MacIntyre

Providing support...your way

MacIntyre School and Children's Homes

First Aid Policy

This MacIntyre policy is formally reviewed by the Policy Owner and Lead Reviewer annually, or sooner where there is a change to relevant legislation or organisational requirements.

- For the date of, or evidence of, the most recent review, please see *'MacIntyre policy and associated guidance list'*.
- Link: Policies and Resources | MacIntyre (macintyrecharity.org)

Document Control

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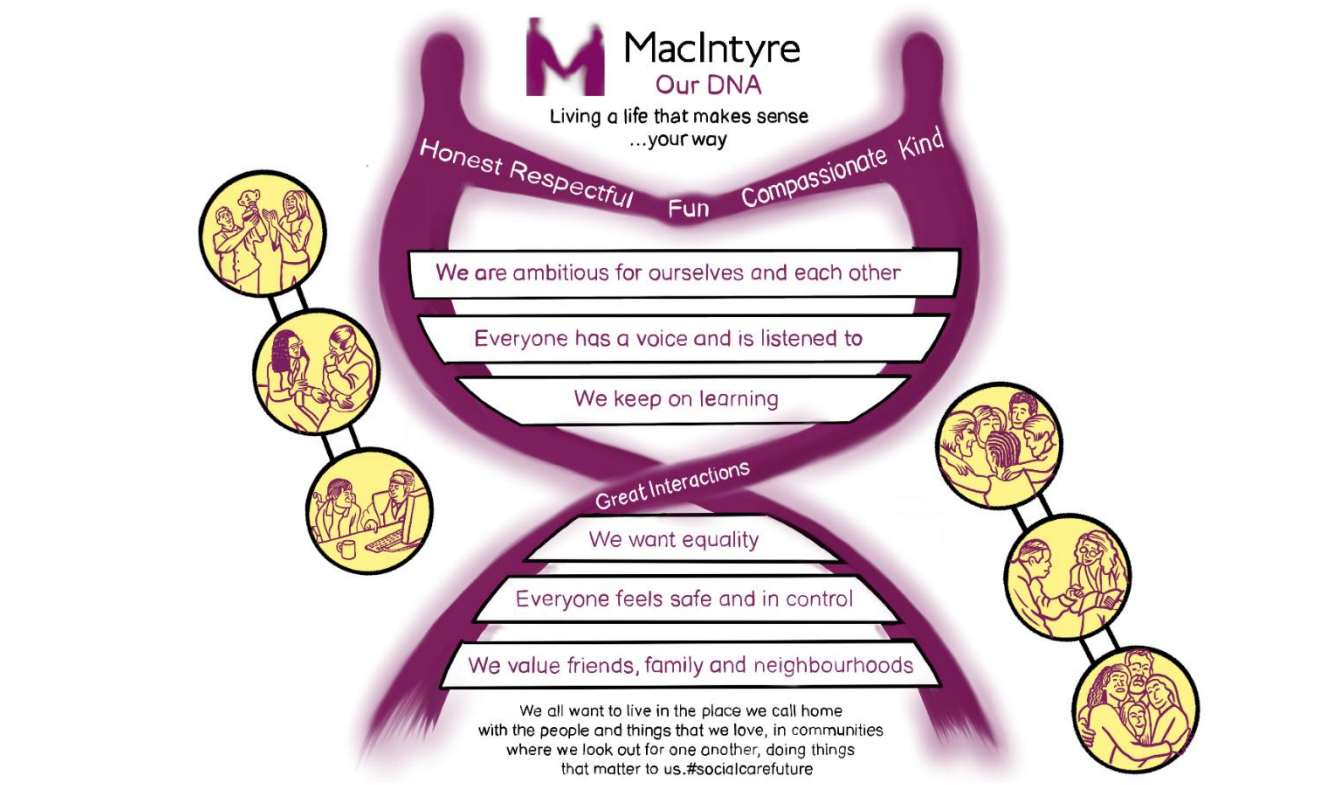
Underpinning Principles

MacIntyre's DNA shows the importance we put on ensuring each person is at the centre of their support. People who draw on MacIntyre's support have gloriously ordinary lives, living the life they choose, using their gifts, skills and passions to contribute and connect to the people in their local neighbourhood. MacIntyre invests in, and helps shape, neighbourhoods to be inclusive and welcoming spaces for everyone.

This is evident in our distinctive philosophy and way of working that underpins all our activities. It is the very essence of what we do, and that is why we refer to it as our DNA.



1. Purpose

The school's Local Advisory Board (LAB) members and MacIntyre Trustees are committed to promoting the safety and welfare of all members of the school community. LAB members and Trustees' priorities lie in ensuring that all operations within the school environment, both educational and support, are delivered in a safe manner that complies fully not just with the law but with best practice. While every care is taken to reduce risks and keep students safe, it is recognised that situations may arise where staff, students or visitors may require emergency care or first aid.

The Health and Safety (First-Aid) Regulations 1981 (as amended) require employers to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work. These Regulations apply to all workplaces but do not cover non-employees such as visitors and students. However, in light of the school's legal responsibilities towards those in its care, including pupils and visitors, the school carefully considers the likely risks to pupils and visitors, and makes allowances for them in the drawing up of this policy and deciding on the numbers of first-aid personnel.

The First Aid policy runs alongside the practices set down in the MacIntyre Health & Safety Policy and Procedures. Where students need first aid it is recognised that staff are in the position of loco parentis and may therefore need to make decisions in the best interest of the child.

2. Scope

This policy applies to all staff, students, young people, visitors, and contractors within MacIntyre School and MacIntyre's Children's Homes, and during activities in the community. It covers the provision of first aid in all situations where emergency medical care may be required, both on and off the premises.

3. Definitions

First aid: Immediate assistance or treatment given to an individual who is injured or taken ill.

Infectious disease: An illness that may be passed between individuals.

4. Policy Statement

The Guidance and procedures contained in this policy are designed to ensure that anyone suffering a medical emergency or accident is given:

- Appropriate care, in line with legal guidance and staff training.
- That they suffer no further harm as a result of the care given.
- That appropriate specialised care is sought as necessary.

Student information that may have a bearing on care and first aid is shared with staff who work directly with the pupil; this will include placement plans, risk assessments, positive behaviour support plans, Individual Health Plans (epilepsy) but may not be limited to these. Staff keep this information confidential and only share it with relevant members of the school community for example, class and house teams.

Staff are asked to inform their line manager of any condition which may affect their ability to carry out their job or require first aid treatment. The line manager will then risk assess to ascertain the safety of the member of staff and how their condition may impact on the safety of staff and students they work with. A discussion and decision will then decide if the staff member is fit to carry out their duties, if they need any special procedures, equipment in place and how far this information will be disseminated amongst other staff.

Care is given in the following situations but is not limited to these and may occur in other situations as necessary:

- Emergency assistance given for any injury, which may then be passed on to a professional i.e. a nurse, doctor or paramedic, alternatively the treatment may be deemed sufficient by the person carrying out the first aid.
- Emergency assistance for the alleviation of symptoms of a medical condition or illness, care may then be passed on to a professional i.e. nurse, doctor or paramedic, alternatively the treatment may be deemed sufficient by the person carrying out the first aid or the sufferer of the condition (if competent to decide this).

- All students who suffer seizures, whether or not they have a diagnosis of epilepsy, have a protocol specifically tailored to them - this will be implemented by staff in the event of a seizure. Records will be kept and medical assistance sought in accordance with this. Students who have no previous history of a seizure but suffer from one will receive emergency care until medical assistance can be obtained. The seizure will be recorded and the information passed to the designated medical professional.

Legal Compliance:

This policy ensures full compliance with all relevant legislation, statutory guidance, and best practice standards for first aid provision in schools, including SEND settings:

- **Health and Safety at Work Act 1974**
  The school undertakes regular risk assessments to identify first aid needs and implements measures to ensure the health, safety, and welfare of staff, pupils, and visitors.
- **Health and Safety (First-Aid) Regulations 1981 (as amended)**
  Adequate and appropriate first aid equipment, facilities, and trained personnel are provided in accordance with these regulations. A documented first aid needs assessment is reviewed annually or following significant changes.
- **School Premises Regulations 2012**
  Suitable accommodation is maintained for medical and therapy needs, ensuring privacy and hygiene standards.
- **Early Years Foundation Stage (EYFS) Framework**
  Where applicable, Paediatric First Aid training is provided for staff working with children under five, in line with statutory requirements.
- **SEND Code of Practice (0–25 years)**
  First aid provision considers individual Education, Health and Care Plans (EHCPs) and ensures reasonable adjustments for pupils with disabilities or medical conditions.
- **Equality Act 2010**
  The school meets its duty to make reasonable adjustments for pupils with protected characteristics, ensuring equitable access to first aid and emergency care.
- **UK Health Security Agency (UKHSA) Guidance**
  Infection control measures and exclusion protocols are followed to prevent the spread of communicable diseases. The school liaises with local Health Protection Teams during outbreaks, in line with UKHSA guidance.
- **Safeguarding Legislation**
  All first aid incidents are recorded and monitored as part of safeguarding procedures. Serious injuries and concerns are escalated in line with statutory safeguarding guidance.
- **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)**
  Serious injuries, hospitalisations, and specified incidents are reported to the Health and Safety Executive as required. All injuries are reported and logged on ClearCare, and the Health and Safety Team is responsible for assessing and submitting any required reports to the Health and Safety Executive (HSE).
- **Training Standards**
  All first aid training meets HSE requirements and the Assessment Principles for First Aid Qualifications (Skills for Health). Training is refreshed every three years and includes SEND-specific needs such as epilepsy, diabetes, allergies, and emergency medication protocols.

5. Roles and Responsibilities

Role	Responsibility
Trustees	• Approve major changes to the First Aid Policy • Ensure compliance with Health & Safety legislation • Review annual reports on first aid provision and incidents
CEO	• Provide strategic oversight • Ensure adequate resources and training for first aid • Monitor organisational compliance with statutory requirements
Director of Children and Young People	• Oversee operational implementation • Approve significant revisions • Support senior leaders in maintaining first aid standards
Head of Education	• Ensure first aid provision meets educational and safeguarding requirements • Oversee training compliance • Liaise with external agencies when necessary
Senior Leadership Team	• Implement first aid procedures across the school • Ensure staff awareness and training; • Monitor incident reporting and compliance • Coordinate emergency response • Monitor compliance with HSE guidance
Teachers, Heads of Department & Line Managers	• Ensure First Aid Kits and PPE are available • Respond to incidents promptly • Report accidents and injuries • Support reintegration after medical events • Support audits of first aid kits and training compliance • Investigate serious incidents
Registered Managers (Children's Homes)	• Ensure all home staff hold a current first aid qualification (mandatory) • Oversee implementation of first aid procedures within the homes • Ensure first aid kits are checked weekly and records are maintained • Monitor incident reporting and compliance within the home
Children's Home Support Staff	• All staff hold first aid as a mandatory qualification and are expected to administer first aid as required • Follow first aid procedures and report incidents accurately • Maintain confidentiality of medical information
All staff	• Follow first aid procedures • Administer care within training limits • Report incidents accurately • Maintain confidentiality of medical information
Young People	• Follow safety guidelines • Report injuries or illness promptly • Cooperate during first aid interventions

Role	Responsibility
Visitors, contractors and Parents	• Comply with school safety procedures • Report accidents immediately • Provide relevant medical information when required
School Nurse / Designated First Aiders	• Deliver first aid care; maintain medical records • Ensure protocols for seizures and medical emergencies are followed
Local Advisory Board	• Review compliance reports and incident data • Provide oversight and challenge • Approve major policy changes • Monitor effectiveness of first aid provision

6. Procedures

Where a student, member of staff or visitor (including contractors) needs first aid on the premises the following guidelines should be adhered to:

- There is a First Aid Kit located in every classroom, house and designated vehicle. There is a defibrillator located in the ground floor stairwell of the school building. In the Children's Homes, first aid kits are checked weekly by staff and records are maintained. In the school, all First Aid Kits are checked monthly, and an annual first aid needs assessment is completed, documented and auditable.
- Personal Protective Equipment (PPE) should be available in all classes and houses and taken on trips.
- All treatments must be delivered in accordance with recognised medical guidance and staff training.
- Students requiring first aid treatment should be dealt with initially by the member of staff involved. Where there is doubt or in more serious circumstances a message should be sent by reliable means to a qualified First Aider or the nurse.
- Where a head injury occurs, staff must refer to and follow the Concussion Guidelines, if you are in any doubt about the seriousness of the injury seek medical assistance. Staff must give all information about the injury in any hand over of staff via handover books and verbally. Staff should monitor students and look for signs of symptoms worsening adhering to the instructions in the Concussion Guidelines.
- Where a bite wound occurs or there is a risk of blood borne infection follow an injury or accident, staff will follow the Blood Borne Guidance, risk assessment and flow chart, which explains specific procedures for managing bite wounds, and injuries which carry a risk of blood borne infection.
- Accidents/injuries to students, staff or visitors should be recorded on ClearCare accident/incident reporting, as appropriate, at the earliest opportunity.
- Serious accidents, resulting in a person being taken to hospital, must be reported to the Senior Leadership Team and a ClearCare accident/incident report (as appropriate), be completed as soon as possible. Parents, guardians or emergency contacts will be informed as soon as possible, this should be by the line manager responsible.

- The disposal of bodily fluids and other medical waste must be done in accordance with the method statement and disposed of into the designated clinical waste bins.
- The Senior Leadership Team must be informed if it is felt necessary to send or take persons home, back to their house, to hospital or the GP due to injury.
- First Aid Kits must be stocked in accordance with the guidance First Aid Equipment for Schools | St John Ambulance

First Aid Kits must be stocked in accordance with the guidance First Aid Equipment for Schools | St John Ambulance

In the Community:

Where a student, young person or member of staff needs first aid in the community the following guidelines should be adhered to:

- A suitably trained First Aider must be included on **all** off-site trips.
- PPE should be taken on the trip or stored with the First Aid Kit on the vehicle.
- Where there is an injury away from the vehicle the First Aider should remain with the injured person and send another member of staff for the First Aid Kit or assistance as necessary.
- Where assistance is given by an External First Aider a member of staff familiar with the student must where possible stay in attendance.
- Where a head injury occurs, staff must follow the Concussion Guidelines, if you are in any doubt about the seriousness of the injury seek medical assistance. Staff must give all information about the injury in any hand over of staff via handover books and verbally. Staff should monitor students and look for signs of symptoms worsening adhering to the Concussion Guidelines.
- Contact details for the school or children's home must be taken on any community activity to ensure the setting can be contacted as soon as possible.
- The school or children's home should be contacted as soon as it is safe to do so and informed of any serious incident especially where assistance may be needed. Accidents/injuries to students, young people, staff or visitors should be recorded on ClearCare accident/incident reporting as appropriate.
- Serious accidents, resulting in a person being taken to hospital, must be reported to the Senior Leadership or Second Line on Call, immediately and an accident form completed as soon as possible.
- The disposal of bodily fluids and other medical waste must be done in accordance with the method statement and disposed of into the designated clinical waste bins.

The Senior Leadership Team/second line on-call, must be informed if it is felt necessary to send or take persons home or back to their house due to injury

Infectious diseases

If a child is suspected of having an infectious disease advice should be sought from the School Nurse, who will follow UK Health Security Agency (UKHSA) guidance and exclusion recommendations, to reduce the transmission of infectious diseases to other pupils and staff. In the event of an outbreak the School Nurse/Senior Leadership Team will liaise with the Thames Valley Health Protection Team and implement the strategies advised.

Medication

Medication and emergency medication is not covered in this policy but in the MacIntyre Medicines Policy and Good Practice Guidelines. Where medication is given as part of first aid, during a seizure or in any other emergency situation it will be administered by an appropriately medication trained member of staff and in accordance with the medication policies and the guidelines and procedures laid down for the student.

Use of Physical Intervention

MacIntyre recognises that the use of Restrictive Physical Interventions, as a last resort, carries a risk of potential injury, which may require first aid or other treatment. Staff are trained in Positive Behaviour Support, including awareness of physical risks, trauma and emotional risks, and the key risks to look for when using physical intervention, staff must refer to the Restrictive Physical Interventions Training Booklet and associated guidance.

7. Compliance and Monitoring

The policy may be deemed successful if:

- Appropriate medical care is given in an emergency in line with staff training.
- Training given is in line with Assessment Principles for First Aid Qualifications (which can be found on the Skills for Health website www.skillsforhealth.org.uk).
- The number of staff trained in first aid is equal to or exceeds the levels recommended in HSE guidance
- First Aid kits are appropriately stocked according to the guidance in the MacIntyre Health & Safety Policy and Procedure.

8. Related Policies / References

This policy should be read in conjunction with MacIntyre's:

- MacIntyre Infection Prevention and Control Policy and Procedures
- MacIntyre Medicines Policy and Good Practice Guidelines

MacIntyre School and Children's Homes:

- Local Medicine Procedures
- MacIntyre Infection Prevention and Control Policy – Appendix 6 (Blood Borne Infections)
- Concussion Guidelines
- Restrictive Physical Interventions Booklet

Additional Legal References:

- Early Years Foundation Stage Framework (EYFS)
- Health and Safety at Work Act 1974
- Health and Safety (First Aid) Regulations 1981 (as amended)
- UK Health Security Agency (UKHSA) Guidance and Exclusion Recommendations
- School Premises Regulations 2012
- SEND Code of Practice (0–25 years)

- Equality Act 2010
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

9. Review and Revision

- A full review will be conducted annually (or sooner if legislation changes)
- Review and revision are completed by the Lead Reviewer and approved by the Policy Owner
- Any major revisions must be approved by Directors, Trustees and Local Advisory Board (LAB)

Appendix 1: MacIntyre School First Aid Kit Checklist

MacIntyre School
Monthly First Aid Kit Checklist

Use this form to record monthly first aid checks
Small First Aid Kit Size – Conforms to BS-8599-1:2019
Your place of work may need additional first aid items; depending on your First Aid risk assessment, add additional items to the checklist below

Room/Location of First Aid Kit:										**Year:**			
Contents	**No.**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Disposable Heat Retaining Foil Blanket, Adult	**1**												
Microporous Tape, 2.5 cm X 5 m	**1**												
Sterile Moist Cleansing Wipes	**20**												
Non-Sterile Disposable Triangular Bandages	**2**												
Tuff-Kut Scissors	**1**												
Nitrile Powder-Free Gloves, Large (Pairs)	**6**												
Revive-Aid	**1**												
Burnshield® Dressing 10 cm X 10 cm	**1**												
No. 16 Sterile Eye Pad Dressings	**2**												
Medium Sterile Dressings 12 x 12 cm	**2**												
Large HSE Sterile Dressing 18cm X 18cm	**2**												
Sterile Finger Dressings 3.5 x 3.5 cm	**2**												
Conforming Bandage 7.5 cm X 4.5 m	**1**												
Wash proof Plasters, Assorted Sizes	**40**												
Basic advice on First Aid at Work (HSE, 2022)	**1**												
Instant Cold Packs	**4**												
Sterile Eye Wash Pods	**8**												
Additional Gloves (optional)													
Hypoallergenic Plasters (optional)													
Other													
Staff initials and date checked:													

Appendix 2: Blood-Borne Infection Guidance (HBV, HCV, HIV)

What staff need to know and what to do in practice

1. Purpose of this Appendix

This appendix explains what blood-borne infections are, how they are transmitted, and the precautions staff must take in day-to-day work.
It supports safe practice and helps staff feel confident when dealing with blood or bodily fluids.

2. What Are Blood-Borne Infections?

Blood-borne infections are illnesses caused by viruses or bacteria that can be carried in a person's blood or certain bodily fluids.

The most common examples relevant to care and education settings are:

- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Human Immunodeficiency Virus (HIV)

A person can carry one of these infections without showing any symptoms, which is why we always use universal precautions.

Blood-borne infections do not spread through everyday contact such as:

- Touching
- Sharing a home
- Eating together
- Using the same bathroom or classroom
- Social interaction

They only spread when infected blood or certain bodily fluids come into contact with another person's bloodstream and/or mucosal membranes.

3. How Blood-Borne Infections Spread

Transmission can occur through:

- Contact with blood (even small amounts)
- Sharps injuries (needles, broken sharps, bites that break the skin)
- Splashes of blood or bodily fluids into the eyes, nose, mouth, or broken skin
- Contact with semen, vaginal secretions and any body fluids that contain blood
- Sharing contaminated objects that may puncture the skin

Transmission **cannot** happen through:

- Coughing or sneezing
- Sharing food or utensils
- Touching surfaces
- Normal classroom or care interactions

Unless there is risk of contact with blood or body fluids described above

This knowledge helps staff respond proportionately and without unnecessary concern.

4. Why This Matters in Care, Education, and Support Settings
Although the overall risk is low, there are situations where staff may encounter blood or bodily fluids, including:

- Personal care
- First aid
- A fall or injury
- Behaviour involving biting or self-injury
- Cleaning up cuts, nosebleeds, or blood spills
- Handling contaminated laundry or waste

Staff must know how to protect themselves and others safely.

5. Universal Precautions: What Staff Must Always Do
Universal precautions are simple steps that treat all blood and bodily fluids as potentially infectious, regardless of who they belong to.
Staff must:

- Wear gloves and aprons when there is a risk of contact with blood or bodily fluids
- Cover any cuts or broken skin on their hands before work
- Clean blood spills immediately using appropriate disinfectant
- Dispose of the sharp immediately after use, using sharps boxes for needles or sharp objects. Never leave a sharp lying around.
- Dispose of contaminated waste in the correct bags
- Wash hands thoroughly after removing PPE and after all contact with bodily fluids

These everyday precautions protect everyone.

6. Cleaning and Waste Disposal
When cleaning blood or bodily fluids:

- Use PPE (gloves and apron)
- Use designated cleaning materials and disinfectants
- Follow the cleaning and decontamination schedule (Appendix 1)
- Dispose of waste in the correct bin (e.g., offensive waste where appropriate)
- Wash hands immediately afterwards

Sharps must go into approved sharps containers only. Never place sharps in normal bins.

7. Confidentiality and Supporting Someone with a Known Infection
If an individual is known to have a blood-borne infection:

- This information is confidential and must only be shared on a strict need-to-know basis
- Staff should not treat the person differently
- The same universal precautions apply to everyone
- Additional measures (if any) are based on an individual risk assessment, not assumptions

No stigma, special treatment, or exclusion is appropriate.

8. Hepatitis B Vaccination
Staff involved in personal care or first aid are advised to ensure they are vaccinated against Hepatitis B, as recommended for their role.
Staff unsure of their vaccination status should speak with their manager or Occupational Health provider.

9. Risk Assessments
Managers must ensure the following activities have clear risk assessments, or are included in associated risk assessments:

- Personal care and intimate support
- First aid and responding to injuries
- Cleaning up blood or bodily fluid spills
- Handling sharps or disposing of sharps
- Supporting someone with a diagnosed blood-borne infection (confidentially)
- Waste handling and laundry routines

Risk assessments should be reviewed regularly and updated after any exposure incident.

10. What to Do if Exposure Happens
If staff are exposed to blood or bodily fluids (e.g., via a cut, bite, splash, or sharps injury):

- Allow the wound to bleed freely. Thoroughly clean the area immediately with lots of soap and warm water. Cover with waterproof dressing. Squeezing the wound to express blood is no longer recommended
- If splashed in the eyes, mouth, or nose: rinse thoroughly with copious amounts of clean water or saline solution, both before and after removing contact lenses if wearing
- Report the incident straight away to the manager
- Seek medical advice promptly, call 111 immediately to triage the injury/exposure;
    - What is the Nature of the injury:
    - Is the skin broken or is there a splash to mucous membrane?
    - Has there been contact with bodily fluid?
    - Follow up as advised by 111. (GP, Walk-in Centre, or A&E depending on severity)
- Follow any occupational health or medical guidance given
- Complete an incident report

Quick action reduces risk and ensures the right support is provided.

11. Key Messages for Staff

- Blood-borne infections are not spread through normal daily contact
- Universal precautions protect everyone
- PPE, hand hygiene, and safe waste disposal are essential
- Exposure must always be reported immediately
- People with known infections must be supported with dignity and confidentiality