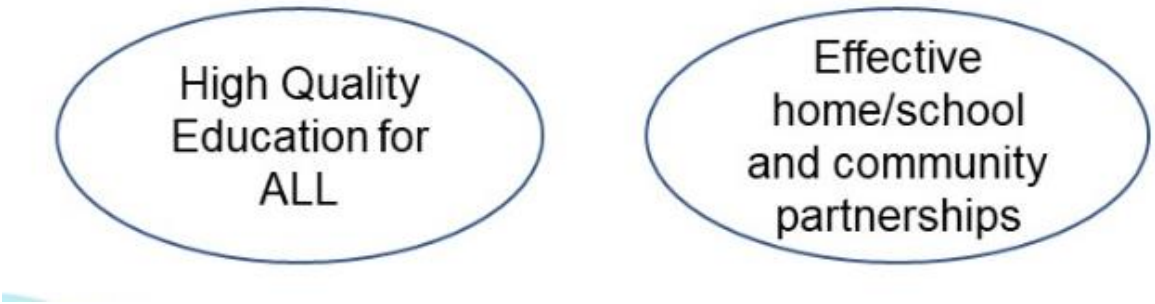
First Aid Policy

Our Shared Vision

Striving for excellence in everything we do



Equality Mission Statement

We are committed to ensuring equality of educational opportunity and support for all children, parents, carers, staff and visitors irrespective of age, sex, race, disability, religion or belief, sexual orientation, pregnancy, gender reassignment, and socio-economic background. We aim to provide a fully inclusive school in which every person feels proud of their identity and is able to participate fully within the school community. We believe that a diverse school community is a strength which should be respected and celebrated by all those who learn, teach and visit here.

Approved by: Estate & Financial Management Committee	**Date:**
Signature (Chair of Governors):	**Signature (Headteacher):**

Last reviewed on: November 2026	**Next review date:** November 2027

A copy of this policy is available on the school website and a signed copy held on file.

This policy covers many of the articles from the UN Convention on the Rights of the Child. Some key ones are listed below.

Article 3 Best Interests of the Child

The best interests of the child must be a top priority in all decisions and actions that affect the child.

Article 6 Life, Survival and Development

Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential.

Article 24 Health and Health Services

Every child has the right to the best possible health.

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RATIONALE

The Governing Body of Becontree Primary School is committed to ensuring that all legal and moral responsibilities relating to the health, safety and welfare of all members of staff, children, subcontractors and visitors to the site are carried out effectively. A robust approach to First Aid is key to this.

STATEMENT OF INTENT

The Governing Body believe that ensuring the health, safety and welfare of staff, children and visitors is essential to the success of the school.

This policy has safety as its highest priority: safety for the children and adults receiving first aid or medicines and safety for the adults who administer them.

We are committed to:

- Completing first aid needs risk assessment for every significant activity carried out.
- Providing adequate provision for first aid for children, staff and visitors.
- Ensuring adequately trained staff are available for staff, children and visitors.
- Ensuring that children and staff with medical needs are fully supported at school, and suitable records of assistance required and provided are kept and implemented.
- Making available first-aid materials, equipment and facilities are available, according to the findings of each risk assessment.
- Ensuring procedures for administering medicines and providing first aid are in place and are reviewed regularly.
- Promoting an open culture around mental health by increasing awareness, challenging stigma, and providing mental health tools and support.

We will ensure all staff (including supply staff) are aware of this policy, with clear signage and procedures and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that the school is appropriately insured, and that staff are aware that they are insured to support children in this way. In the event of illness, the child will be directed (or accompanied if feeling very unwell) to the school office. In order to manage their medical condition effectively, the school will not prevent children from eating, drinking or taking breaks whenever they need to.

This policy applies to all relevant school activities and is written in compliance with all current UK health and safety legislation. It has been consulted with staff and their safety representatives (Trade Union and Health and Safety Representatives).

What the Law says

The Health and Safety at Work Act 1974 states employers are responsible for protecting the safety of their staffs at work, by preventing potential dangers in the workplace. It places general duties on employers to ensure the health, safety and welfare of all persons while at work.

The Health and Safety (First-Aid) Regulations 1981 requires you to provide adequate and appropriate first-aid equipment, facilities and people so your employees can be given immediate help if they are injured or taken ill at work.

The Management of Health and Safety at Work Regulations 1992 requires 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 requires 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 states 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 sets out rules on the retention of accident records.

The School Premises (England) Regulations 2012 requires that suitable space is provided to cater for the medical and therapy needs of children.

This policy covers all aspects of First Aid and medical supervision. Based on thorough Risk Assessment and responses to investigations following accidents/incidents/near misses; this policy is reviewed and updated regularly, to reduce and reflect existing and new risks.

Purposes

In line with current legislation, effective leadership of First Aid, our key purposes are to:

1. Provide a safe and healthy environment for all who work at, visit or are educated on our site.

2. Ensure any First Aid requirements are responded to appropriately, efficiently and effectively with a calm, caring manner.

3. Reduce risks, accidents and hazardous working conditions.

4. Ensuring that all policies and procedures are fit for purpose and effective.

Guidelines

First aid in schools, early years and further education Guidance (2022)
This is non-statutory guidance for employers in early years, schools and colleges. Employers in these settings should have regard to it when carrying out duties relating to first aid issues on their premises and off-site.

This policy is to be read in conjunction with the following policies:

- Health & Safety Policy
- Supporting Children with Medical Conditions Policy
- Asthma Policy
- Bodily Fluids Policy
- Allergy Safety Policy
- Infection Control Policy
- Whole School Food Plan (including Nut Free Statement)
- Staff Well-being Policy
- Children with Health needs who cannot attend school Policy
- Critical Incidents Policy & Response Plans

RESPONSIBILITIES

All staff are given induction, instruction, training and support to fulfil their responsibilities. In line with this policy staff will:

- Ensure they follow first aid procedures.
- Ensure they know who the first aiders in school are and contact them straight away (including assisting children and visitors to access First Aid promptly).
- Contribute to accident reports (as a witness) where appropriate.
- Inform the Headteacher or their manager of any specific health conditions or first aid needs.

Specific levels of responsibility have been identified as follows:

Who?	Responsibilities
Governing Body Deferred to Estate & Financial Management Committee (Chair – Mr Richard Puttnam)	• The Governing Body has ultimate responsibility for health and safety matters - including First Aid in the school. • Ensure the first aid risk assessment and provisions are reviewed annually and/or after any operational changes, to ensure that the provisions remain appropriate for the activities undertaken. • Provide first aid materials, equipment and facilities according to the findings of the risk assessment. • Review accident and incident forms regularly to evaluate effectiveness on control measures in place. • Ensure termly H&S Monitoring takes place.
Headteacher Mrs M. Ziane	• To carry out First Aid needs assessment for the school site, review annually and/or after any significant changes. • Carry out an assessment of first aid needs appropriate to the circumstances of the workplace, review annually and/or after any significant changes. • Ensure that an appropriate number of appointed persons and/or trained first aid personnel are always present in the school and that their names are prominently displayed throughout the school. • Ensure that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role. • Ensure all staff are aware of first aid procedures. • Ensure appropriate risk assessments are completed and appropriate measures are put in place. • Undertake, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place. • Ensure that adequate space is available for catering to the medical needs of children. • Report specified incidents to the Health and Safety Executive (HSE), when necessary.

Lead First Aider Mrs M. Smallman (Deputised by Mrs T. Halliday and Mrs A. Dyrda)	• Ensure that children with medical conditions are identified and properly supported in the school (following the Supporting Children with Medical Conditions policy), including supporting staff on implementing a child's Healthcare Plan. • Work with the Headteacher to determine the training needs of school staff. • Administer first aid and medicines in line with current training and the requirements of this policy. • Complete first aid records and those for medication given. • Wear PPE as required. • Inform parents of more serious accidents of illnesses, as appropriate. • Periodically check the contents of each first aid box and any associated first aid equipment (e.g. Defibrillators) and ensure these meet the minimum requirements, quantity and use by dates and arrange for replacement of any first aid supplies or equipment which has been used or are out of date. • Assist with completing accident report forms and investigations. • Notify manager when going on leave to ensure continual cover is provided during absence. • Follow the Bodily Fluids Policy and ensure that spillage buckets and contents are kept up to date.
Appointed person(s) and trained First Aider(s) (including both First Aid at Work and Paediatric qualifications) See Appendix A	• The appointed persons are responsible for: a) Ensuring there is an adequate supply of medical materials available in first aid kits. Alerting the Lead First Aider when replenishing if required. b) 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: a) 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. b) Sending children home to recover, where necessary. c) Keeping records of treatment provided. d) Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.
Mental Health First Aider(s) Miss B. Reilly (Lead), Ms M. Lewis, Mrs C. Stock, Miss J. Moldrich, Mrs T. Halliday	• Provide mental health first aid as needed, at their level of competence and training. • Provide help to prevent mental health issues from becoming more serious before professional help can be accessed • Promote the recovery of good mental health • Provide comfort to an individual with a mental health issue • Act as an advocate for mental health in the workplace, helping reduce stigmas and enact positive change. • Escalate and document any matters if required within a

	suitable timeframe. • Ensure they maintain confidentiality as appropriate. • Be prepared to be taken away from their normal duties at short notice. • Listen non-judgmentally. • Report any concerns to the Headteacher.
Staff trained to administer medicines See trained First Aiders above	• Ensure only agreed medicines (see Supporting Children with Medical Conditions Policy) are administered and that the trained member if staff is aware of the written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. • Wherever possible, the child will administer their own medicine, under the supervision of a trained member of staff. In cases where this is not possible, the trained staff member will administer the medicine. • If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly. • Records are kept of any medication given.

Detail of responsibility for each role is detailed in:

- Governors Terms of Reference
- Individual Job Descriptions and expectations

ARRANGEMENTS

First Aid Boxes

Location of first aid boxes:

- First Aid room
- School Nursery
- EYFS Corridor (opposite Rainbow Room)
- Year 1-3 Corridor (opposite to Room 32)
- Year 4 Corridor (opposite Staff room)
- Outside Deputy Head (KS2) Office
- Year 5-6 Corridor (opposite room 007)
- ARP classroom

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

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

Medication

Children's medication is stored in:

- First Aid room
- Nursery (for Nursery children only)
- Staffroom (Epi-pen for child in Years 3/4)
- Office of Deputy Head for KS2 (Years 5/6)
- ARP Unit (for ARP children only)

First Aid Needs Risk Assessment

The school will ensure a first aid needs risk assessment is completed to:

- Establish if there is adequate and appropriate first aid provisions in place and it is reviewed when significant changes occur.
- Ascertain the sufficient number of staff required to be trained in First Aid At Work and Paediatric First Aid. Re-fresher training will be provided as required.

- Ascertain the sufficient number of staff required to receive specialist training or as identified within child's individual health care plans.

Early Years Requirements

The school ensures:

- First aid requirements set out in the statutory framework for early years foundation stage are in place.
- Enough paediatric first aiders are in place as per the school's first aid needs risk assessment and early years requirements (this includes at lunchtimes)
- All staff who obtained a level 2 or level 3 qualification on or after 30 June 2016 have either a full PFA or an emergency PFA certificate within 3 months of starting work to be included in the required staff to child ratios at level 2 or level 3 in an early years' setting.
- Paediatric first aid training is renewed every 3 years.

The school will aim to achieve the Millie's Mark Award (https://www.milliesmark.com/). The aim of Millie's Mark is to keep children safe and minimise risk and accidents by:

- Raising standards in paediatric first aid.
- Increasing number of paediatric first aid trained staff.
- Increasing confidence and competencies in applying paediatric first aid – no matter what the situation.
- Enabling trained staff to respond quickly in emergencies.
- Raising the quality and skills of the early years' workforce and helping them with day-to-day first aid issues, such as allergies.
- Providing reassurance to parents.

First Aid Provision

In the case of a child accident, the procedures are as follows:

- The member of staff on duty calls for a first aider; or if the child can walk, takes them to a first-aid post, where a first aider is always on duty.
- The first aider administers first aid and completes of sections of our treatment book.
- If the child has had a bump on the head, they must be given a "bump on the head" note. See further information below (under Medical Conditions).
- Full details of the accident are recorded in our accident books.
- If the child has to be taken to hospital or the injury is `work-related' then the accident is reported to the Governing Body and the H&S Department of London Borough of Barking & Dagenham.
- If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then as the employer LBBD will arrange for this to be done on behalf of the Governing Body.

Insurance Arrangements

As trained First Aiders receiving a salary payment for First Aid from LBBD, staff are covered by the insurance policy of LBBD.

Educational Visits

The Educational Visit Checklist (covers arrangements for First Aid.

In the case of a residential visit, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.

In the case of day visits a trained First Aider will carry:

- A school mobile phone
- A portable first aid kit and bottle of water
- Information about the specific medical needs of children
- Necessary child medication; such as inhalers and Epi-Pens (prepared by the Lead First Aider and checked by the Trip Leader/First Aider)
- If a child is receiving regular medication in school; such as antibiotics, arrangements will be made for this to be taken. An insulated carry bag is available for refrigerated medication.
- A record sheet is in the First Aid box, so that any medication or First Aid administered can be recorded.

Reports will be completed at the time and feedback to the Lead First Aider on the return to school.

Administering Medicines

Prescribed medicines and those issued by a pharmacist may be administered in school (by a staff member appropriately trained by a healthcare professional) where it is deemed essential. Please refer to the Supporting children with Medical Needs policy.

Hospital Treatment

- If a child has an incident, which requires urgent or non-urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has been arranged, a staff member will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance if required.
- Parents will then be informed, and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.

Medical Conditions

A.I.D.S.: Contact with bodily fluids should always be avoided. Plastic gloves should be worn when dealing with cuts and spillages. The Bodily Fluids Policy should be followed.

Asthma: In the event of a child having an asthma attack the adult dealing with it must remain calm and reassure the child. Call for a First Aider. Ensure the ‘reliever’ medicine is taken promptly and properly. Help the child to breathe by putting them in a sitting position. The First Aider will follow the Asthma Policy.

Broken Limbs: If a child is suspected of having broken a limb they should not be moved and a qualified first-aider summoned. If assessment necessitates, emergency services will be called immediately, and the parents contacted.

Bumped Head: If a child bumps their head a first aider must be contacted (where possible the child should be accompanied to the office), so this can be recorded in the treatment book. They must be monitored throughout the day. The child will be given a note to notify the parents of the incident. If the child is young children (EYFS and KS1), parents will be telephoned as soon as possible to make them aware.

Communicable Diseases. Differing exclusion periods operate. A complete list is available in 'The Head's Legal Guide'. This is monitored and reported by the Lead First Aider. Support is sought from Public Health England where required.

Cuts and Grazes: If a child's skin is broken by an implement the parent must be informed and warned of the need for up-to-date tetanus injections. A record of any First Aid administered is recorded in the treatment book. If the child is young (EYFS and KS1) and the injury is above the shoulders, parents will be telephoned as soon as possible to make them aware.

Epilepsy: In the absence of specific advice it is most important that all staff should follow the procedure detailed below when dealing with a seizure:

Do: Leave a clear space around the child and loosen their collar.
Put something under their head e.g. a firm cushion or a firmly rolled up coat.

Don't: Move the child unless they are in danger.
Lift the child or restrict movement.
Give the child anything to drink.
Put anything between the child's teeth.

Headlice: If there is any evidence of headlice in a class a note will be sent to the parents of all the children in that year group requesting them to check their child's hair. If evidence of headlice is noticed on the same child a second time, then the Lead First Aider will contact the parents and offer support and advice, including a meeting with the School Nurse.

Allergy is the response of the body's immune system to normally harmless substances, such as foods, pollen, and house dust mites. Whilst these substances (allergens) may not cause any problems in most people, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response. This can be relatively minor, such as localised itching, but it can be much more severe causing anaphylaxis which can lead to upper respiratory obstruction and collapse. Common triggers are nuts and other foods, venom (bee and wasp stings), drugs, latex and hair dye. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an Adrenaline Auto-Injector (AAI).

- Arrangements are in place for whole-school awareness training on allergies.
- Allergy Awareness is covered in depth in the Allergy and Anaphylaxis policy that supports this First Aid policy.
- The Whole School Food Policy contains our Nut Free Statement, which covers issues regarding nut allergy.

Defibrillators

Defibrillators are available within the school as part of the first aid equipment. First aiders are trained in the use of defibrillators.

- *The local NHS ambulance service has been notified of its location.*
- Procedures are in place to maintain the equipment in accordance with
- manufacturers recommendations.
- The equipment is regularly checked by The Lead First Aider.

Children with Special Medical Needs – Individual Healthcare Plans

Some children have medical conditions that, if not properly managed, could limit their access to education. These children may be:

a) Epileptic
b) Asthmatic
c) Have severe allergies, which may result in anaphylactic shock
d) Diabetic

- Such children are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities, unless evidence from a clinician/GP states that this is not possible.
- The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on school visits. A risk assessment will be used to take account of any steps needed to ensure that children with medical conditions are included.
- The school will not send children with medical needs home frequently or create unnecessary barriers to children participating in any aspect of school life. However, school staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.
- An Individual Health Care Plan (IHCP) will be written by a health care professional, in conjunction with the school and parent/carers.
- An individual health care plan will help the school to identify the necessary safety measures to support children with medical needs and ensure that they are not put at risk. The school appreciates that children with the same medical condition do not necessarily require the same treatment.
- Parents/carers have prime responsibility for their child's health and should provide the school with information about their child's medical condition. Parents, and the child if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The Lead First Aider/Nurse/Healthcare Professional may also provide additional background information and practical training for school staff.

Procedure that will be followed when the school is first notified of a child's medical condition:

a) On admission, and at the beginning of each school year, parents are asked to complete/check an 'information form' for their children including comments upon medical conditions.
b) This information will be stored manually and on computer in the school office, and teachers will be made aware of any special medical factors of children in their class.
c) The Lead First Aider collates and maintains child medical records.
d) An assessment of the need to have a Health Care Plan is made, in conjunction with parent/carers.

e) If it is assessed that a HCP is required, the School Nurse or Health Visitor (for children under the age of 5) will be contacted to arrange a meeting between themselves and the parent/carer.

The IHCP will be in place in time for the start of the relevant term for a new child starting at the school or no longer than four weeks after a new diagnosis or in the case of a new child moving to the school mid-term.

Accident Recording and Reporting

In an institution like a school, it is expected that there will accidents during the course of a school year. All accidents to children must be recorded in the treatment books kept by the member of staff administering First Aid.

Recording methods:

- Minor accidents injuries are recorded in the treatment book (copies in the First Aid room, Nursery and ARP Unit).
- Accident/incident forms:
    a) Completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an injury.
    b) A copy will be emailed or printed out and sent to parents.
    c) As much detail as possible should be supplied when completing the accident form – which must be completed fully.
    d) A copy of the accident report form will also be added to the child's educational record by the relevant member of staff.
    e) Records held in the first aid and accident book 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. Records are currently retained for 25 years.
    f) For serious accidents/incidents an accident/incident must be investigated. A report form will be completed and sent to the Authority within twenty-four hours of investigation.
    g) All accident report forms must be verified by the Headteacher and will be reported to the Governors at the Estate & Financial Management Committee.
    h) Near misses – i.e. something which has the potential to cause harm although it doesn't do so on this occasion – must also be reported so they can be investigated and appropriate steps taken to prevent a more serious reoccurrence. They will be reported to the SBL, Headteacher and Governors but not reported to the Authority.

Reporting to the HSE

The Headteacher 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).
- Report these to the Health and Safety Executive (via the H&S Department of LBBD) as soon as is reasonably practicable and in any event within 15 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 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:
http://www.hse.gov.uk/riddor/report.htm

Notifying parents - The first aider who has administered the first aid check will inform the parent/carer of any accident or injury sustained by the child, and any first aid treatment given or if the child refused to have first aid assistance, on the same day. This can be either:

- Note sent home to parent if injury is fairly minor but above the shoulders (headache, earache, toothache, cut/bump to face/neck, etc)
- More severe illness/injury is reported to the parent by telephone and opportunity to see child is given
- For more serious illness/injury, parents are requested to collect child to receive medical treatment or an ambulance is called

Reporting to Ofsted and child protection agencies -
a) Registered Early Years Providers will notify Ofsted of any serious accident, illness or injury to, or death of, a child while in their care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

b) The Headteacher will also notify the relevant Local Authority of any serious accident or injury to, or the death of, a child/staff while in the school care.

Mental Health First Aid

- The school is committed to ensuring mental health first aid is provided to staff/children. A mental health first aider's role in the school is to act as the first point of contact for people with mental health issues, providing support and guidance to staff/children. The school's mental health first aiders will also act as an advocate for mental health in the workplace, helping reduce stigmas and enact positive change.
- The school mental health first aiders are here to support individuals who are struggling with mental health. They have been trained to actively listen without judgment and signpost staff/children/parent/carers to appropriate services where necessary.

- The school recognises that respecting the privacy of information relating to individuals who have received mental health first aid or may be experiencing a mental health problem or mental health crisis at work is of high importance.
- All mental health first aiders and human resources representatives are obligated to treat all matters sensitively and privately in accordance with the school's confidentiality policy.
- Where a mental health first aider assesses there is a risk of harm to another individual, they must escalate the matter to HR/Line Manager who will advise on the next steps to be taken.
- All staff/children are encouraged to speak to a mental health first aider at any time should they feel they may be developing a mental health problem, experiencing a worsening of an existing mental health illness or experiencing a mental health crisis.
- If at any time a member of staff/children form a belief that another colleague may be developing a mental health problem, suffering from a mental illness or experiencing a mental health crisis, they should contact a mental health first aider or HR/Line Manager.
- More information regarding measures that the school takes to support staff/children mental health can be found in the Staff Well-being policy. The school ensures all staff have access to this. It can be found on the school website.

Personal Hygiene and Body Fluids

Children and staff should be encouraged to practise high standards of hygiene. Hands should be thoroughly washed after using the toilet and before going to lunch.

All spillages of bodily fluids will be dealt with in accordance with the Bodily Fluids Policy.

MONITORING

External Health & Safety Inspections, Audits and Advice

The school completes the following regular inspections and audits (relating to health & safety):

- Local Authority Health & Safety Audit (usually every 3 years)

The school continually responds to in-school monitoring activities and incidents, external audit recommendations and any changes to national or local guidance.

In-school monitoring

We have accountability structures for the consistent monitoring and reporting of Health & Safety related matters. We complete the following pro-active monitoring checks:

- Link Governor monitoring visits (termly)
- H&S walkabouts (at least termly)
- Meetings with Lead First Aider (monthly)
- Stock checks on First Aid boxes, spillage buckets and child medication (expiry dates)
- Cycle of review for policies/procedures (see policy overview)
- Responses to issues raised e.g. accident/incidents, staff/parent concerns (as required)
- Safeguarding (Governor and Headteacher check First Aid qualifications and records (at least termly)

Reporting and accountability

Key aspects of H&S are reported to Estate & Financial Management Committee and the Full Governing Body on a termly basis and include:

- Results of key audits and inspections
- Accidents/Incidents
- Near-misses

Appendix A

FIRST AID ARRANGEMENTS

FIRST AID LEAD



MRS SMALLMAN

First aiders in your area:

ARP CHILDREN REQUIRING FIRST AID WILL BE TREATED BY ARP FIRST AID STAFF

NURSERY CHILDREN REQUIRING FIRST AID DURING TEACHING TIMES WILL BE TREATED BY THE NURSERY FIRST AID STAFF.

RECEPTION CHILDREN SHOULD BE TAKEN TO THE OFFICE BY AN ADULT. IF QUALIFIED, THAT ADULT MAY TREAT THEM.

KEY STAGE 1 AND KEY STAGE 2 CHILDREN SHOULD BE SENT TO THE OFFICE AND ACCOMPANIED BY AN ADULT OR CAPABLE PUPIL (IF NECESSARY).

The following staff have first aid at work qualification: (for adults)
Mrs Halliday (OFFICE), Mrs Smallman (OFFICE), Mr Allen (SITE MANAGER).







The following staff have Paediatric trained first aid certificates: (for children)
Mrs Warwick (NNEB) Mrs Smallman (OFFICE) Mrs Ashman (NNEB) Miss Lewis (SLSA) Mrs Lucas (SLSA) Mrs Westwood (NNEB) Mrs Imrie (NNEB) Mrs Dean (HLTA) Mrs Agathangelou (HLTA) Mrs Cawdron (LSA) Mrs Hughes (NNEB) Mrs Dobbs (SLSA) Mrs Halliday (OFFICE) Miss Hoad (TEACHER) Mrs Smith (LSA) Miss Garbarz (LSA) Miss Allen (LSA) Mrs Dyrda (OFFICE) Mrs Begum (LSA) Miss Heywood (MDA) Mrs Seki (LSA) Mrs Cook) (MDA) Miss Gallagher (MDA)

In an emergency dial 999 stating you are at Becontree Primary School, Stevens Road, Dagenham, RM8 2QR. Telephone number 0208 270 4900.

Explain that the vehicle entrance is the one next to Holden Close.
PLEASE NOTE: ALL INCIDENTS AND ACCIDENTS SHOULD BE REPORTED TO THE OFFICE.

Appendix C

Treatment book – recording sheet

Administration of First Aid Record

Date	Time	Child's Name	Class	Nature of accident/illness	Temperature	Actions Taken e.g. cold compress (initial)	Phone-Call home (tick and initial)	Slip sent home (tick and initial)