



Lumen Learning Trust

Learning together for a brighter future

First Aid policy

Incorporating:

Intimate Care for Early Years
Protection against Blood Borne Viruses

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SIGNED DEPUTY CHIEF EXECUTIVE OFFICER	Sarah Kober 	DATE	22/09/2026
SIGNED CHAIR OF TRUSTEES	Jo Roberts 	DATE	22/09/2026

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Introduction

The Lumen Learning Trust puts the children's needs at the heart of its provision. Our whole school community is committed to enabling the children to become successful lifelong learners and happy, fulfilled adults who can make positive choices about their future.

1. Aims

Lumen Learning Trust's primary concern is to ensure the health and safety of all staff, pupils and visitors.

We are committed to enabling all children and their parents feel fully supported in dealing with any medical issues that arise during their time at a Trust school. It is of utmost importance to us that all children are able to be included and have full access to all aspects of education, including school trips and physical education. With this in mind Senior Leadership Teams and staff will ensure that, in conjunction with advice from parents, arrangements are made to fully support children to manage any medical needs as required. This principle extends to those children unable to attend school due to a serious medical condition. A Headteacher will ensure that all such children receive the appropriate level of support from school staff and outside agencies which may include liaising with hospital schools and specialist Surrey Home Education teams.

Although there is no legal requirement for school staff to administer medicines, staff will do what is reasonable and practical to support the inclusion of all pupils.

In addition, all staff at Lumen schools are aware that it is their responsibility to make sure that their First Aid training is up to date and that they should inform the Office Manager if it is due to, or has, lapsed. Select staff will be fully trained in Paediatric First Aid, including a member of office staff and the Early Years staff team.

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors.
- Ensure that the whole school workforce is aware of their role and responsibilities with regards to health and safety, first aid and medicines.
- Provide a framework for responding to an incident and recording and reporting the outcomes.
- Outline to parents and school staff the safe procedure for bringing medicines into school when necessary and their storage.
- Ensure the safe administration of medicines to children where necessary both on school premises and on school trips and to help to support attendance.
- Support individual children with medical needs and ensure the on-going care and support of children with long term medical needs via an Individual Healthcare Plan.
- Manage the provision of intimate care.
- Clarify the roles and responsibilities of parents in relation to children's attendance during and following illness.
- Promote effective infection control.

2. Legislation and guidance

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 Road Vehicles (Construction and Use) Regulations 1986
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- DfE (2026) 'Early years foundation stage (EYFS) statutory framework'
- DfE (2023) 'Automated external defibrillators (AEDs): a guide for maintained schools and academies'
- DfE (2026) 'Allergy Safety in Schools'

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

- Behaviour Management Policy
- Child Protection and Safeguarding Policy
- Educational Visits and School Trips Policy
- Health and Safety Policy
- Data Retention policy
- Supporting children with medical conditions policy
- Whole School Allergy Policy

This policy complies with our funding agreement and articles of association.

3. Roles and Responsibilities

In schools with Early Years Foundation Stage provision, at least one person who has a current paediatric first aid certificate must be on the premises at all times.

Beyond this, in all settings – and dependent upon an assessment of first aid needs – employers must usually have a sufficient number of suitably trained first aiders to care for employees and children in case they are injured at the premises. However, the minimum legal requirement is to have an 'appointed person' to take charge of first aid arrangements, provided the assessment of need has taken into account the nature of employees' work, the number of staff, and the location of the school. In Lumen Learning Trust schools appointed persons will comprise of office team members.

The roles of specific groups of the school workforce are as follows:

Trustees

- To ensure the appropriate level of Public Liability Insurance is in place and appropriately reflects the level of risk of medical needs and conditions within the school.
- Delegates operational matters and day to day tasks to the Head teacher and staff members.

Headteacher

- The day-to-day development and implementation of this policy and its related procedures.
- To bring this policy to the attention of school staff and parents and to ensure that the procedures outlined are put into practice.
- To ensure that there are sufficient First Aiders and appointed persons for the school to be able to adhere to this policy.
- To ensure that staff receive appropriate support and training.
- To ensure that parents are aware of the school's First Aid Policy.
- To ensure that this policy is reviewed biannually.
- To ensure appropriate risk assessments are completed and appropriate measures are put in place.
- 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.
- To ensure that adequate equipment and facilities are provide for the school site.
- Reporting specified incidents to the HSE when necessary.

Appointed Persons

- Overseeing the school'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 kits.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Calling the emergency services where necessary.
- Maintaining injury and illness records as required.
- Undertaking emergency first aid training, first aid at work, and refresher training where appropriate, to ensure they have knowledge of:
 - What to do in an emergency.
 - How to assess and monitor a casualty.
 - First aid for the unconscious casualty.
 - First aid for someone who is having a seizure.
 - Maintaining injury and illness records as required.
 - Paediatric first aid.
 - Mental Health First Aid.
 - Allergy Emergency response.
- Clearly displaying First aid notices throughout the school with information on the names and locations of first aiders to ensure that pupils and staff know who they must contact in the event of illness or injury.

First Aider/s

- 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 accident report on the same day, or as soon as is reasonably practicable, after an incident.
- Keeping their contact details up to date.

All staff

- To undertake First Aid training regularly.
- To undertake First Aid treatment for minor illness or injury for children and staff as necessary.
- To follow the procedures outlined in this policy using the appropriate forms.
- To share medical information as necessary to ensure the safety of a child.
- To retain confidentiality where possible.
- To take all reasonable precautions to ensure the safe administration of medicines.

- To contact parents with any concerns without delay.
- To contact emergency services if necessary without delay.
- To alert a School Offices if first aid box supplies need replenishing.
- To act in role of Visit Leader where appropriate when on a trip – see Appendix B: Medicines on school trips.
- To inform the Head teacher or line manager of any specific health condition/s or first aid need/s.

Parents/Carers

- To give the school adequate information about their children's medical needs prior to a child starting school which includes emergency contact numbers, alongside details of allergies and chronic conditions
- To follow the school's procedure for bringing medicines into school.
- To only request medicines to be administered in school when essential.
- To ensure that medicines are in date and that asthma inhalers are not empty.
- To notify the school promptly of changes in a child's medical needs, e.g. when medicine is no longer required or when a child develops a new need, e.g. Asthma.

4. First Aid provision

In line with [Department for Education guidance \(First aid in schools, early years and further education\)](#), schools must ensure adequate first aid provision based on a needs assessment, and treatment should only be given by staff who are competent to do so.

First Aid kits

A typical first aid kit in our school will include the following:

- Regular and large bandages
- Sterile Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Plasters of assorted sizes
- Wound dressings of assorted sizes, individually wrapped and sterile
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

Each school owns at least one automated external defibrillator (AED) in a readily accessible location for use in emergencies. These are registered on the national defibrillator network, The Circuit, to assist emergency services and are available for public use during school hours only. They are inspected and logged monthly on IAMCompliant compliance software by School Caretakers (e.g. battery status and pad expiry dates) and recorded on The Circuit by the Facilities Officer.

All school staff must complete annual video training regarding the use of the AED.

First aid kits can be typically stored in:

- The medical treatment area within the school office
- The school kitchen
- School vehicles
- Outside classroom

Maintenance of first aid equipment

- An Appointed person/s will regularly check that materials and equipment are available, ensuring that new materials are ordered when supplies are running low.
- There is an emergency medication bag that is taken onto the playground at every break time and it is the responsibility of an appointed first aider to regularly check the supplies contained therein.

- There is a residential/trip first aid bag that is taken on any trip off site. It is the responsibility of an appointed first aider to regularly check the supplies contained therein and of the Visit Leader whilst the trip is taking place.
- Any individual personalised medication taken on each day trip/residential is carried separately by the adult responsible for the particular child in question.

Facilities

The school's first aid area will be suitable to use as and when it is needed, and any additional medical accommodation will be available in accordance with the school's first aid needs assessment.

The first aid area will be used to enable the medical examination and treatment of pupils and for the short-term care of sick or injured pupils. The first aid area includes a wash basin and is situated near a toilet.

The first aid area will not be used for teaching purposes.

The first aid area 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.
- Have a sink with hot and cold running water.
- 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. In-school emergency, accident and illness procedures

Emergency Procedures

In the event of an accident resulting in injury to a child or member of staff:

Where necessary, a trained staff member will administer emergency help and first aid to all injured persons. 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 pupil, the following process will be followed:

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 staff member will call 999 immediately.

It is the decision of the Appointed Person or First Aider if the emergency services are to be called, in consultation with the Headteacher or nominated deputy if time allows. Staff are expected to support and assist an Appointed Person or First Aider in their decision.

For a child:

- First arrange for the emergency services (999) to be summoned.
- Then contact parent and give all information required:
 - If the parent cannot be reached a member of school staff will accompany the child in the emergency vehicle to the hospital and remain with the child until a parent arrives.
 - Health professionals are responsible for any decisions on medical treatment provision when a parent is not available.
- Where an ambulance is not required, but medical attention is needed, the parent is contacted immediately to collect the child and take them for further medical treatment. If a parent is unable to get to the school the pupil is taken to a hospital or doctor in a staff car or school minibus vehicle, accompanied by at least **two** staff members – one to drive the car, and one who is a first aider, to sit with the pupil in the back seat and attend to their medical needs. At least one of the staff members remains with the pupil at the hospital or doctor's office until a parent arrives.
- The school 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 pupils who may have witnessed the incident or its aftermath and who may be worried or traumatised, despite not being directly involved. These pupils will be escorted from the scene of the incident and comforted. Younger or more vulnerable pupils 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 headteacher.
- The parents of the child/ren involved.

For an adult:

- First arrange for the emergency services (999) to be summoned.
- Then call the next of kin.
 - If the next of kin cannot be reached a member of school staff will accompany the adult in the emergency vehicle to the hospital.

The member/s of staff who dealt initially with the accident must complete an accident report on the same day or as soon as is reasonably practical after an incident resulting in an injury.

Staff Wellbeing Debriefs

Recognising that managing or witnessing a medical emergency or a critical near miss can be emotionally challenging, the Trust is committed to supporting staff well-being. Following any significant medical incident, the Headteacher or Designated Safeguarding Lead will initiate a formal Staff Well-being Debrief within 48 hours. This session provides an opportunity for involved personnel to process the emotional impact of the event in a supportive, non-judgmental environment. Additionally, staff will be signposted to the school's Employee Assistance Programme (EAP) or occupational health services for ongoing psychological support if required. This may also include a debrief from any ambulance crew on scene, an appointment with their GP, or mental health support from external helplines and websites located at the bottom of the government page '[Promoting and supporting mental health and wellbeing in schools and colleges](#)'.

A Staff Well-being Debrief will be automatically triggered following any incident that involves:

- Emergency Services Call-Outs: Any event requiring an emergency ambulance response or attendance on school grounds.
- Life-Saving Interventions: The administration of Cardiopulmonary Resuscitation (CPR) or the deployment of an Automated External Defibrillator (AED).
- Emergency Medication Administration: The use of an Adrenaline Auto-Injector (AAI/Epipen), buccal midazolam or an emergency asthma inhaler.
- Severe Physical Trauma: Incidents resulting in significant blood loss, fractures, loss of consciousness or choking.
- High-Impact Near Misses: A prevented error that had the clear potential to result in critical harm or fatality (such as a major medication mix-up caught at the final moment).

Accident Procedures

All staff are expected to be responsible for the care of the children's health in the school. As such staff would be expected to exhibit the same level of response as would be expected of a careful and prudent parent in similar circumstances. The school has a number of Appointed First Aiders for dealing with accidental injury.

- At break times, staff members supervising the children will deal with minor injuries in situ wherever possible.
- Where a staff member requires further support to treat a child, the child will be sent/taken to the medical treatment area in the school office.
- Parents will be notified of any head injuries, however minor, on the day of the injury.

General Illness Procedures

In the event of an illness occurring during the school day; the school will make every effort to contact the parents, or a designated carer, with the view to the child going home. Parents are responsible for providing the school with emergency contact numbers and for updating these as necessary. Parents must be ready and

willing to remove an ill child or make arrangements for care elsewhere. No child will be sent home alone or with another minor (e.g. older sibling) when ill.

- Children who feel unwell should be sent to the school office.
- Monitoring of unwell children will be the responsibility of the administrative staff and the Headteacher, or nominated deputy.
- For children with individual medical needs teaching staff will be made aware of any such cases in their class. In the event of illness, individual plans will be followed where required. Relevant information will be kept in the office and in the appropriate classroom.

School attendance during or after an illness

Attendance is very important and children should only be absent from school if they are very unwell.

- Symptoms of vomiting or diarrhoea will require a child to be absent from school and not to return until 48 hours from the last episode.
- Children who have symptoms of illness which may be contagious should be seen by a doctor before coming into school.
- Further information can be obtained from - the Public Health England 'Guidance on infection control in schools and other childcare settings'.

6. Offsite emergency, accident and illness procedures

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

- A portable first aid kit.
- Information about the specific medical needs of pupils and personal medications

Additionally, the school will ensure that all large vehicles and minibuses have a first aid box readily available and in good condition.

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

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

Emergency Procedures

The in-school procedure will apply to all off site activities with the Trip Leader responsible for carrying out the necessary actions.

Accident Procedures

All staff on the trip will be expected to administer care to a child (or adult) using the materials contained within the First Aid kit bag that is taken on every trip. The parent of a child will be notified of any minor accident when collected from the school premises following the trip.

General Illness Procedures

We would expect parents to exercise their caution and not allow their child to attend a trip if they appear unwell prior to the trip departing. If a child presents as unwell once a trip has begun and the trip is in close proximity of the school a parent may be contacted to collect their child. In other circumstances the child will be made as comfortable as possible by staff until they have returned to the school site and can be collected by their parent.

7. Good Hygiene Practices

Animals

Animals may carry infections, so hands must be washed after handling any animals. Health and Safety Executive (HSE) guidelines for protecting the health and safety of children should be followed as well as the Lumen Animals in the Learning Environment policy.

Chicken pox and other diseases, rashes

If a child is suspected of having chicken pox etc., we will look at the child's arms or legs and other readily visible parts of the body such as face and neck. A chest or back will not usually be looked at and only will be if the suspected condition cannot be confirmed by looking at the readily visible parts of the body. In this instance a child will be asked if they consent to an adult looking. If consent is given this will be done by a First Aider with an additional adult present.

Cleaning of blood and body fluid spillages

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately and always wearing protective equipment (PPE). When spillages occur, these should be cleaned using a dedicated spillage kit product that combines both a or a freshly prepared solution of detergent and a disinfectant. Mops should never be used for cleaning up blood and body fluid spillages – disposable paper towels should be used. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Cleaning of the environment

Cleaning of the environment, including toys and equipment, should be frequent and thorough.

Clinical Waste

Used nappies/pads are stored in an appropriate nappy waste bin. Gloves, aprons and soiled dressings should be stored in the correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor.

Coughing and sneezing

Coughing and sneezing easily spreads infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Hands should be washed after using or disposing of tissues.

Cuts

All open cuts should be cleaned with water and assessed by a First Aider to determine if a covering is necessary. All staff members and children must keep any open cuts, scratches, or abrasions fully covered with waterproof, medical-grade dressings at all times to prevent potential exposure to Blood-Borne Viruses (BBVs). Minor cuts should be recorded. Severe cuts should be recorded and a parent called. Anyone treating an open cut should use rubber gloves. Any accidental exposure to blood or deep skin-punctures (such as human bites or needle-sticks) must be washed immediately under running water, reported to the designated First Aider and Safeguarding Lead, and logged in the accident book. Medical advice should be sought immediately if a BBV exposure risk is identified.

Handwashing

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea, vomiting or respiratory disease. All staff should regularly remind children to use liquid soap or foam, warm water and paper towels and to always wash hands after using the toilet, before eating or handling food, and after handling animals. Adults should wash their hands with liquid soap and warm running water immediately before putting on PPE and after removing it. Alcohol-based hand sanitiser should only be used as a temporary measure if water is unavailable, and must be followed by washing with soap as soon as possible.

Head injuries

Any bump to the head, no matter how minor is treated as serious. A parent or carer will be informed on the same day as the injury. The adults in the child's class room should be informed so that they can keep a close eye on the child. For more significant head injuries a parent will be called and asked to collect their child if necessary. All bumped head accidents should be recorded.

Headlice

Staff do not touch children nor examine them for suspected headlice. If a member of staff suspects a child to have headlice we will have to inform parents/carers. A standard communication will be sent home with all the children in that year group where the suspected headlice incidence is.

Personal Protective Equipment (PPE)

Disposable single-use non-powdered vinyl or latex-free CE-marked gloves are available for use and a disposable plastic apron for every intimate care routine, nappy change, or first aid incident involving blood or bodily fluids. PPE must be discarded immediately after each task, followed by thorough handwashing.

Sharps disposal

Sharps should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Sharps injuries and bites

If skin is broken, encourage the wound to bleed and wash thoroughly using soap and water. An individual should contact their GP or occupational health or go to A&E immediately depending upon the severity of the injury.

Splinters or stings

Removal of small, superficial splinters, stings or easily accessible foreign objects may be carried out as part of basic first aid where this is simple, low risk and within the competence of the trained member of staff.

Sunscreen

During the summer months parents are asked to apply sun screen to their child before school. High factor sunscreens are available which are long lasting and will provide protection for children through the lunch period even when administered in the morning.

Should a parent feel that a child's sun protection needs to be reapplied during the school day, the child must provide their own sun screen, clearly labelled with their name. Any child bringing in their own sun screen must be able to reapply it independently, staff will not apply the sun screen to a child.

The school will not allow a child's named sun screen to be used by another pupil due to the risk of an allergic reaction.

Staff will only apply sun screen to the face, neck and arm area of a child in the following exceptional circumstances **and only after** parental consent has been given to the school:

- Children with special educational needs where it is not reasonable to expect the child to be able to do this.
- Children with certain medical conditions (i.e. there is extreme sensitivity to the sun) that require more frequent application of sunscreen.
- Children in the school's nursery provision.

Parents should also provide a clearly named hat and light covering layer of clothing to act as an additional screen to the sun's strong rays when it is very hot.

8. Record-keeping and reporting

First aid and accident record

- An accident record will be completed by the first aider who dealt with the accident 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 contained in the accident record.
- Records held will be retained by the school, in accordance the Trust data retention policy and then securely disposed of as follows:
 - For staff: + 6 years from date of accident
 - For children: DOB + 25 years

Near-misses

The Trust mandates the immediate recording and investigation of all near misses - including medication errors intercepted before administration - to identify systemic vulnerabilities, implement corrective actions and proactively safeguard student welfare. Staff must document any such prevented incident using Oshens within 24 hours of the occurrence. These reports will be reviewed by the Headteacher and Central Team to update risk assessments, adjust storage or distribution procedures and prevent future errors.

Reporting to appropriate external bodies

An appointed First Aider 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).

An appointed First Aider will record any incidents as soon as is reasonably practicable and in any event within 10 days of the incident using the OSHENS reporting structure. Please see Appendix D for details on the process followed.

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
- 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

Medication errors intercepted before administration

Notifying parents

An appointed First Aider will inform parents of any significant accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

9. Training

- All school staff must be prepared to undertake first aid training and renew the training at regular intervals.
- All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. Each school will keep a register of all trained first aiders, what training they have received and when this is valid until.
- In line with government guidance and taking into account staff:child ratios, for Early Years the school will ensure that there is at least one member of staff with a current and full 12 hour paediatric first aid (PFA) certificate on the premises and available at all times when pupils are present, and accompanying pupils on any and all outings taken.
 - The school will ensure that PFA certificates are renewed every three years, and that training meets the criteria set out in Annex A of the 'Early years foundation stage (EYFS) statutory framework'.
- The school will display staff PFA certificates or a list of staff who have a current PFA certificate and make this information available to parents. The Trust considers mental health emergencies alongside physical ones when determining the number of first aiders and types of training required. All schools have trained Mental Health First Aiders on the staff team and has an appointed Senior Mental Health Lead on each Senior Leadership Team.

10. Complaints

Should there be cause for a complaint to be made then the procedures to follow are outlined in our school complaints policy. However, in the first instance a member of the school office should be informed (instead of contacting the child's class teacher). The relevant information relating to the complaint will then be escalated to the Office Manager and dealt with accordingly.

APPENDIX A: INTIMATE CARE IN AN EARLY YEARS SETTING

Aims

It is our intention to develop independence in each child; however there will be occasions when additional help is required. Our Intimate Care Policy has been developed to safeguard children and staff in line with Intimate Care Guidance – The Early Educational Effectiveness Team & The Early Years SEND Team 2025, with the Early Years Foundation Stage (EYFS) Statutory Framework for 2026 and the updated Working Together to Safeguard Children 2026 guidelines, adopting a unified welfare approach that seamlessly integrates intimate care, safeguarding and first aid. Rather than operating as isolated practices, these elements are combined to ensure that close physical care and medical responses are delivered with the highest standards of safety, dignity, and infection control. All intimate care routines - including nappy changing, toileting support, and the management of bodily fluids - are conducted strictly under Standard Infection Control Precautions (SICPs) to protect children and staff against Blood-Borne Viruses (BBVs). By embedding these protective measures directly into our daily safeguarding infrastructure and first aid protocols, we maintain a secure, compliant environment where child privacy is balanced with robust supervision and regulatory oversight.

It is one of a range of specific policies that contribute to our provision of pastoral care and the principles and procedures apply to everyone involved in the intimate care of children. Children are generally more vulnerable than adults, and staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

Intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. Such activities include:

- Feeding
- Oral care
- Washing
- Changing clothes
- Toileting
- First aid and medical assistance
- Supervision of a child involved in intimate self-care

Parents have a responsibility to advise the school of any known intimate care needs relating to their child.

Principles of Intimate Care

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- All children have the right to be involved and consulted in their own intimate care to the best of their abilities.
- All children have the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are appropriate and consistent.

School Responsibilities

All staff working with children are subject to the appropriate Disclosure and Barring Checks. This includes student teachers on work placement and volunteers.

Only those members of staff who are familiar with the intimate care policy and other pastoral care policies of the school are involved in the intimate care of children.

Where anticipated, intimate care arrangements are agreed between the school and parents and, if appropriate, by the child.

Consent forms are signed by the parent and stored in the medical records file. Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents would then be contacted immediately.

Intimate care arrangements should be reviewed at least half yearly. The views of all relevant parties should be sought and considered to inform future arrangements.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to one of their school's Designated Leader for Safeguarding and Child Protection (DSL).

Guidelines For Good Practice

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children.

Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

Staff also need to be aware that some adults may use intimate care as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation.

Adhering to the following guidelines of good practice should safeguard children and staff:

- Involve the child in the intimate care.
- Try to encourage a child's independence as far as possible in his or her intimate care.
- Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible.
- Check your practice by asking the child or parent about any preferences while carrying out the intimate care.
- Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.
- Care should not be carried out by a member of staff working alone with a child. Two staff members should always be present.
- Make sure practice in intimate care is consistent. As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.
- Ensure any incidents where a child has received intimate care are reported to parents.
- If the intimate care is a regular, planned event there should be regular communication between home and school. This may be in the form of a home-school communication notebook, or a more formal record kept in the case of pupils with specific medical needs. In this instance the School Nurse will be involved and may support staff and parents by advising what sort of information should be recorded, and monitoring the provision in school.
- Be aware of your own limitations. Only carry out activities you understand and feel competent with. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.
- Promote positive self-esteem and body image. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.
- If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling report it immediately to a DSL.
- If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to a DSL.
- Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file and Safeguarding Log.

Working With Children Of The Opposite Sex

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a female member of staff.

The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- Two members of staff must be present.

- When intimate care is being carried out, all children have the right to dignity and privacy, i.e. they should be appropriately covered, the door closed or screens/curtains put in place.
- If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.
- Report any concerns to a DSL and make a written record.
- Parents must be informed about any concerns.

Communication With Children

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

- make eye contact at the child's level
- use simple language and repeat if necessary
- wait for response
- continue to explain to the child what is happening even if there is no response
- treat the child as an individual with dignity and respect.

Forms to support Intimate Care, to be used as required

Form 1: Record of other agencies involved

Child/young person's name: **Date of birth**

Name and role	Contact address, phone and email
Parent/carer	
Area sector improvement advisor	
Case officer	
Continence adviser	
Educational psychologist	
GP	
Home Care Team (community paediatric nurse)	
Hospital consultant	
Occupational therapist	
Physical and Sensory Support	
Physiotherapist	
School nurse / health visitor	
Social worker	

Form 2: Personal care management checklist

(to inform the written personal care management plan)

Child/young person's name: **Date of birth**

Facilities	Discussed	Action
Suitable toilet identified? Adaptations required? • Changing mat/table (easy clean surface) • Grab rails • Step • Easy operate locks at suitable height • Accessible locker for supplies • Mirror at suitable height • Hot and cold water • Lever taps • Disposal unit • Moving and handling equipment • Bleeper/emergency help		

Family provided supplies:	Discussed	Action
• Pads • Catheters • Wipes • Spare clothes • Others (specify) School/setting provided supplies: • Toilet rolls • Urine bottles • Bowl/bucket • Antiseptic cleanser, cloths and blue roll • Antiseptic hand wash • Milton/sterilising fluid • Paper towels, soap • Disposable gloves/aprons • Yellow sacks/disposal bags		

Staff training/communication • Advice sought from medical personnel? Manual handling adviser? • Parental/carer involvement in the management plan • Child/young person's involvement in the management plan • Any parental/child/young person's preference for gender of carer • Specific training for staff in personal care role • Awareness raising for all staff • PE staff Other children and pupils? • Consult child/young person, respect privacy • How does the child/young person communicate needs?	Discussed	Action
PE issues to enable access to all activities • Discreet clothing required? • Privacy for changing? • Specific advice required for swimming? • Specialist nurse? • Manual handling adviser?	Discussed	Action
Support Identified staff Back up staff Training for back up staff Time plan for supporting personal care need	Discussed	Action

Form 3: Personal care management plan

(developed from the personal care management checklist)

Child / young person's name:	Date of birth:	Condition:
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Details of assistance required:

Facilities and equipment: (Clarify responsibility for provision of supplies e.g. parent/carer/school/other)

Staffing		
Regular	Name	Time plan
Back up		

Training needs (individual staff must keep signed/dated records of training received in addition to school and setting held records. A record should be completed when training has been delivered and kept as part of the care plan).

Curriculum specific needs:

Arrangements for trips/transport:

Procedures for monitoring and complaints: (including notification of changing needs by any relevant party)

This current plan has been agreed by:

Name

Role

Signature

Date:

Date for review:

Form 4: Toileting plan**Record of discussion with parents/carers**

Child/young person's name:	Date of birth:	Date agreed:
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	Details	Action
Working towards independence: Such as taking child/young person to toilet at timed intervals, using sign or symbol, any rewards used		
Arrangements for nappy/pad changing: Such as who, where, arrangements for privacy		
Level of assistance needed: Such as undressing, dressing, hand washing, talking/signing to child/young person		
Infection control: Such as wearing disposable gloves, nappy disposal		
Sharing information: Such as if the child/young person has a nappy rash or any marks, any family customs/cultural practice		
Resources needed: Such as special seat, nappies/pull-ups, creams, disposable sacks, change of clothes, toilet step, gloves		

Signed: Parent: Key member of staff:	Review date:
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c.c. Parent/carers

Form 5: Record of personal care intervention

Child/young person's name:

[illegible]

Form 6: Agreement of intimate care procedures for a child or young person with complex needs

The purpose of this agreement is to ensure that both parents/carers and professionals are in agreement with what care is given, who is providing the care and that the appropriate training is given.

Teaching of the care procedure may be carried out by the parent/carer or by the professional experienced in that procedure.

When the parent/carer and/or professional are agreed the procedure has been learned and the staff carer feels comfortable with, and competent to administer that procedure this record should be signed by the parties. One copy should be given to the staff carer, one retained in the staff carer's personnel file and one filed in the child/young person's medical health record.

Child/young person's name.....

Procedure.....

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Staff carer's name.....

Staff carer's signature..... Date.....

Parent/carer and/or professional

I have taught the above procedure to the named staff carer and have assessed him/her as able to perform the care as instructed.

Signed.....Date.....

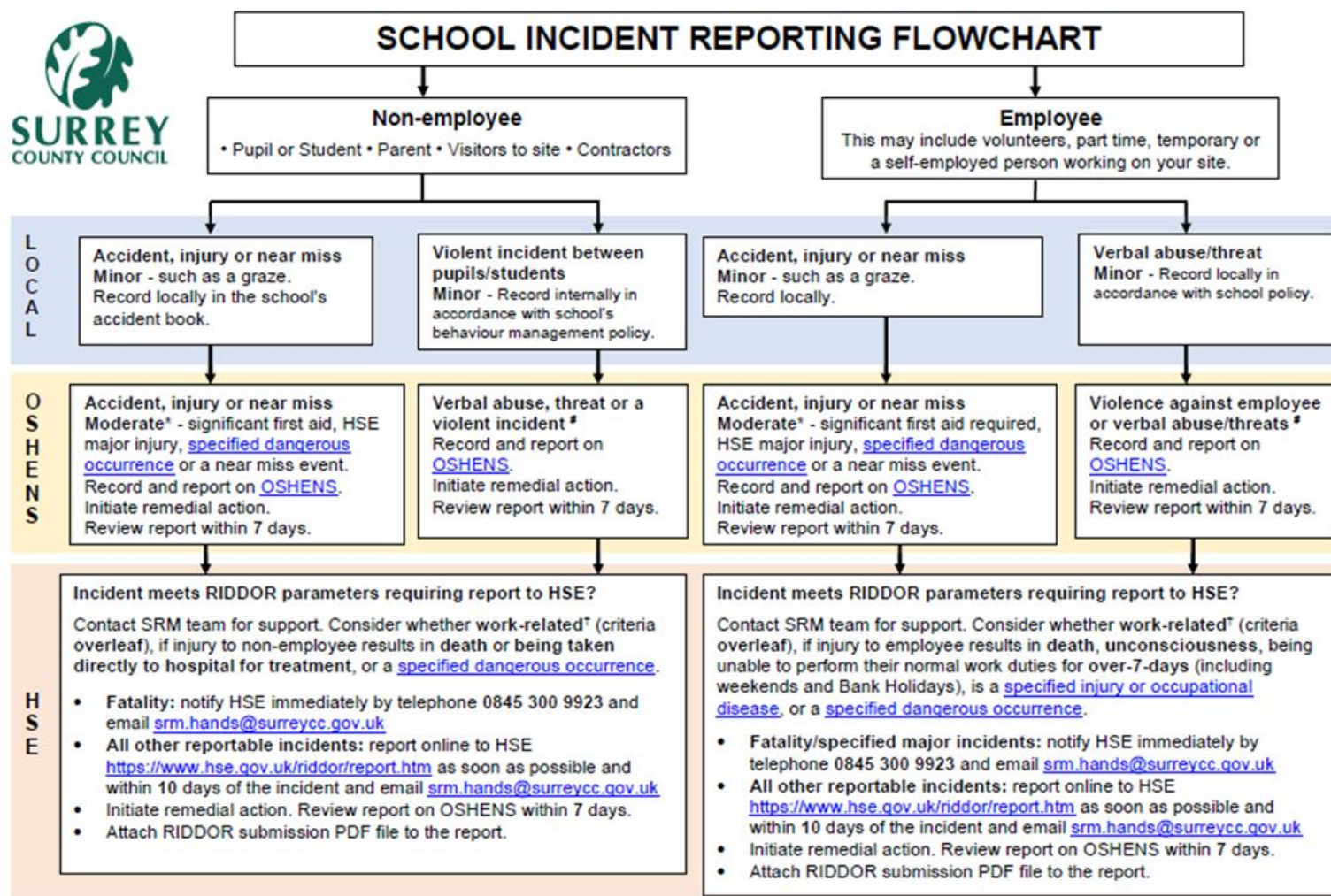
Designation.....

Date reviewed.....Autumn term

Date reviewed.....Spring term

Date reviewed.....Summer term

APPENDIX B: SURREY ACCIDENT REPORTING FLOW CHART



Reporting and reviewing incidents on OSHENS is mandatory for all maintained schools for whom Surrey County Council is the Employer or Insurer.

For further support and advice please email the SRM team: srm.hands@surreycc.gov.uk. For urgent support call: 07973 879042 or 07800 512475.

SRM Health and Safety Team v5.1 (Aug24)

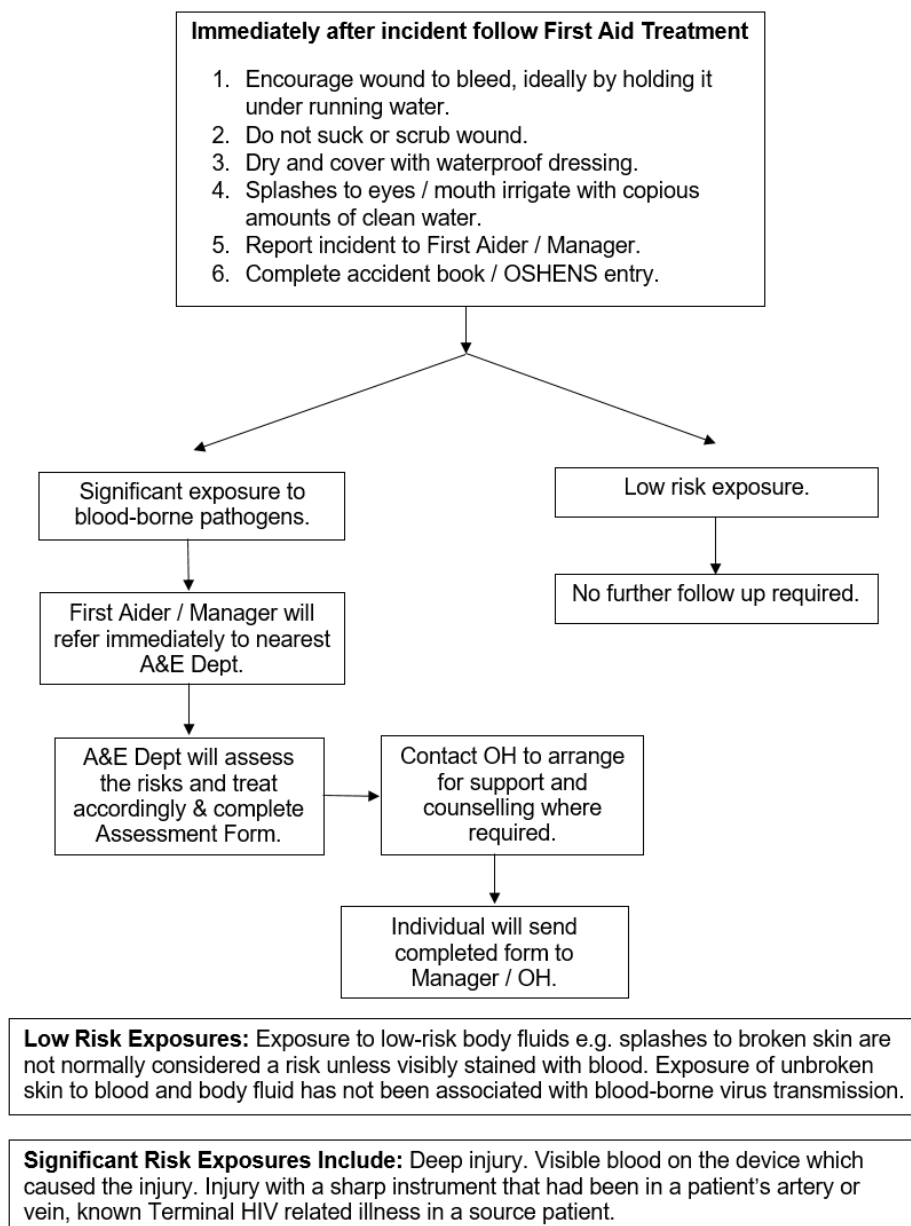
APPENDIX C: SURREY GUIDANCE FOR SCHOOL STAFF FOR PROTECTION AGAINST BLOOD BORNE VIRUSES

Surrey County Council updated their guidance for staff employed in Surrey schools in June 2024 with the aim to prevent occupational acquired infection from blood-borne viruses (BBV).

The guidance outlines:

- Responsibilities for preventing blood borne viruses
- Recommendations to reduce incidents where there is a risk of blood borne virus infection
- Hepatitis B vaccination
- The procedure for staff following a sharps or splash injury

Surrey County Council Process Flow for Injuries and Occurrences that carry a risk of exposure to blood borne viruses:



This guidance can be read in full via <https://www.lumenlearningtrust.co.uk/about-us/lumen-learning-trust-policies/dfe-and-local-authority-policies>.