

# Pass Move Grin

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## Education

### First aid policy

#### **Aims**

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

#### **Legislation and guidance**

This policy is based on the Statutory Framework advice from the Department for Education on first aid in schools and health and safety in schools, and the following legislation:

- The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees.
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to

implement necessary measures, and arrange for appropriate information and training

- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The School Premises (England) Regulations 2012, which require that suitable space is provided to cater for the medical and therapy needs of pupils

### **Roles and responsibilities**

#### ***Appointed person(s) and first aiders***

The provision and the sports centers staff team has many trained first aiders. They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- Keeping their contact details up to date

Our provision's first aiders are listed in appendix 1. Their names will also be displayed prominently around the provisions site.

### **The Educational Lead**

The provision's educational lead (head teacher) is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of trained first aid personnel are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

### **Staff**

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports (see appendix 2) for all incidents they attend to where a first aider is not called
- Informing the Headteacher or their manager of any specific health conditions or first aid needs

### **Procedures**

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain onsite, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the Headteacher or if not available the staff team will contact parents immediately
- The relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

### **First aid equipment**

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

First aid kits are stored in:

- Reception
- The First aid room in the provisions classroom.

## **Record-keeping and reporting**

### ***First aid and accident record book***

- A minor accident form is completed if the injury needs only very minor first aid- a wipe, cold compress, plaster or ice pack for a short time. For children in Reception and Key Stage 1 a 'Mr Bump' note is sent home to inform parents. For Key Stage 2 children, a note is sent home if there has been a slight head injury
- An accident form ( Accident/Near Miss/Violence at Work Reporting Form) will be completed by the relevant member of staff on the same day or as soon as possible after a major incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident.
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, an AIRS 1 form will be kept until the child is 21 years old.

## **Reporting to the HSE**

The Headteacher of the child's school and the educational lead of the provision will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Headteacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes

- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding)
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done.

Examples of near-miss events relevant to schools include, but are not limited to:

- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here:

How to make a RIDDOR report, HSE

<http://www.hse.gov.uk/riddor/report.htm>

## **Notifying parents**

The class teacher or teaching assistant will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

## **Reporting to Ofsted and child protection agencies**

The Headteacher and educational lead of the provision will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Headteacher and educational lead will also notify local authority child protection agencies (MASH team) of any serious accident or injury to, or the death of, a pupil while in the school's care.

## **Training**

All staff are able to undertake first aid training if they would like to. All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 3).

Staff are encouraged to renew their first aid training when it is no longer valid.

## **Monitoring arrangements**

This policy will be reviewed by the provisions educational lead every 2 years.

At every review, the policy will be approved and signed by the staff team.

## **Links with other policies**

This first aid policy is linked to the

- Health and safety policy
- Risk assessment policy
- Policy on supporting pupils with medical conditions

## Individual healthcare plans

Arrangements to support a pupil with a medical condition will commence as soon as the provision is made aware of the condition. Individual healthcare plans will include key information and actions required to support the pupil effectively. They will be easily accessible to those who need to refer to them while maintaining confidentiality. The level of detail will depend on the complexity of the condition and the degree of support needed. Any SEND will also be mentioned on the individual healthcare plan. Plans will be drawn up by the relevant healthcare professional in partnership with the school and parents / carers. Plans will be reviewed annually or earlier if evidence is presented that the pupil's needs have changed. At all times the pupil's best interests must be kept in mind and risks assessed and managed to ensure there is minimal disruption to the pupil's education, health and social well-being. Individual healthcare plans will include:

- the medical condition, triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues;
- specific support for the pupil's educational, social and emotional needs e.g. how absences will be managed, rest periods, additional time for tests etc.
- the level of support needed, including in emergencies. If a pupil is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide the support, training needs, expectations of role, confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional; cover arrangements for when staff are unavailable;
- who in school needs to be aware of the pupil's condition and the support required;
- arrangements for written permission from parents / carers and the lead professional in school for medication to be administered by members of staff, or self-administered by the pupil during school hours;
- separate arrangements required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate e.g. risk assessments;
- where confidentiality issues are raised by the parent / carer / pupil, the designated



individuals to be entrusted with information about the pupil's condition;

- what to do in an emergency, including whom to contact, and contingency arrangements.

### **Intimate care**

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance. 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. The child 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 him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible, one child will be catered for by one adult, but a second adult should be made aware that intimate care is taking place. Intimate care arrangements will be discussed with parents/carers and recorded in a care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staff and equal opportunities legislation.

### **The Protection of Children**

Safeguarding procedures will be adhered to. In line with the school's safeguarding policy, if a member of staff has any concerns about physical changes in a child's presentation eg marks, bruises, soreness, etc s/he will immediately report concerns to the appropriate manager / Designated Safeguarding Lead for child protection. Where regular intimate care is required, for instance, in the case of a medical need, a care plan will be drawn up outlining the procedures to be used with the individual pupil.

### **Pupils in Distress**

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Move Grin Education recognises that there may be times when a pupil is distressed and needs to be comforted and reassured and this might include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation. Judgment will need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress. Unless the child needs an immediate response, staff should consider whether they are the most appropriate person to respond.

### **Menstruation**

Girls who are in the early stages of puberty may need support from a female member of staff. Where such assistance is required girls will be provided with sanitary towels and treated sensitively.

### **Physical Education and Other Skills Coaching**

Some staff are likely to come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating an exercise or the use of equipment. Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation.

**PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE**

<b><u>Child's Last name</u></b>	
<b><u>Child's First name</u></b>	
<b><u>Male/Female</u></b>	

**Date of birth**

**Parent/carers name**

**Address**

**I understand that;** I give permission to the school to provide appropriate intimate care as per care plan support to my child e.g. changing soiled clothing, washing and toileting. .

**Name.....**

**Signature.....**

**Relationship to child.....**

**Date.....**

*Written by Kathryn Oram February 2023 - To be reviewed February 2025*