Chase Lane Primary School and Nursery

Aspire. Strive. Achieve.

FIRST AID POLICY

June 2023

Our school promotes perseverance, resilience and mutual respect. Working in partnership with families, we ensure that all children are given the best opportunities throughout their educational journey. Children at Chase Lane embrace challenge and make the best possible progress to enhance their life choices in an ever changing, diverse modern Britain.

Title:	First Aid Policy
Function:	Information and Reference
Subject Category:	Safeguarding
Audience:	Staff, Parents, Children and Governors
Date of Review:	June 2025
Member of Staff Responsible:	Headteacher

POLICY DOCUMENT FOR FIRST AID

1.0 INTRODUCTION

The health and safety of all children at Chase Lane Primary School and Nursery is of the highest importance to all staff. This policy explains the practices in place to address the health needs of the children which may be as a result of accidents or illness. It should be read alongside the Supporting pupils at school with medical conditions policy.

The school has three fully qualified first aiders who are responsible for dealing with any serious first aid matters and can be called upon to offer advice when required. We also have eight trained paediatric first aiders. The majority of teachers and Teaching Assistants have also received basic first aid training.

2.0 AIMS

The aims of the policy are:

- To preserve life.
- To limit worsening of the condition.
- To promote recovery
- To promote health and safety awareness in pupils and adults, in order to prevent first aid being necessary.
- To ensure that pupils' medical needs are met.
- To ensure that staff have access to information relevant to pupils' needs.
- To make provision for appropriate training for staff.

3.0 FIRST AID PROVISION

The Headteacher is responsible for ensuring that there is an adequate number of qualified First Aiders.

- First aid kits are located in every classroom, school office and the kitchen. Please see (Appendix 1) for suggested contents of first aid boxes.
- No medicine/tablets are to be kept in the first aid boxes.
- Portable first aid kits are taken on educational visits and are kept in the school office.
- Teaching Assistants will ensure that First Aid boxes are fully stocked at all times.
- All staff will be trained in any aspects of first aid deemed necessary e.g. asthma, epilepsy, the use of an epipen.
- All staff will ensure that they have read the school's first aid policy.

4.0 ILLNESS IN SCHOOL

If a pupil feels ill, requiring medical attention whilst in school, a message should be sent to the school office. If the teacher requests for the pupil to be sent home, the office staff will contact the parent/carer. The pupil's first priority contact is telephoned and if necessary the other contacts in priority order. The off-site register (located in the school office) will be completed if a pupil is sent home.

5.0 ACCIDENTS

Any incidents or injuries are recorded on an accident/incident/illness report slip. A copy is filed in the school office. The original report slip is handed to the class teacher. The class teacher is responsible for handing the slip to the child and ensuring that the report slip is taken home/given to the parents.

For serious incidents the health and safety officer is informed (Headteacher). Where necessary, an online incident form is completed (see section 6).

Parents are informed of all serious injuries by telephone.

Completed accident/incident/illness forms are filed and kept for a minimum of three years.

6.0 ACCIDENT REPORTING

The Governing body will implement the LA's procedures for reporting:

- all accidents to employees
- all incidents of violence and aggression.

Chase Lane Primary School and Nursery will report accidents and incidents (including RIDDOR reportable incidents in line with Essex County Council Health and safety Code of Practice. This includes any accident to an employee, visitor or contractor.

Pupil accidents are **only** reportable to the HSE under RIDDOR if:

- The accident results in death of the person and arose out of or in connection with a work activity; or
- The accident resulted in an injury that arose out of or in connection with a work activity **and** the person is taken from the scene of the accident to hospital.

Out of or in connection with work activity means a failure in the way the work activity was organised, condition of premises or the way equipment or substances were used.

Most playground accidents are not normally reportable; accidents due to collisions, trips and falls are not normally reportable. Incidents are only reportable where the injury results in a pupil either being fatally injured or taken directly to hospital for treatment. Either is only reportable if they were caused by an accident that happened from or in connection with a work activity.

Incidents and near misses

Incidents and near misses with the potential to cause harm to people, property or the environment must be reported via the online Accident / Incident Report Form (B) within 5 days.

A copy of the incident report must be kept and secured locally in accordance with the data Protection Act 1999, and reviewed regularly to examine any trends and/or corrective action necessary.

7.0 DEALING WITH BODY FLUIDS/BLOOD ETC

When dealing with body fluids it is essential to protect the individual and others from further risk and infection. The procedures for dealing with body fluids/bleeding etc should be followed (Appendix 3).

8.0 MEDICAL NEEDS ON SCHOOL VISITS

Whenever a group of pupils leaves the premises to go on a school visit, the group leader will always:

- be aware of the medical needs and relevant emergency procedures of pupils in their care.
- take a first-aid kit with them
- have a mobile phone.
- take inhalers for asthmatic pupils and any other medication that is required for pupils with medical needs.
- undertake a risk assessment.

9.0 INTIMATE CARE

Staff who work with young children or children who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs. No child should be attended to in a way that causes distress or pain.

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.

Children's dignity will be preserved and a high level of respect, privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

<u>Best Practice</u>
Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex and relationship education to their children/young people as an additional safeguard to both staff and children/young people involved.

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Where appropriate, individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.

Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be discussed with the parent. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation. Each child/young person will have an assigned senior member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

Child Protection and Safeguarding

Child Protection, Safeguarding Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/ designated person for child protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed.

10.0 REVIEW

This policy will be reviewed following the rolling programme of school documentation.

Appendix 1

First Aid Box Contents

ITEM	WORKPLACE FIRST AID BOX	TRAVEL FIRST AID BOX	OFFICE FIRST AID BOX
Leaflet giving general guidance on first aid (for example, HSE's leaflet 'Basic advice on first aid at work' – A printable version of this leaflet is available on the ECC intranet site under First Aid);	No	No	Yes
Individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (you can provide hypoallergenic plasters, if necessary);	Yes	Yes	Yes
Sterile eye pads;	No	No	Yes
Sterile water	No	No	Yes
Individually wrapped triangular bandages, preferably sterile;	No	No	Yes
Large, individually wrapped, sterile, unmedicated wound dressings;	Yes	Yes	Yes
Medium-sized, individually wrapped, sterile, unmedicated wound dressings;	Yes	Yes	Yes
Pair of disposable gloves (non-latex).	Yes	Yes	Yes
Individually wrapped moist cleansing wipes	Yes	Yes	Yes

Additional materials and equipment are required such as

- scissors,
- adhesive tape,
- disposable aprons or other protective clothing
- Face shields / resuscitation masks.

If mains tap water is not readily available for eye irrigation, sterile water in sealed, disposable containers should be provided. When the seal has been broken, the container should not be reused. The container should not be used beyond its expiry date.

These may be kept nearby if there is insufficient room in the first aid box itself.
Tablets and medication should **not** be kept in the first aid box.

The first-aid container must be:

- maintained in a good condition;
- suitable for the purpose of keeping the items referred to above in good condition;
- readily available for use; and
- prominently marked as a first-aid container

Appendix 2

PROCEDURES FOR ADMINSTERING FIRST AID

- All staff must be aware of the location of the first aid kits in school.
- Staff should wear protective gloves which should be worn to treat all cuts. Hands should be washed before and after administering first aid.
- Most bumps and grazes can be treated from the first aid kit in the medical room. Please ensure that all packaging and plaster backings are disposed of properly in the bin. Cold compresses should be applied to bumps. Ice packs are kept in the freezer in the office. The child should remain quiet until recovered. All incidents must be recorded in the minor injuries book and any concerns are reported to the class teacher.
- A green accident/incident/illness form will be given to children to give to their parents. The class teacher should also be informed.
- IF THE SITUTATION IS LIFE THREATENING THEN AN AMBULANCE SHOULD BE CALLED AT THE EARLIEST OPPORTUNITY WITHOUT WAITING FOR THE FIRST AIDER TO ARRIVE ON THE SCENE.
- In the event of a serious incident an ambulance is called and a member of staff accompanies the child to hospital and the staff member should take the pupil's relevant personal details with them (available from the office). Parents are asked to go immediately to the hospital.
- Any concerns should be referred to the first aider.
- Children should be advised to sit down quietly for a while after sustaining a bump or graze, depending on the severity of the injury.
- Children should never be left unattended.
- Parents are contacted if there are any doubts over the health or welfare of the pupil.
- Children who need to be monitored e.g. if suffering an asthma attack or feeling sick should be brought to the office/reception area until they recover or are collected by a parent. The child's class teacher should be advised of the children and their symptoms.
- The office/reception area should only be used for children who require close monitoring and/or adult support. Staff need to be aware of the need to cover for absence as required.
- Staff need to report to the first aider or office staff, if a child is brought inside for treatment and needs monitoring and should then return to supervision duties in the playground or on the field.
- Changes of clothes which have been soiled or made wet/muddy can be carried out by staff following the procedure described in the school's Intimate Care Policy. Soiled articles should be placed in a bag for the child to take home. KS2 children should change into their PE kit and parents will be informed.

Appendix 3

DEALING WITH BODY FLUIDS

ACCIDENTS INVOLVING EXTERNAL BLEEDING

Normal first aid procedures should be followed:

- Isolate the area.
- Always use disposable gloves and aprons.
- NEVER touch body fluids with bare hands.
- Wash the wound immediately and copiously with water.
- Apply a suitable sterile dressing and pressure pad if needed.
- Cotton wool should NOT be used in cleaning wounds since it is not sterile and could cause infection.
- Seek medical advice as soon as possible if necessary.
- Clean the spillage area.
- Always wash hands after taking gloves off.

<u>Splashes of blood from one person to another</u>

- Splashes of blood on the skin should be washed off immediately with soap and water.
- Splashes of blood into the eyes or mouth should be washed out immediately with copious amounts of water.

After accidents resulting in bleeding, contaminated surfaces e.g. tables, furniture should be disinfected using the granules kept in the caretaker's room.

STAFF PRECAUTIONS

As general policy, if staff are giving care to infected children have cuts and abrasions, these should be covered with waterproof or other suitable dressings and disposable gloves should be worn.

WASTE DISPOSAL

Urine and faeces should be eliminated or discarded into the toilet in the normal manner.

Soiled waste and bloods should be disposed of in the sanitary bins. These are collected regularly and the contents disposed of by an outside contractor.