



7.6

First Aid Policy

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Statement of intent

St Chads Community Project is committed to providing emergency first aid provision to deal with accidents and incidents affecting staff, volunteers, children, young people and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the organisation in regard to all staff, volunteers, children, young people and visitors.

The organisation will take every reasonable precaution to ensure the safety and wellbeing of all staff, volunteers, children, young people and visitors.

This policy aims to:

- Ensure that the organisation has adequate, safe and effective first aid provision for every child, young person, member of staff, volunteer and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.
- Ensure that staff, volunteers, children and young people are aware of the procedures in the event of any illness, accident or injury.
- Ensure that medicines are only administered at the setting when express permission has been granted for this.
- Ensure that all medicines are appropriately stored.
- Promote effective infection control.

Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the premises.

1. Legal framework

This policy has due regard to legislation and statutory guidance, including, but not limited to, the following:

- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- DfE (2019) 'Automated external defibrillators (AEDs)'
- DfE (2021) 'Statutory framework for the early years foundation stage'



The policy is implemented in conjunction with the following organisation policies:

- 6.1 Health and Safety Policy
- 7.4 Administering Medication Policy
- 7.3 Infection Control Policy
- 14.2 Records Management Policy
- 7.8 Allergen and Anaphylaxis Policy
- 7.9 Social, Emotional and Mental Health Policy
- 11.1 Behavioural Policy
- Chapter 13 - Child Protection and Safeguarding Policies
- 2.11 Outings Policy
- 2.8 Ratio Policy

1. Roles and responsibilities

The Board of Trustees in collaboration with the Chief Executive Officer are responsible for:

- The overarching development and implementation of this policy and all corresponding procedures.

The Chief Executive Officer is responsible for:

- Ensuring that the relevant risk assessments, and assessments of the first aid needs of the organisation specifically, have been conducted.
- Ensuring that there is a sufficient number of appointed first aiders within the organisation based upon these assessments.
- Ensuring that there are procedures and arrangements in place for first aid during off-site or out-of-hours activities, e.g. educational visits or parents' evenings.
- Ensuring that insurance arrangements provide full cover for any potential claims arising from actions of staff acting within the scope of their employment.
- Ensuring that appropriate and sufficient first aid training is provided for staff, and ensuring that processes are in place to validate that staff who have undertaken training have sufficient understanding, confidence and expertise in carrying out first aid duties.
- Ensuring that adequate equipment and facilities are provided on the premises.
- Ensuring that first aid provision for staff does not fall below the required standard and that provision for service users and others complies with the relevant legislation and guidance.
- Ensuring that an 'appointed person' is selected from amongst staff to take the lead in first aid arrangements and procedures for the organisation.



- Ensuring that all staff, volunteers and parents are made aware of the organisation's policy and arrangements regarding first aid.
- Ensuring that all staff and volunteers are aware of the locations of first aid equipment and how it can be accessed, particularly in the case of an emergency.
- Ensuring that all service users and staff are aware of the identities of the organisation's first aiders and how to contact them if necessary.

Staff and volunteers are responsible for:

- Ensuring that they have sufficient awareness of this policy and the outlined procedures, including making sure that they know who to contact in the event of any illness, accident or injury.
- Endeavouring at all times to secure the welfare of the service users on the premises.
- Making service users aware of the procedures to follow in the event of illness, accident or injury.

First aid staff are responsible for:

- Completing and renewing training as dictated by the CEO.
- Ensuring that they are comfortable and confident in administering first aid.
- Ensuring that they are fully aware of the content of this policy and any procedures for administering first aid, including emergency procedures.

The appointed person is responsible for:

- Overseeing the organisation's first-aid arrangements.
- Taking charge when someone is injured or becomes ill.
- Looking after the first-aid equipment, e.g. restocking the first aid container.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Partaking in emergency first aid training, and refresher training where appropriate, to ensure they have knowledge of:
 - What to do in an emergency.
 - Cardiopulmonary resuscitation.
 - First aid for the unconscious casualty.
 - First aid for the wounded or bleeding.
 - Maintaining injury and illness records as required.



2. First aid provision

The organisation will routinely re-evaluate its first aid arrangements, at least **annually**, to ensure that these arrangements continue to be appropriate for hazards and risks on the premises, the size of the organisation, the needs of any vulnerable individuals onsite, and the nature and distribution of service users, staff and volunteers throughout the organisation.

The organisation will have suitably stocked first aid boxes in line with the assessment of needs. Where there is no special risk identified in the assessment of needs, the organisation will maintain the following minimum provision of first aid items:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings, of assorted sizes
- 2 sterile eye pads
- 2 individually wrapped triangular bandages, preferably sterile
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large-sized individually wrapped sterile unmedicated wound dressings
- 3 pairs of disposable gloves

All first aid containers will be identified by a white cross on a green background.

The appointed person will routinely examine the contents of first aid boxes, including any mobile first aid boxes for offsite use – these will be frequently checked and restocked as soon as possible after use. Items will be safely discarded after the expiry date has passed.

First aid boxes are in the following areas:

- Kitchen
- Nursery Room – Red room
- Out of school Club Room – Blue Room
- Main reception
- ESOL Classroom

3. First aiders

The main duties of first aiders will be to administer immediate first aid to service users, staff, volunteers or visitors, and to ensure that an ambulance or other professional medical help is called when necessary.

The organisation will ensure that all first aiders hold a valid certificate of competence, issued by a HSE-approved organisation, and that refresher training and retesting of competence is arranged for first aiders within the organisation before certificates expire.



The organisation will be mindful that many standard first aid at work training courses do not include resuscitation procedures for children, and will consequently ensure that appropriate training is secured for first-aid personnel where this has not already been obtained.

First aiders will ensure that their first aid certificates are kept up-to-date through liaison with the Deputy Project Manager and Head of Children Services.

Each room's first aiders will be responsible for ensuring all first aid kits are properly stocked and maintained. The first aid appointed person will be responsible for maintaining supplies.

First aid notices will be clearly displayed throughout the building with information on the names and locations of first aiders to ensure that service users, staff, volunteers and visitors know who they must contact in the event of illness or injury.

The organisation will ensure that there is always a sufficient number of first-aid personnel available on site at all times to provide adequate cover to all areas of the building.

In line with government guidance, and taking into account staff to child ratios, the organisation will ensure that there is at least one member of staff with a current and full Paediatric First Aid (PFA) certificate on the premises and available at all times when service users are present, and accompanying service users on any and all outings taken.

All staff members and volunteers will be made aware that agreeing to become a first aider for the organisation is strictly on a voluntary basis and that they should never feel pressured to take on this role.

When selecting first aiders, the organisation will follow the criteria laid out in government guidance, considering the individual's:

- Reliability and communication skills.
- Aptitude and ability to absorb new knowledge and learn new skills.
- Ability to cope with stressful and physically demanding emergency procedures.
- Availability to respond immediately to an emergency.

The organisation will ensure that first aid training courses cover mental health in order to help them recognise the warning signs of mental ill health and to help them develop the skills required to approach and support someone, while keeping themselves safe. Service users will be supported in accordance with the organisation's Social, Emotional and Mental Health (SEMH) policy.

4. Accommodation

The organisation's quiet room will be suitable to use as and when it is needed.



The quiet room will be used to enable the medical examination and treatment of service users, staff, volunteers and visitors and for the short-term care of sick or injured.

The quiet room will:

- Have washable surfaces and adequate heating, ventilation and lighting.
- Be kept clean, tidy, accessible and available for use at all times when employees are at work.
- Be positioned as near as possible to a point of access for transport to hospital.
- Display a notice on the door which advises the names, locations and, if appropriate, the contact details of first aiders.

5. Emergency procedures

If an incident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a first aider.

If called, a first aider will assess the situation and take charge of first aider administration. If the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they will arrange for the injured person to access appropriate medical treatment without delay.

Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, or the individual has become seriously unwell, a responding staff member will call 999 immediately.

Where necessary, a trained staff member will administer emergency help and first aid to all injured persons. The purpose of this is to keep the victim alive and, if possible, comfortable, before professional medical help arrives. In some situations, immediate action can prevent the accident from becoming increasingly serious, or from involving more victims.

Where the seriously injured or unwell individual is a child or young person, the following process will be followed:

- A responding staff member calls 999 immediately and follows the instructions of the operator – this may include the administering of emergency first aid.
- Where an ambulance is required, a staff member accompanies the child or young person in the ambulance and calls the child or young person's parent/ carer as soon as possible to inform them of the course of action taken. The staff member remains with the child or young person at the hospital until a parent/carers arrives.
- Where an ambulance is not required, but medical attention is needed, the Chief Executive Officer, Deputy Project Manager or Head of Children Services will contact



the parent/ carer of the child or young person and request that they collect their child as a matter of urgency to seek medical attention. If for any reason the parent/ carer can not be contacted, the child or young person is taken to a hospital or doctor in a staff car, accompanied by at least **two** staff members – one to drive the car, and one who is a first aider, to sit with the child or young person in the back seat and attend to their medical needs. The child or young person's parent is called as soon as possible to inform them that this course of action which has been taken, and at least one of the staff members remains with the child or young person at the hospital or doctor's office until a parent/carer arrives. Permission to escort children or young people to a hospital or a doctor in the event of seeking medical attention will be requested on the initial registration form.

- The organisation will ensure that no further injury can result from any incidents that occur, either by making the scene of the incident safe, or, if they are fit to be moved, by removing injured persons from the scene.
- Responding staff members will see to any children or young people who may have witnessed the incident or its aftermath and who may be worried or traumatised, despite not being directly involved. These children or young people will be escorted from the scene of the incident and comforted. Younger or more vulnerable children or young people may need parental support to be called immediately.

Once the above action has been taken, details of the incident will be reported promptly to:

- The Chief Executive Officer.
- The parents of the victim(s).

6. Reporting accidents and record keeping

In the event of an incident or injury to a staff member, volunteer, visitor or service user their emergency contact person will be informed as soon as practicable. In the event of a serious injury or an incident requiring emergency medical treatment, the Chief Executive Officer, Deputy Project Manager or Head of Children Services will contact their emergency contact person as soon as possible.

In the event of incident or injury to a child or young person, a parent/ carer will be informed as soon as practicable. In the event of a serious injury or an incident requiring emergency medical treatment, the Head of Children Services will telephone the child or young person's parent/ carer as soon as possible. Parents/ carers will be informed in writing of any injury to the head, whether minor or major, and be given guidance on the action to take if symptoms develop.



A list of emergency contacts will be kept at main reception and in the Head of Children Services' office.

The appointed person will ensure that records are kept of any injuries, accidents, Incidents or illnesses, as well as any first aid treatment that is given – this will include:

- The date, time and place of the incident.
- The name and service of the injured or ill person.
- Details of the injury, incident or illness and what first aid was given.
- Details of what happened to the person immediately afterwards, e.g. whether they were sent home or went back into the session.
- The name and signature of the first aider or person dealing with the incident.

Records kept of injuries, accidents or illnesses for children and young people will be filed and stored in the Head of Children Services office. These will be reviewed termly by the Head of Children Services and the Chief Executive Officer.

Records kept of injuries, accidents or illnesses for staff members, volunteers, service users or visitors will be kept filed and stored in the main reception office. These will be reviewed termly by the Deputy Project Manager and the Chief Executive Officer.

The Chief Executive Officer will ensure that any injury or accident that must be reported to the HSE or LA under RIDDOR obligations is reported in a timely and detailed manner.

All records will be filed and stored in line with the Records Management Policy.

7. Offsite visits and events

Before undertaking any offsite visits or events, the staff member organising the trip or event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the visit or event and the persons involved.

The organisation will take a first aid kit on all offsite visits which contains at a minimum:

- A leaflet giving general advice on first aid.
- 6 individually wrapped sterile adhesive dressings.
- 1 large sterile unmedicated dressing.
- 2 triangular bandages individually wrapped and preferably sterile.
- 2 safety pins.
- Individually wrapped moist cleansing wipes.



- 2 pairs of disposable gloves.

For more information about the organisation's outing requirements, please see the outings policy.

8. Storage of medication

Medicines will be stored securely and appropriately in accordance with individual product instructions, save where individual children and young people have been given responsibility for keeping such equipment with them. Medicines will be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration, and properly labelled, showing the name of the patient, the date of prescription and the date of expiry of the medicine.

Medicine brought in for children and young people will be returned to their parents/ carers for safe disposal when they are no longer required or have expired.

An emergency supply of medication will be available for pupils with medical conditions that require regular medication or potentially lifesaving equipment, e.g. an EpiPen.

Parents will advise the organisation when a child has a chronic medical condition or severe allergy so that an IHP can be implemented and staff can be trained to deal with any emergency in an appropriate way. Examples of this include epilepsy, diabetes and anaphylaxis. A disclaimer will be signed by the parents in this regard.

Children and young people will have any medication stored and, where appropriate administered, in accordance with their EHC plans and the organisation's Administering Medication Policy.

9. Illnesses and allergies

When a child or young person becomes ill during the session, their parent will be contacted and asked to pick their child up as soon as possible.

A quiet area will be set aside for withdrawal and for children and young people to rest while they wait for their parent to pick them up. Children and young people will be monitored during this time.

Where a child or young person has an allergy, this will be addressed via the organisation's Allergen and Anaphylaxis Policy.

The organisation will manage any emergencies relating to illnesses and allergies in accordance with the Emergency procedures section of this policy.



10. Consent

Parents/ carers will be asked to complete and sign a medical consent form when their child is registered with the provision, which includes emergency numbers, alongside details of allergies and chronic conditions – these forms will be updated at the start of each academic year.

Staff will not act 'in loco parentis' in making medical decisions as this has no basis in law. Staff will always aim to act and respond to accidents and illnesses based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the child or young person in mind – guidelines will be issued to staff in this regard.

11. Monitoring and review

This policy will be reviewed annually by the Board of Trustees and CEO, and any changes will be communicated to all members of staff.

Staff and volunteers will be required to familiarise themselves with this policy as part of their induction programme. Staff and volunteers will be informed of the arrangements that have been made in connection with the provision of first aid, including the location of equipment, facilities and personnel.

The next scheduled review date for this policy is July 2025.