

Published date: July 2024 Next review deadline: July 2025

Designated Safeguarding Lead (DSL)

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Related policies and procedures

This policy should be read alongside our organisational policies, procedures, guidance and other related documents.

What is the purpose and scope of this policy statement?

The purpose of this policy is:

- provide suitable first aid arrangements for all children, young people and adults if they become ill or are injured at, or under the jurisdiction of, InclusEd, on or off site.
- to deal with injuries should they occur.
- to ensure we provide a healthy and safe environment.

Legal framework

This policy follows guidance set out by the Health and Safety Executive in the Health and Safety (First Aid) Regulations 1981, https://www.hse.gov.uk/pubns/books/l74.htm. First Aid should be provided where a person will need further medical treatment until such help arrives, and for the treatment of minor injuries.

It should be noted that the treatment of minor illnesses, by the administration of tablets or medicines, falls outside the definition of First Aid.

We believe that:

- we are responsible for administering limited first aid treatment to all children, young people and adults if they become ill or are injured at, or under the jurisdiction of, InclusEd, on or off site.
- we have a responsibility to maintain first aid kits.
- we have a responsibility to summon medical assistance when required.

We recognise that:

- the welfare of children is paramount in all we do.
- we have a duty to ensure that all children, young people and adults involved in our organisation are kept safe and healthy.
- working in partnership with children, young people, parents, carers, and other agencies is essential in providing for healthy and safe working conditions.

We will seek to keep children and young people safe by:

- appointing Nominated First Aiders
- maintaining appropriate First Aid equipment and ensuring all staff are trained in First Aid, safeguarding and child protection.
- providing training and support for staff and volunteers so they know about and follow our policies, procedures and behaviour codes confidently and competently

The role of the Nominated First Aider

Nominated First Aiders are responsible for administering limited first aid treatment, maintaining first aid kits and facilities, and summoning medical assistance when required.

InclusEd

First Aid Policy

Definitions

First Aider: A First Aider is a person who has attended, successfully completed, and has a valid certificate for the 'First Aid at Work' training course. A First Aider can administer limited first aid treatment, complete documentation as necessary, and summon medical assistance when required. A Nominated First Aider has the additional responsibility for maintaining first aid kits.

All members of staff at InclusEd are First Aiders. The role and responsibilities of First Aiders are detailed below. Currently, the Director is the Nominated First Aider, holding the additional responsibility for maintaining first aid kits.

First Aid: First Aid means the following:

- cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained, and
- treatment of minor injuries which would otherwise receive no treatment or do not need treatment by a medical practitioner or nurse

Minor Injuries: Minor injuries are generally not life-threatening and do not necessitate significant medical intervention or hospitalization. These injuries often have a relatively quick recovery time. Examples include minor cuts, scrapes, bruises, burns, sprains, and strains. While these injuries can still be painful and disruptive, they often heal completely with appropriate first aid and rest.

Minor injuries are those that typically don't cause severe pain or permanent damage and can usually be treated with minimal medical intervention. Here are some examples:

- Cuts and Scrapes: These are common minor injuries that can occur in various settings. Most cuts and scrapes are superficial and can be treated with basic first aid, such as cleaning the wound, applying an antiseptic, and covering it with a bandage.
- Bruises: Bruises or contusions occur when small blood vessels under the skin break due to an impact. They're characterized by discolouration and tenderness but usually heal within a couple of weeks.
- Sprains occur when the ligaments, which connect bones to each other, are overstretched or torn. Ankle and wrist sprains are common and can often be treated with rest, ice, compression, and elevation (the RICE protocol).
- Strains: Strains happen when muscles or tendons are overstretched or torn. Like sprains, they can often be treated with the RICE protocol and may also benefit from gentle stretching and strengthening exercises as part of rehabilitation.
- Minor Burns: First-degree burns, the least severe type, affect only the outer layer of skin. They can cause redness and pain but generally heal within a week.
- Blisters are small pockets of fluid in the upper layers of skin, often due to friction or burns. Most blisters heal naturally if left undisturbed.
- Minor Head Injuries can include mild concussions, minor bumps, or blows to the head that doesn't result in loss of consciousness or other serious symptoms.
- Foreign Object in Eye or Skin: Dust, dirt, or other small foreign objects can cause minor injury but can usually be rinsed or gently removed without causing serious harm.



Even if an injury seems minor, it's important to monitor symptoms closely and seek medical attention if there are any signs of infection, increased pain, or if symptoms persist longer than expected.

Major Injuries: Major injuries are typically severe and potentially life-threatening or result in long-term disability. They often necessitate immediate and extensive medical intervention. Here are some examples:

- Fractures: These are injuries that result in broken bones. They can occur anywhere in the body, including the arms, legs, and spine, and often require immobilization or surgery to heal properly.
- Severe Burns: Third-degree burns, the most serious type, damage all layers of the skin and the tissue underneath. They often require hospitalization, skin grafts, or other extensive treatments.
- Traumatic Brain Injuries: These injuries, including concussions, contusions, and penetrating injuries, affect the brain's normal function. Depending on the severity, they can lead to long-term cognitive, physical, and behavioural issues.
- Spinal Cord Injuries: These injuries can result from trauma to the spine and can lead to partial or complete paralysis.
- Amputations: This involves the loss of a limb or appendage. Amputations can result from a traumatic injury or may be required surgically due to a severe injury or infection.
- Internal Injuries: These are injuries that cause internal bleeding or organ damage. They can occur due to a severe blow or trauma and often require immediate medical attention.
- Crush Injuries: These injuries can occur when a part of the body is squeezed between two heavy objects, leading to severe damage to the skin, muscles, bones, and other tissues.
- Eye Injuries: Severe injuries to the eye can result in partial or complete loss of sight. This includes penetrating injuries, chemical burns, or retinal detachment.
- Severe Soft Tissue Injuries include severe sprains and strains, tendon ruptures, and significant damage to muscles or ligaments, often requiring surgery and a lengthy recovery and rehabilitation period.

All major injuries require immediate medical attention to mitigate any long-term effects and maximize recovery potential.

The role of the employer, First Aiders, and staff, volunteers and visitors.

The role of the Employer: The responsibility of the Employer is to:

- establish the First Aid need by risk assessment.
- identify suitable employees who are willing to undertake First Aid training and annual refresher training.
- provide adequate First Aid equipment and facilities.
- inform all staff, volunteers and visitors of the location of the First Aid personnel and equipment available to them in their working environment. This will be detailed in the safeguarding leaflet /sign-in sheet.
- ensure the First Aiders maintain their First Aider or Appointed Person status by attending annual refresher training.

At InclusEd, the responsibilities listed above have been delegated to the Director to discharge them in the appropriate manner.

The role of First Aiders: The First Aider's role includes:

• the administration of First Aid, up to but not exceeding the level of their training



- ensuring that any accident needing more than minor attention when on site is immediately referred to the nearest hospital and that InclusEd's Director is informed immediately.
- ensuring that any incident and treatment given is recorded in The InclusEd Accident Book and that any necessary documentation is completed to comply with required legislation.
- ensuring that all spillages of body fluids are cleared up promptly.
- ensuring their own recommended immunisations/injections are up to date, and
- reporting any illness or injuries which would preclude their abilities to administer First Aid, to the Director to arrange alternative cover.
- attending refresher training.

The Nominated First Aider holds the additional responsibility for maintaining first aid kits and ensuring adequate stocks in the First Aid kit.

The role of the staff, volunteers and visitors: It is important that any injury that occurs whilst at work is recorded. Any person who is injured should therefore follow the steps below, and should support children to:

Minor Injuries

- Seek attention from the First-Aider.
- Record incident in the Accident Book.

If no further medical treatment is required:

- When the injury has been dealt with, the First-Aider should be informed of the circumstances in which the injury occurred.
- These should be recorded in the Accident Book.

Major Injuries / If further medical treatment is required:

- This should be sought as soon as possible.
- At the earliest convenience, the first-aider should be informed of the circumstances in which the injury occurred.
- These should be recorded in the Accident Book.
- Other members of staff who witness such an injury should also report their observations to the first-aider;
- Witnesses may be asked to make a statement of their observations.

If the injured party is in hospital for more than 24 hours or if the injured party is off work for more than three days, the Health and Safety for the Environment need to be notified.

Reporting

If someone has died or has been injured because of a work-related accident this may have to be reported. A RIDDOR report is required when the accident is work-related and it results in an injury of a type which is reportable:

- The death of any person
- Specified injuries to workers
 - o 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
 - o serious burns (including scalding) which:
 - o covers more than 10% of the body



- causes significant damage to the eyes, respiratory system or other vital organs
- o any scalping requiring hospital treatment
- o any loss of consciousness caused by head injury or asphyxia
- o any other injury arising from working in an enclosed space which:
- o leads to hypothermia or heat-induced illness
- o requires resuscitation or admittance to hospital for more than 24 hours
- o causes over-seven-day incapacitation of a worker

For further guidance is available here: https://www.hse.gov.uk/riddor/reportable-incidents.htm

Monitoring and review

Accident Book records will be monitored by the First-Aider and any recurrent problem will be brought to the attention of InclusEd's Director.