



First Aid Policy

Tees Valley Education Trust

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1 RATIONALE

Children and adults in our care need good quality first aid provision. Clear and agreed systems ensure that all children are given the same care and understanding in the academy. This care should extend to emergency first aid provision.

2 PURPOSE

This policy:

1. Gives clear structures and guidelines to all staff regarding all areas of first aid and medicines;
2. Clearly defines the responsibilities and the staff;
3. Enables staff to see where their responsibilities end;
4. Ensures the safe use and storage of medicines in the academy;
5. Ensures the safe administration of medicines and use of medical equipment in the academy;
6. Ensures good first aid cover is available, by members of staff who are competent and fully trained to do so, in the academy and on visits.

3 GUIDELINES

New staff to the academy are given a copy of this policy when they are appointed. This policy is regularly reviewed and updated.

As part of the induction process, new staff are given details of the trained first aiders, are trained in accident reporting and shown where first aid supplies are stored.

4 FIRST AID IN THE ACADEMY

Each academy has a number of staff who are trained 'First Aiders' and have completed the HSE approved First Aid at Work training (see staff handbook).

In addition, there are also a number of staff who have completed training specifically for EYFS children 'Paediatric First Aiders', who have completed the HSE Paediatric First Aid training (see staff handbook).

There are also a number of staff who have completed the Emergency First Aid at Work (EFAW) training, which enables them to treat adults and visitors who are on the academy site.

Within each academy the main duties of a First Aider are to:

- **Preserve life** – provide immediate life-saving medical care before the arrival of emergency services
- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at the academy
- When necessary, ensure that an ambulance or other professional medical help is called
- Be responsible for checking the contents of First Aid containers and re stocking when necessary

5 FIRST AID KITS

Each academy has numerous locations where fully stocked first aid equipment is stored (see staff handbook). Included is:

- A selection of 'bum bags' to transport first aid equipment
- Medi wipes, plasters, gauze, disposable gloves, disposable aprons, adhesive dressing strip- a variety of sizes, melolin pads, emergency blanket, eye wash, triangular bandages, scissors, safety pins, micropore tape, burns dressing, steri strips, crepe bandages- a variety of sizes,

Not located within first-aid kit, but kept in storage in the academy:

- Ice packs
- Burns packs
- Emergency inhalers
- Adrenaline auto-injector (Epi-pen)
- Medical refrigerator – for medication that needs to be stored below a set temperature

There are several lockable cool bags available to transport medication on visits.

If a kit is taken from its place, it must be returned when finished with.

Designated members of first aid trained staff will keep the first aid equipment fully stocked.

6 ACCIDENT REPORT BOOK

The accident report book is located in the academy office. All serious injuries or incidents to children or adults must be recorded in the Accident Book.

6.1 Minor Injury Book

The Minor Injury Book is located in the academy office and/or one in each Key Stage. All minor injuries or incidents to children or adults must be recorded in the Minor Injuries Book. The original top-sheet should be placed in an envelope and sent home with the child with the carbon copy remaining in the academy.

7 CALLING THE EMERGENCY SERVICES

In the case of major accidents, it is the decision of the fully trained First Aider if the emergency services are to be called. Staff are expected to support and assist the trained First Aider in their decision. The First Aider must remain with the child and provide any first aid as directed by the emergency call handler and a handover when emergency services arrive.

If a member of staff is asked to call the emergency services, they must state:

1. What has happened
2. The child's name
3. The age of the child
4. Whether the casualty is breathing and/or unconscious
5. The location of the academy

If the casualty is a child, their parents should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are located in the academy office.

8 DEALING WITH ILLNESS AND INJURIES (GENERAL)

8.1 Cuts, bites, stings and splinters

The nearest adult deals with small cuts. All open cuts should be covered after they have been treated with a medi wipe/water. Children should always be asked if they can wear plasters BEFORE one is applied. Children who are allergic to plasters will be given an alternative dressing. All cuts should be recorded in the Minor Injury Book or if the wound is more serious, the Accident Book.

ANYONE TREATING AN OPEN CUT SHOULD USE NON-LATEX GLOVES. All blood waste is disposed of in the appropriate waste disposal units.

In the event that a child is stung by an insect, then a sting remaining in the skin should be brushed or scraped off sideways. An ice pack or something cold should be placed on the wound to reduce the swelling and the affected body part raised when possible. If the sting is in the mouth or throat, get them to suck an ice cube or sip cold water.

Under no circumstances should tweezers be used to remove a sting as this may result in further poison passing through the wound.

Bites should be washed, elevated and cooled in the same way as a sting. Children should be monitored closely for any sign of reaction and emergency services called if required.

First aiders should not attempt to remove splinters; parents/carers should be called in such circumstances.

8.2 Bumped heads

All bumped heads should be treated with an ice pack. **Parents and guardians must be informed of any head injury by telephone.** The child's teacher should be informed and keep a close eye on the progress of the child. ALL bumped head incidents should be recorded in the Minor Injury Book or if more serious, the Accident Book.

8.3 Vomiting and diarrhoea

If a child vomits or has diarrhoea in the academy, they will be sent home immediately. Children with these conditions will not be accepted back into the academy until 48 hours after the last symptom has elapsed.

8.4 Chicken pox and other diseases

If a child is suspected of having chicken pox etc, we will look at their arms or legs. To look at a child's back or chest would only be done if we were concerned about infection to other children. In this case another adult would be present and we would ask the child's permission.

If any contagious diseases are suspected, the Senior Leadership Team must immediately follow Public Health England and HSE quarantine guidelines in relation to safeguarding vulnerable children (i.e those with immune deficiencies) and members of staff (i.e pregnant women). See contacts below.

9 RELATED POLICIES, DOCUMENTS AND CONTACTS:

Public Health England – Notes on infectious diseases in Schools and Nurseries
<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2019/09/spotty-book-2019-.pdf>

Guidance on first aid for schools - A good practice guide (DfE 2014)

Local School Nursing service 0300 303 1603

Public Health England www.gov.uk/phe PHE North East Health Protection Team, Floor 2 Citygate, Gallowgate, Newcastle upon Tyne, NE1 4WH 0300 303 8596

NHS www.nhs.uk

TVED Health and Safety Policy

TVED Medical / Medicines Policy

TVED Supporting Children with Medical Needs / Life Threatening Illness Policy