

Lingfield Primary School

A Personal Best School



First Aid and Medical Policy Including Intimate Care

Date Agreed by Governors	Summer 2025
Review Date	Summer 2026

Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors 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 for the Early Years Foundation Stage](#), 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

3.1 Appointed person(s) and first aiders

The school's appointed person is Nicki Musonda (First Aid & Medical Officer). She is responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role 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 electronic accident report on the same day, or as soon as is reasonably practicable, after an incident
- Keeping their contact details up to date

The local authority and governing board

Surrey County Council has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the headteacher and staff members.

The headteacher

The headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and 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
- Completing electronic accident reports for all incidents they attend
- Informing the headteacher of any specific health conditions or first aid needs

Medication

All medicines must be stored in the main office and signed in by parents/carers. Children cannot store any medication in their bags during the school day.

The school Medical Officer is Nicki Musonda and the office team manages medication during the school day. All medication must be in the original box with the prescription note attached. Non-prescription medications, including cough sweets, are not to be brought into school.

Parents are required to sign all medication into school and are responsible for checking expiry dates and replacing medication when out of date. The school will alert parents when medication is nearing its expiry date.

Some children require a medical plan and this is produced with the school medical officer and distributed to staff working with the child. In some cases, an emergency care plan is in place to ensure best practice.

If a child has an inhaler, a parent/carer is required to complete and sign an Inhaler Request form and give it to a member of staff in its original container as dispensed by a Pharmacist, with the label on. The school will also request that parents/carers bring in their Asthma Treatment Plan so that a copy is at school. The inhaler, along with a spacer, can be left at school for the child to use.

Suncream

When the weather requires it, children may wear suncream to school. The school recommends "once a day" high SPF creams. The NHS recommends using sunscreen with an SPF of 30 or above and at least 4-star UVA protection.

The school promotes skincare by:

Reminding and/or supervising children to reapply sunscreen, especially before lunch breaks and outdoor activities.

Encouraging or requiring pupils to bring their own labelled bottle of sunscreen if they wish to reapply during the day.

Communicating with parents to explain sun safety measures and seeking consent for staff to help younger children in Nursery with sunscreen application

Involving parents by asking them to apply sunscreen before school and to teach their children how to do it themselves, particularly for children in Reception upwards

The school aims to educate pupils about safe and unsafe sun exposure and how to reduce the risk of sun damage, including skin cancer. This happens through PSHE lessons.

Health and Safety Executive (HSE) and the Department for Education both state that health and safety legislation does not prohibit staff from applying or assisting with sunscreen application if appropriate to do so.

Medical Tracker

The school uses Medical Tracker to record first aid incidents and all staff are responsible for recording incidents in which a child is hurt. This includes all head injuries, any blood, any mark or bruising and any situation where there may be injury to a bone. We understand that children do have accidents and encourage resilience when the injury is minor.

Parental Contact

Parents/carers will be contacted whenever there is a head injury by email and the child will be issued with a green wristband to ensure that they are monitored during the remainder of the school day. In some cases, the school medical officer will contact parents directly to make a decision whether they need to come into school to support their child.

The school has a duty of care and, if necessary, will call an ambulance in the first instance if an injury requires this. Parents will then be contacted immediately after this.

First aid procedures

In-school 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 in school, 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 office staff will contact parents immediately
- The member of staff who was first on the scene will complete an accident report form on the same day or as soon as is reasonably practicable after an incident resulting in an injury



Signs and Symptoms of Concussion

Signs of a concussion can appear within a few minutes or hours of a head injury.

It occasionally may not be obvious for a few days, so it's important to look out for any symptoms in the days following a head injury.

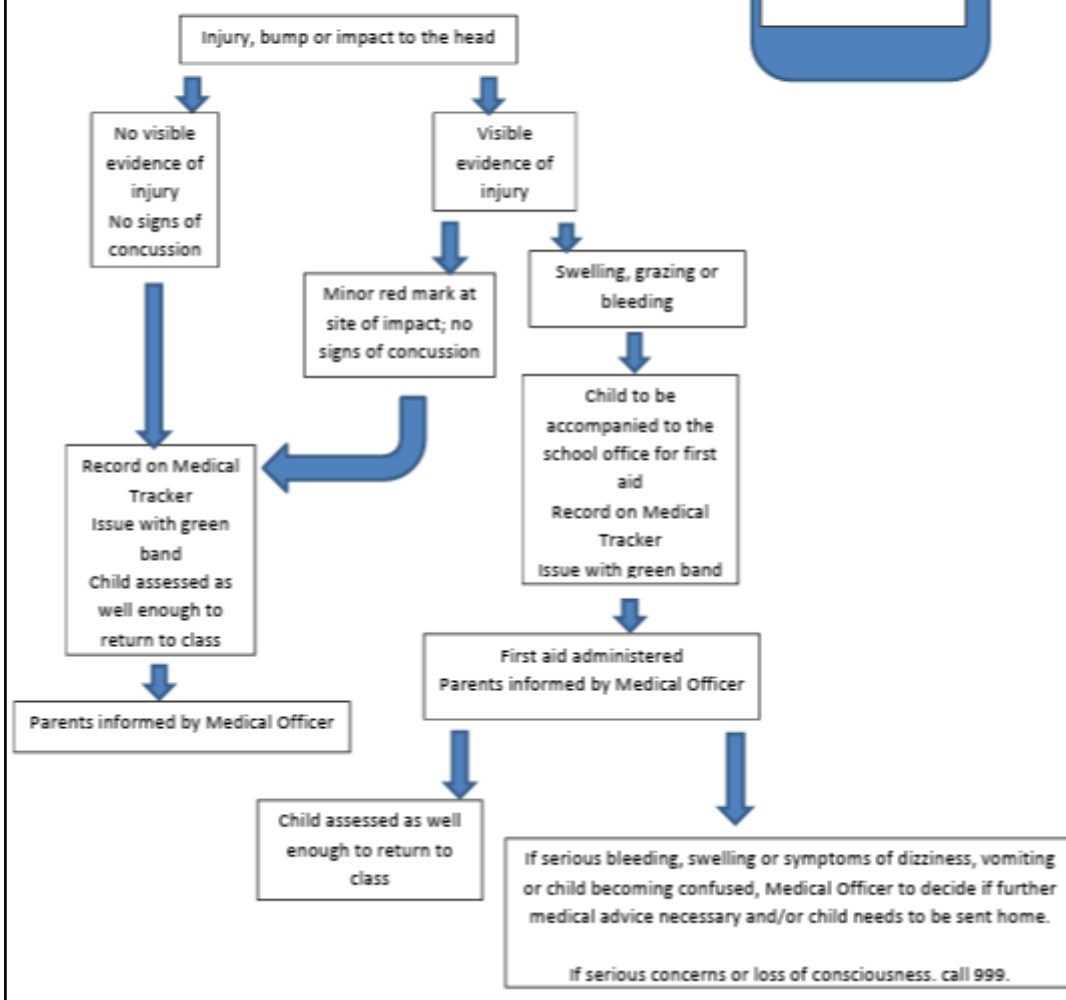
All head injuries require a report on Medical Tracker and the issue of a green band.

Symptoms can include:

- a headache that doesn't go away or isn't relieved with painkillers
- dizziness
- feeling sick or vomiting
- feeling stunned, dazed or confused
- memory loss – you may not remember what happened before or after the injury
- clumsiness or trouble with balance
- unusual behaviour – you may become irritated easily or have sudden mood swings
- changes in your vision – such as blurred vision, double vision or "seeing stars"
- being knocked out or struggling to stay awake



Lingfield Primary School, Protocols for Head Injury



Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils

Risk assessments will be completed by the class teachers prior to any educational visit that necessitates taking pupils off school premises.

Qualified First Aiders

There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits involving children aged 5 or younger, as required by the statutory framework for the Early Years Foundation Stage.

No medication is kept in first aid kits.

A defibrillator is on site and stored in the medical room, along with full instructions for use.

First aid kits are stored in:

- The medical room
- The office
- The dining hall
- The school kitchen

Staff on duty at break and lunchtime will carry a small first aid kit.

Record-keeping and reporting

First aid and accident record system

- An electronic accident form will be completed by the member of staff who dealt with the accident/injury on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form and then logged on the OSHENS website as required by Surrey County Council.
- Records held on the first aid and accident record 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, and then securely disposed of.

Reporting to the HSE

The office staff 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) by logging the incident on OSHENS

The School Business Manager 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)

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

Notifying parents

The office staff will contact parents by email and/or phone call of any serious accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable. Parents are contacted by email for any injury that requires a green bumped head band to be issued.

Reporting to Ofsted and child protection agencies

The Headteacher 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 DSL will also notify the Local Education Officer of any serious accident or injury to, or the death of, a pupil while in the school's care.

Training

All school 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

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

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

Monitoring arrangements

This policy will be reviewed by the School Business Manager annually.

At every review, the policy will be approved by the headteacher/Governing Body.

Intimate Care

The school's approach to managing intimate care is in place so:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of children are safeguarded
- Pupils with intimate care needs linked to a special educational need are not discriminated against, in line with the Equalities Act 2010
- Parents are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness, use of Medical Tracker) that protect themselves and the pupils involved

- Intimate care refers to any care which involves toileting, washing, changing, touching or carrying out a procedure to children's intimate personal areas.

Legislation and statutory guidance

This policy complies with [statutory safeguarding guidance](#).

Role of parents

Government guidance (Clean and Dry in Time for School: a multi-agency approach to toilet training for children aged 3 to 19 years, 2012) states:

Child and Family

Continence issues that persist for school-age children are likely to impact on the child's emotional health. Featherstone (2004) states: "A lack of emotional wellbeing can cause worry and stress, leading to aggression, fatigue or withdrawal, all of which has the potential to impair learning capacity."

Proactive management is more likely to enable the child to focus on settling in to school and learning. In addition, the child may find it easier to be accepted by their peers, make friends and have a more positive school experience.

Parents will benefit from consistent advice and be empowered to manage their own child's health needs. In addition, there will be less pressure on limited family budgets when parents no longer have to buy nappies.

School

Continence issues in the classroom impose a considerable pressure on the limited resources available. Time that should be spent supporting the child's learning is often used to clean and settle the child after an 'accident', resulting in less time available for all those children in the class. Effective management will enable school staff to focus on the child's learning and not on continence management.

Seeking parental permission

For children who need routine intimate care as part of an intimate care plan, parents will be required to consent to regular intimate care.

It is not expected for children beyond Nursery to require regular changing outside of an intimate care plan. For children with the Nursery setting, it is age appropriate for accidents to occur but children should no longer be in nappies.

For children whose needs are more complex or who need particular support beyond age-appropriate accidents, an intimate care plan will be created in discussion with parents and health care professionals (see section 3.2 below).

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing an intimate care procedure.

If the school is unable to get in touch with parents and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable and the school will inform parents at the earliest opportunity. The school has a duty of care in this regard. If a child says, "No" or openly resists changing, the school will stop the intimate care. The school does not have legitimate grounds to restrain a child for the purpose of intimate care.

Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents, the child (when appropriate) and relevant health care professionals.

The school will work with parents and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there is doubt whether the child is able to make an informed choice, their parents/carers will be consulted.

The plan will be reviewed when required, even if no changes are necessary, and updated as necessary.

Sharing information

The school will share information with parents as needed to ensure a consistent approach. The school will expect parents to also share relevant information regarding any intimate matters as needed.

If any safeguarding concerns are raised during intimate care, please consult the school's safeguarding policy.

Role of staff

Which staff will be responsible

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

How staff will be trained

Staff will receive annual safeguarding training and have read this policy.

Intimate care procedures

How procedures will happen

It is best practice from a health and safety and safeguarding perspective to have 2 members of staff present. If this is not possible, the member of staff carrying out the procedure will log the incident on Medical Tracker as soon as possible.

Procedures will be carried out in a location that enables minimal disruption to learning but that allows appropriate supervision to take place.

When carrying out procedures, the school will provide staff with:

- Protective gloves, cleaning supplies, changing mats and bins as required.

Where possible, pupils will be changed and/or cleaned in a standing position.

For pupils needing routine intimate care, the school expects parents to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear, wipes and a spare set of clothing.

If a child has a nappy rash or any other medical condition linked to intimate care, the school's medical policy is applied. Parents/carers need to supply appropriate nappy cream and give consent to the school's medical officer that this can be administered.

Any soiled clothing will be contained securely and discreetly returned to parents at the end of the school day.

Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures to the DSL.

If a child is hurt or there is an issue when carrying out the procedure, the staff member will report the incident immediately to DSL.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

Links with other policies and documents

This first aid policy is linked to the

- Health and safety policy
- Risk assessments
- Policy on supporting pupils with medical needs