

Ashleigh Primary School and Nursery, Wymondham



FIRST AID POLICY and INTIMATE CARE

Persons Responsible – Headteacher

Date of Policy: November 2021

Next Review Due: November 2024

Adopted by Full Governing Body

Signed

Date

Chair of Governors

Due consideration has been given to all children/adults/stakeholders with regard to the protected characteristics under the Equality Act 2010.

FIRST AID and INTIMATE CARE POLICY

Note:

Procedures for children with anaphylaxis, asthma, diabetes and epilepsy are detailed in Ashleigh 'Supporting Children with Medical Needs in School' Policy

1. Introduction

Schools must, according to health and safety law, provide first aid personnel and equipment for its staff in case they are injured or become ill at work. Schools should also provide first aid cover for other people who are not our employees but come to our premises as clients or visitors.

2. What does *First Aid* include?

The term *First Aid* means treating someone who is injured or unwell to keep them alive or stop their condition worsening until medical help arrives, and; treating minor injuries which do not require medical help.

First aid does not normally include giving medicines.

3. Responsibilities

The Headteacher must see that appropriate first aid provision is made for staff and visitors.

4. First Aid Needs Assessment

First aid provision is no longer based upon fixed numbers of first aiders per member of staff and a list of required contents of first aid boxes. Instead the approach we are now required to use involves making an assessment at our own workplaces and determining for ourselves: the numbers and types of first aiders we need; what we need in our first aid boxes, and whether we need any other facilities or equipment. This is called a *first aid needs assessment*.

5. How do we perform the first aid needs assessment?

The aim of the first aid needs assessment is to produce first aid provision that is tailored to our own individual workplaces, the people who work there and the risks they face from the work that they do. The process of performing the first aid needs assessment is explained in *First aid needs assessment guidance G608b*.

6. Types of first aid personnel

According to the findings of your first aid needs assessment, you will need to provide appropriate first aid personnel. The training of first aiders and the required arrangements for first aid training are described in *First Aid Training G608c*. Please note that schools have access to the contracted training provider listed in this document for the first aid training but are not obliged to use it.

Appointed person

If your first aid needs assessment identifies that you do not need any trained first aiders, you will, at least need to see that you have an appointed person available. The role of an appointed person is to: look after any first aid equipment; take charge if there is an incident, and call and liaise with the emergency services when this is necessary. You must see that appointed persons are instructed on and clear about their duties.

Emergency First Aider

Emergency first aiders are trained to carry out basic first aid and perform life-saving interventions whilst waiting for the emergency services. Emergency first aiders will need to undertake the Emergency First Aid at Work (EFAW) course.

First Aider

First Aiders are trained to perform the duties of emergency first aiders, above, and also to provide first aid for a range of specific injuries and illnesses. First Aiders will need to undertake the First Aid at Work (FAW) course.

Paediatric First Aid training

Schools and other settings with young children (from birth to the end of the academic year in which they have their fifth birthday) are required to have at least one person trained in Paediatric First Aid. This is a *Department for Education* requirement.

7. First aid kits

There is **no** definitive list of what should be in a first aid kit. The contents of each kit will be determined by the first aid needs assessment. The following list is a suggestion only, for general and low-risk environments.

- A leaflet giving general guidance on first aid (for example, HSE's leaflet *Basic Advice on First Aid at Work*);
- Individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary);
- Sterile eye pads;
- Individually wrapped triangular bandages, preferably sterile;
- Large sterile individually wrapped unmedicated wound dressings;
- Medium-sized sterile individually wrapped unmedicated wound dressings;
- Disposable gloves.

Travelling first-aid kits

Again there is **no** mandatory list of items to be included in first-aid kits for travelling workers but they might typically contain:

- A leaflet giving general guidance on first aid (for example HSE's leaflet *Basic Advice on First Aid at Work*);
- Individually wrapped sterile plasters (hypoallergenic plasters can be provided, if necessary);
- Individually wrapped triangular bandages, preferably sterile;
- Large sterile un-medicated dressing;
- Individually wrapped moist cleansing wipes;
- Disposable gloves.

Medication

First aid does not include administering medication. It is recommended that medication is not normally kept in first aid kits.

8. First aid rooms

First aid rooms are normally only necessary where employees are engaged in higher risk activities. Some larger premises may have sick rooms in case staff are taken ill and schools may provide quiet rooms where children can be treated for minor injuries.

9. Recording first aid treatment

It is necessary to record any first aid treatment that is given. A record should be made of:

- The date, time and place of the incident;
- The name and job of the injured or ill person;
- Details of the injury or illness and what first-aid was given;
- What happened to the person immediately afterwards, e.g. went back to work, went home, went to hospital;
- Name and signature of the first aider or person dealing with the incident.

The form *First aid record of treatment (confidential when completed) Form F608a* can be used to record first aid treatment. Copies of completed forms, on paper or electronic, are confidential and must be stored securely.

10. Automated External Defibrillators (AEDs)

AED's are provided in some, but not all school premises. This is decided on the basis of first aid needs assessments.

Training in the use of AEDs can provide additional knowledge and skills and may promote greater confidence in the use of a defibrillator where it is provided.

INTIMATE CARE

Ashleigh Primary School and Nursery is committed to ensuring that all staff responsible for intimate care of children will undertake their duties in a professional manner at all times. The school takes seriously its responsibility to safeguard and promote the welfare of the children in its care.

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;
- To ensure staff work in close partnership with parents and carers, to share information and provide continuity of care;
- To ensure that no child is attended to in a way that causes distress, embarrassment or pain.

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 Safeguarding Lead;
- 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 which should be uploaded to CPOMS.**
- **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 Headteacher 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 Headteacher.

Regular Occurrences

- If a child has an ongoing medical problem that requires regular intimate care, the Headteacher 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.