

Ashleigh Primary School and Nursery, Wymondham

*"We are all stars, Ashleigh makes us shine"*

## **FIRST AID POLICY (NCC NOVEMBER 2013) and INTIMATE CARE POLICY**

**Persons Responsible - Staff and Governors**

**Date of Policy: May 2015**

**Next Review Due: May 2018**

**Adopted by Full Governing Body**

**Signed .....**

**Date .....**

**Chair of Governors**

**Review completed .....**

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## **P608 First Aid at Work Policy**

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Approved By: Health, Safety and Wellbeing Manager

## **1. Introduction – Equal Opportunities and Scope**

Norfolk County Council (NCC) acknowledges its responsibility to have appropriate first aid arrangements in all its workplaces and services. This will include ensuring there is adequate and appropriate equipment, facilities and personnel available to enable first aid to be given to its staff and others who may be affected by its business, should they become injured or become ill whilst at work.

NCC expects staff to adhere to this policy in line with NCC's obligations under equality legislation. Headteachers / Managers must ensure that all reasonable adjustments or supportive measures are considered to allow equality of access and opportunity regardless of age, gender, ethnicity, sexual orientation, disability, faith or religion, gender identity, pregnancy or marital status.

## **2. Responsibilities**

Headteachers are responsible for:-

- Ensuring a First Aid Needs Assessment is carried out and reviewed at least annually or sooner as necessary
- Ensuring adequate and appropriate identified first aid equipment and facilities are provided
- Ensuring that an appropriate number of trained first aid personnel are present in the workplace at any one time
- Ensure the provision of sufficient numbers of first aid boxes, and that these are regularly checked and first aid supplies replenished as necessary
- Ensuring staff under their control are aware of the first aid arrangements
- Undertake personal needs assessments for lone/mobile workers or those with specific health needs

First Aid Personnel are responsible for:-

- Responding to incidents in the workplace
- Recording any first aid treatment given
- Keeping first aid treatment records secure in line with data protection
- Appropriately maintain the medical confidentiality of the person they are treating
- Keeping their training up to date including refreshers and keeping a record of this
- Treat casualties in accordance with the training they have been given
- Ensuring contents of first aid box(es) are regularly checked to establish supplies are sufficient to meet requirements
- Ensure their contact details are updated if they move premises or change their usual working location
- Take effective measures to protect themselves from any blood borne infection
- Report insufficiencies in first aid arrangements to their Headteacher / Manager

Staff are responsible for:-

- Ensuring they are familiar with the name and location of the nearest first aider or appointed person

- Ensuring an incident report is completed for all accidents
- Informing their headteacher / manager of any specific health conditions or first aid needs

### **3. First Aid Needs Assessment**

A First Aid Needs Assessment must be carried out to identify the first aid requirements. Significant risks in the workplace or service must be included in the assessment process, which should then help identify what your first aid needs will be.

First aid needs assessment guidance (available on Schools PeopleNet) has been produced to help you assess your first aid requirements. You should record your findings on the First Aid Needs Assessment form

First Aid Provision must be reviewed at least annually or sooner if no longer relevant, for example:-

- There is a significant change in the number of people in the premises
- There are changes in the way people work or use the premises
- There is an increase in the hazard of the activities carried out on site
- There is a change in legislation or guidance

Review does not necessarily mean carrying out a new assessment, but checking the existing one to ensure it is still valid or recording any amendments to reflect changes in circumstances.

### **4. Types of First Aid Personnel**

#### **Appointed Person**

If your assessment identifies that a first aider is not necessary, the minimum requirement is to appoint a person to take charge of the first aid arrangements. The role of this person includes looking after first aid equipment and facilities and calling the emergency services when required. Appointed persons do not require First Aid training. However, they must receive instruction on how to carry out their duties. You do not need to have an Appointed Person if you have Emergency First Aiders or First Aiders on duty.

#### **Emergency First Aider**

If you have identified you don't need a fully qualified first aider, but do need to have someone to carry out basic first aid or life saving interventions whilst waiting for emergency services, then this is the role of an emergency First Aider. Staff taking on this role must undergo Emergency First Aid training (6 hour course) and will need to undertake a requalification course every three years to keep their qualification current. They will also need to undertake annual refresher training to ensure they are able to use their skills if called upon.

### **First Aider**

This is someone trained to provide first aid to a range of specific injuries and illnesses, as well as emergency first aid. They must have undergone First Aid at Work training (an 18 hour course) and will need to undertake a requalification course every three years to keep their qualification current. They will also need to undertake annual refresher training to ensure they are able to use their skills if called upon.

At Ashleigh: Val Botwright, who also maintains the complete list of first aiders across the school.

### **Paediatric First Aid**

Schools and other settings with young children (i.e. children from birth to the end of the academic year in which a child has their fifth birthday) are required to have at least one person on site trained in paediatric first aid. The requalification course will need to be undertaken every three years to keep the qualification current. They will also need to undertake annual refresher training to ensure they are able to use their skills if called upon.

At Ashleigh: Penny Cowdry, Ann Harvey, Hayley Smith

### **Additional Training**

To ensure illness or injuries can be adequately dealt with, you may have identified the need for more specialised training for some first aid personnel. Some examples could be:-

<b>Additional Training Need</b>	<b>When this may be relevant</b>
being able to recognise the presence of major illness and provide appropriate first aid for issues such as heart attack, stroke, epilepsy, asthma, diabetes	where you have identified there is a risk either based on the known health profile, age and number of staff or a need to consider members of the public / school pupils etc
use of an AED (automated external defibrillator)	where you have identified this as a requirement through your needs assessment

Additional training may be required to be refreshed or requalification undertaken more frequently than basic first aid skills e.g. defibrillator training should be refreshed every 6 months

Details of training courses and providers can be found in the Health and Safety Learning Directory available on Schools PeopleNet.

All levels / types of first aiders must attend annual refresher training to update basic skills

## **5. First Aid Kits**

There is not a definitive list of what items should be in the first aid box. It will depend on what you assess your needs to be. The following is a guide of suggested minimum stock where there is no special risk in the workplace:-

- A leaflet giving general guidance on first aid e.g. HSE leaflet - basic advice on first aid at work (this leaflet can be accessed via a link on schools Peoplenet)
- 20 individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (you can provide hypoallergenic plasters if necessary)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages, preferably sterile
- Six safety pins
- Two large, individually wrapped, sterile, un-medicated wound dressings
- Six medium sized, individually wrapped, sterile, un-medicated wound dressings
- At least three pairs of disposable gloves (preferably latex free)

Above is the suggested minimum stock but your needs assessment may identify additional equipment or materials are required, depending on the work activities. Examples could be disposable aprons, individually wrapped moist wipes, adhesive hypoallergenic microporous tape, shears capable of cutting through clothing, sterile disposable tweezers, foil blankets to protect casualties from the elements etc.

There are first aid kits which are compliant with British Standard BS 8599 which contain slightly more than the recognised minimum stock. Whether using a kit compliant with BS 8599, or an alternative kit, the contents should reflect the outcome of the first aid needs assessment.

No medication of any kind, for example, paracetamol, antiseptic creams, burn sprays, epipens, insulin, asthma inhalers etc, should be kept in first aid boxes or kits, nor should these be used as a form of first aid. The reasoning behind this is:-

- In the case of tablets, you may not know if any medication has previously been taken, or if it has, what dosage and when. Giving such medication may adversely affect treatment or surgery that may be required
- If the wrong cream is used for the wrong injury, or used inappropriately, there may be serious scarring or long term discomfort for the casualty. There may also be the chance of an adverse allergic reaction
- A first aiders role is to assist persons to self medicate and contact emergency services not to be a medic replacement

Since first aid kits are available to anyone who wishes to use them, the possibility of these highlighted problems occurring could be quite high.

The only exception to this rule is where aspirin is used as first aid to a casualty with a suspected heart attack in accordance with currently accepted first aid practice. If kept

for these purposes Aspirin should be kept separately from the general first aid kit in a secure location. Aspirin is not to be used to treat illness.

Prescribed medicines kept for individual pupils do not fall under this policy. Schools should refer to the *Managing Medicine* policy available on Schools PeopleNet for storage and administration of specifically prescribed medicine.

First aid kits must be checked regularly so that stocks can be maintained. The container should protect first aid items from dust and damp. Any items with expiry dates should not be used beyond their expiry date.

First aid kits should be clearly identifiable (container should have a white cross on a green background) and readily accessible to staff. Kits should be placed conveniently, if possible near to hand washing facilities. Kits should also be available in areas of greater risk, for example, science labs, workshops and kitchens. In small low risk establishments it would be appropriate to site the first aid kit in a central office or secure reception area. If the premises are used after normal working hours, arrangements should ensure that a first aid kit is available to persons who may require its use.

### **Travelling First Aid kits**

If your needs assessment identifies kits should be kept in vehicles for mobile workers , these should be kept stocked from a back up supply from the home or work base. You should also decide whether such staff undergo emergency first aid training particularly if they are involved in higher hazard activities. There is no mandatory list of items to be included in kits for travelling workers - the contents should be guided by the outcomes of your needs assessment. However, these kits may typically contain:-

- A leaflet giving general guidance on first aid e.g. HSE leaflet - basic advice on first aid at work
- Six individually wrapped sterile plasters (hypoallergenic plasters can be provided, if necessary)
- Two individually wrapped triangular bandages, preferably sterile
- Two safety pins
- One large sterile un-medicated dressing
- Individually wrapped moist cleaning wipes
- Two pairs of disposable gloves (preferably latex free)

## **6. First Aid Rooms**

First Aid rooms will usually be necessary where there are more significant hazards or in larger premises some distance from medical services (the *First Aids Needs Assessment Guidance* available on PeopleNet will assist in identifying any requirement). If your assessment identifies this as necessary, then the room should contain essential first aid facilities and equipment, typically:-

- A sink with hot and cold running water
- Drinking water and disposable cups
- Liquid soap and disposable paper towels
- A store for first aid materials
- Foot operated waste bins, lined with yellow clinical waste bags or container suitable for safe disposal of clinical waste
- A couch with waterproof protection, clean pillows and blankets (and a system for keeping them clean)
- A chair
- Telephone or other communication equipment
- A method of recording all incidents where the first aid has been given

Ideally, the room should be reserved specifically for providing first aid. It should be easily accessible to stretchers and be clearly signposted and identified. It should be kept clean and tidy at all times and not used as a store room. Where a room cannot be specifically reserved for giving first aid, Headteachers / Managers will need to make sure first aid facilities can be made available quickly if necessary. Headteachers / Managers will need to consider therefore:-

- Whether the activities normally carried out in a room can be stopped immediately in an emergency
- Furniture and equipment can be moved easily and quickly to a position that will not interfere with giving first aid
- First aid supplies and equipment can be easily made available quickly when necessary

Please note the Education (School Premises) Regulations 1996 require every school to have a suitable room that can be used for medical or dental treatment when required and for the care of pupils during school hours. The area, which must contain a washbasin and be reasonably near to a WC, need not be used solely for medical purposes, but it should be appropriate for that purpose and readily available for use when needed. However larger schools may identify through their first aid risk assessment that a permanent dedicated room is appropriate.

At Ashleigh, our first aid is administered in the large disabled toilet. A separate room is available if a private space is needed.

## **7. Recording First Aid Treatment**

When first aid is given, the person giving first aid must make a record of:

- Date, time and place of incident
- Name and job title (where relevant) of the injured person
- Details of the injury / illness and what first aid was given
- What happened to the person immediately afterwards (for example, went home, went back to work, went to hospital)

- Name and signature of the person dealing with the incident

Template form F608a for recording first aid treatment is available on Schools Peoplenet.

All completed records of first aid treatment must be kept in a secure location to comply with the requirements of data protection legislation. Only blank copies of the form should be kept with first aid equipment.

Where necessary, an Incident form will need to be completed using the NCC's on-line reporting system.

## **8. Automated External Defibrillator (AED)**

An AED is a device that delivers a shock to the heart to re-establish regular heart rhythm after it has become unstable resulting in arrest.

The use of AEDs in cases of sudden cardiac arrest does not replace the need for Cardio Pulmonary Resuscitation (CPR), it complements it, and CPR will still be required between shocks to enable blood to continue to be pumped round the body.

Research into community schemes to install defibrillators across the world show a success rate of between 12 and 39% compared to a rate of about 7% when using CPR alone.

Legislation does not make the provision of AEDs a general requirement, although enforcing authorities acknowledge they may be of benefit in some circumstances. For example, in Nursing homes if there is a high incidence of heart attack; in premises if there are a significant number of staff and people visiting or using the services who have a history of cardiovascular problems; or on construction sites if in remote locations and in chemical processing plants.

Cabinet members recently considered whether AEDs should be introduced across NCC premises and decided that this was not appropriate at present, although they may review this in the future. This means that corporate funding for the installation of AEDs is not available.

However, if headteachers / managers identify the need from their first aid needs assessment and wish to consider purchasing an AED for the site they manage, the following factors must be taken into consideration:

- The availability and willingness of a sufficient number of existing first aid personnel to be trained in the use of an AED (refresher training is required every 6 months)
- The availability of enough trained personnel to have continuity of cover to ensure trained personnel are available at all times that the site is used
- The availability of suitable places for installation of the devices
- The number of devices required to be most effective; AEDs should be used within 2 minutes of a person collapsing to be most effective
- Finances for purchasing, testing and maintaining the equipment

## INTIMATE CARE POLICY

### Aims

- To ensure a whole school approach which ensures that the needs of the children are paramount and their rights and privacy are respected
- To ensure that children are able to express choice and have a positive image of their own body
- To ensure that the children feel safe and secure
- To ensure the children are respected and valued as human beings
- To ensure intimate care procedures minimise any risks associated with intimate care
- To ensure that the procedures are non-discriminatory

### Procedures

All staff carrying out intimate care of children in the school must be aware and follow the procedures and advice below:

- Any adult involved with intimate care should be a member of the school staff, not a volunteer or parent helper
- Ensure they are aware of the child protection policy and procedures in place within the school. If concerned about a child's actions or comments whilst carrying out intimate care, staff should record this and discuss with the school's designated person for child protection
- Children who need changing during lesson time due to a toileting accident should be changed in privacy
- Use the nature of the accident and knowledge of the child to make a judgement about how many people should be involved in intimate care. In some cases it may be advisable to have two adults present.
- In cases where the child is identified as vulnerable, is on the child protection register or where knowledge of the family indicates there could be difficulties/allegations made, **Staff** must complete an Intimate Care Record. A completed copy must be kept in the **Safeguarding File**, which can be found in the Headteacher's office.
- **Ensure another member of staff, preferably the class teacher, if during lesson time, knows that you are withdrawing the child and why**
- Speak to the child by name and explain what is happening
- Consider the dignity of the child and allow them to make a decision on how they are to be assisted. Ask the following questions if relevant:
  - ❖ Would you like some help?
  - ❖ Would you like me to help you?
  - ❖ Would you like me to come with you and wait outside the door if you need any help?

- If children can change themselves, wait outside the door with the younger children and reassure them you are there. If the child is mature enough, offer the option of going alone without an adult.
- Be aware and responsive to the child's reactions if assisting with intimate care
- Ensure any religious or cultural values are taken into account
- Ensure spare clothing is readily available
- Gloves should be used if assisting in any form of intimate care
- If washing is required, use a disposable cloth. Encourage the child to wash any intimate parts of the body
- Dispose of any item appropriately in a medical bin or the nappy bin in the nursery
- If necessary clean and disinfect any soiled areas once the child has returned to class
- If a child sustains injury needing intimate care the head should be called and the parents informed and requested to attend as appropriate
- If a child has need of support or re-assurance after the incident a private space should be used
- Parents should be informed if the child has been assisted in any way
- Confidentiality should be maintained at all times between child, school and the parent/carer
- Staff with concerns over any aspect of intimate care should discuss these with the head

### **Regular Occurrences**

- If a child has an ongoing medical problem that requires regular intimate care, the head should be informed so arrangement can be made with the parent/carer for long term resolution of the difficulties
- Children with special medical needs, who need changing on a daily basis, the date and time must be noted and signed by the staff member. Parents of these children will be aware of the procedures and will not be told each day.
- Parents will be made aware of the procedures and can view the policy at any time