an Epipen (Allergic reaction/Anaphylaxis)
- In the event of administering medication for Asthma and the condition has not improved
- Whenever there is the possibility of a fracture or where this is suspected, where appropriate.
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment

All staff will be annually trained in the use and administration of Epipens and inhalers. This training will be repeated in the Autumn term each academic year. The SENCO takes responsibility for updating Epipen training.

In the event of an accident involving a child, where appropriate, it is our policy to always notify parents of their child's accident if it:

- Is considered to be a serious (or more than minor) injury
- Requires attendance at hospital
- Requires first aid treatment i.e. bump to head information note

Our procedure for notifying parents will be to use all telephone numbers available to contact them and leave a message should the parents not be contactable. In the event that parents cannot be contacted and a message has been left, our policy will be to continue to attempt to make contact with the parents. In the interim, we will ensure that the qualified first aider or another member of staff remains with the child until the parents can be contacted and arrive (as required). In the event that the child requires hospital treatment and the parents cannot be contacted prior to attendance, the qualified first aider/another member of staff will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital.

Specific Incidents (head injuries/vomit/bodily fluids/headlice/asthma)

Head Injuries: All cases of head injuries must be seen by a First Aider and must be recorded, even if it is only slight. If the injury occurs at playtime or lunchtime the class teacher must be notified and the child should be closely monitored. Parents must be notified of head injuries; children will be given a 'bumped head letter' (kept in the Accident File), so that parents know what

time the incident took place. Additionally, it is advisable for teachers to inform parents at the end of the day or if cause for concern, to phone parents at the time of the injury to notify them.

Bodily fluids: Clinical waste i.e. bloody cotton wool etc should be disposed of in a clinical waste bin (available in disabled toilet). First aiders or staff are required to wear gloves and/or aprons and masks when dealing with bodily fluids.

Vomit: In the event of a child vomiting at school, please follow these procedures:

- Remove child from area if possible, preferably to the first aid room or toilets, until a bucket is available.
- After attending to the needs of the child, ensure any vomit on the floor is covered in absorbent powder (kept in the finance room). Wet floor signs may be used as a warning. The caretaker will clear up if on duty, otherwise the attending first aider will clean up as soon as possible using assigned cleaning products from caretaker's room.
- An adult should remain with the vomiting child (particularly infants) at all times.
- Soiled clothing should be removed and placed in a plastic bag. Spare clothing is available in F2 classroom and spare uniform in the cupboard in the corridor.
- Parents or carers will be contacted immediately and ask to collect their child.
- Children may not return to school until 24 hours after last vomiting.

Head lice: Parents of children known to have head lice must be given a letter that gives guidelines on how to deal with them. Letters are available from the school office. It is advisable to give the whole class information about treatment.

Asthma: Asthma varies from child to child, it is impossible to give specific guidelines that suit everyone. Children often know what to do themselves and usually respond well and quickly to reliever treatment. The guidelines in Appendix 4 will support staff in dealing with an attack. Please see further guidance on asthma in medical file

DeFib Training

The school has a defibrillator located in the main entrance foyer. Staff have been trained to administer the DeFib whilst waiting for emergency services. The emergency services may also direct members of the public to access the DeFib in emergency and trained staff may assist if appropriate:

Mandy Swinglehurst
Elaine Collins
Marie Pringle
Julie H
Janine Scott
Louise Grant-Jones
Mina Shahi
Gill Baker
Charlie
Jane H
Cheryl J
Amanda Donelan

Contacting Health Professionals:

In an emergency call the ambulance service:

1. dial 999
2. request ambulance service
3. give school address and phone number:
Christ Church Primary School
Upton Road,
Moreton,
CH46 0PB
0151 677 5152
4. wait for ambulance service to answer
5. give any necessary information

Nearest Doctor:

Moreton Medical Centre ,
27 Upton Road , Moreton ,
Wirral CH46 0PE

Phone: 0151 677 2327

Nearest Main Hospital:

Arrowe Park Hospital
Arrowe Park Rd, Wirral,
Merseyside, CH49 5PE

Phone:0151 678 5111

Nearest minor treatment centre:

Victoria Central Health Centre,
Mill Lane, Wallasey,
Wirral, CH44 5UF.

Telephone: (General Office) 0151 604 7592.