



THE CONSORTIUM  
ACADEMY TRUST

# First Aid Policy

The Consortium Academy Trust (TCAT)

An Exempt Charity Limited by Guarantee

Company Number 07665828

Status:	Live
Policy Owner (position)	Head of Estates
Statutory / Recommended	Statutory
Date Adopted	11 June 2020
Review Period	12 months
Revision	1
Review Date	December 2021
Advisory Committee	Trust Board
Linked Documents and Policies	Health and Safety at Work etc. Act 1974 The Health and Safety (First-Aid) Regulations 1981 TCAT Health and Safety Policy TCAT Accident Reporting Policy Induction Checklist

*\*NB – This document can only be considered valid when viewed on The Consortium Academy Trust website. If the copy is printed or downloaded and saved elsewhere the Policy date should be cross referenced to ensure the current document is the latest version. The linked policies can be found at [www.consortiumtrust.co.uk](http://www.consortiumtrust.co.uk)*

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## **1.0 Statement of intent**

The Consortium Academy Trust (TCAT) is committed to providing emergency First Aid provision in order to deal with accidents and incidents affecting staff, learners and visitors. Individual academies will undertake a suitable and sufficient risk assessment and First Aid needs analysis to ensure compliance with this policy.

The Trust will take every reasonable precaution to ensure the safety and wellbeing of all staff, learners and visitors in accordance with the following Trust policies:

- TCAT Health and Safety Policy
- Individual Academy Behaviour Policies
- Child Protection and Safeguarding Policy
- Supporting Learners with Medical Conditions Policy
- Educational Visits and Offsite Activities Policy
- Lone working risk assessments and control measures

Individual academy Health and Safety Leads has overall responsibility for ensuring that their academy have adequate and appropriate First Aid equipment and facilities, and will liaise with the academy Operations Manager to ensure that First Aiders attend approved training and refresher training as necessary to maintain adequate qualified First Aid cover and that the correct First Aid procedures are followed.

Academy Health and Safety Leads will liaise with heads of higher-risk departments; i.e. Science; Technology; Physical Education to ensure any subject-specific risks are accounted for and appropriate control measures are in place.

This policy will be reviewed on a regular basis, more often if required but not less than annually, and any changes communicated to all members of staff.

## **2.0 Legal framework**

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 Management of Health and Safety at Work Regulations 1999
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on First Aid for Schools'
- DfE (2018) 'Automated external defibrillators (AEDs) a guide for schools
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

## **3.0 Aims**

All staff will be made aware of this policy and know who to contact in the event of any illness, accident or injury, and to ensure that the guidance in this policy is followed.

Staff will always use their best endeavours to secure the welfare of our learners and colleagues.

Anyone on the Trust's premises is expected to take reasonable care for their own and other's safety.

The aims of this policy are to:

- ensure that each academy has adequate, safe and effective First Aid provision for every learner, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how minor or major
- ensure that staff and learners are aware of the procedures in the event of any illness, accident or injury
- ensure that medicines are only administered at the academy when express permission has been granted for this . There may be times when inhalers need to be used in an emergency without permission
- ensure that all medicines are appropriately stored
- promote effective infection control.

Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the academy site.

To achieve the aims of this policy each academy, including their owned and operated vehicles, will have suitably stocked First Aid boxes in line with a site-specific assessment of needs.

Where there is no special risk identified, minimum provision of First Aid items will follow guidance in The Health and Safety (First Aid) Regulations 1981.

Each academy will nominate and name a person or persons responsible for examining the contents of First Aid boxes, including any mobile First Aid boxes for offsite use. These will be frequently checked and restocked as soon as possible after use, and these checks will be recorded. Any out-of-date items will be safely disposed of after the expiry date has passed.

Each academy will make a list available to all staff detailing the locations of First Aid kits and the names of on-site First Aiders.

#### **4.0 First Aiders**

First Aiders will receive a site-specific induction, to familiarise them with the local procedures, locations of First Aid kits and equipment, how to use the telephone system to call for emergency assistance, how to reorder First Aid supplies and to meet other First Aiders.

The main duties of First Aiders will be to administer immediate First Aid to learners, staff or visitors, and to ensure that an ambulance or other professional medical help is called, when necessary.

First Aiders will ensure that their First Aid qualifications are kept up-to-date through liaison with the academy Operations Manager.

First Aiders will be responsible for ensuring all First Aid kits in their allocated area of responsibility are properly stocked and maintained. The academy's named responsible person

will be responsible for maintaining supplies.

In Early Years Foundation Stage (EYFS) settings, there will be a minimum of two paediatric-trained First Aiders on site during the school day. This will be the case other than in highly exceptional circumstances like partial closure for example.

### **Automated External Defibrillators (AEDs)**

Although AEDs are designed to be used by untrained personnel, to comply with the general principles of The Provision and Use of Work Equipment Regulations 1998, and as an aid to increasing staff confidence and competence in using this equipment, First Aid qualified staff will be trained in their use.

Where the academy has AEDs, their locations are to be communicated to all staff.

AEDs will be inspected in line with manufacturer's instructions, and these inspections will be recorded. Consumable elements such as the batteries and pads must be replaced when expired or after each use according to manufacturer's guidelines.

## **5.0 Emergency procedures**

Each academy will have their own procedures to deal with accidents and illnesses, which will follow these basic principles:

- If an accident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a First Aider.
- If called, a First Aider will assess the situation and take charge of First Aid administration.
- If the First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid, then they will arrange for the casualty to access appropriate medical treatment without delay.

Where an initial assessment by the First Aider indicates a moderate to serious injury has been sustained, one or more of the following actions will be taken:

- Administer emergency help and First Aid to all casualties. The purpose of this is to keep the casualty alive and as comfortable as possible before professional medical help arrives. In some situations, immediate action can prevent the accident from becoming increasingly serious, or from involving more casualties.
- Call an ambulance or a doctor, or if appropriate, after receiving a parent's clear instruction, take the casualty to a doctor or to a hospital. Moving the casualty to medical help is only advisable if the person doing the moving has sufficient knowledge and skill to move the casualty(s) without making the injury worse.
- Ensure that no further injury can result from the accident, either by making the scene of the accident safe, or (if they are fit to be moved) by removing injured persons from the scene.
- See to any learners who may have witnessed the accident or its aftermath and who may be worried, or traumatised, despite not being directly involved. They will need to

be escorted from the scene of the accident and comforted. Younger or more vulnerable learners may need parental support to be called immediately.

Once the above action has been taken, the incident will be reported promptly to:

- the Headteacher
- the casualty's parents/carers
- emergency contact

In all instances of accidents, incidents and near-misses, staff will follow the procedures as outlined in the Accident and Incident Recording and Reporting Policy.

## **6.0 Reporting to parents**

In the event of incident or injury to a learner, at least one of the learner's parents/carers will be informed as soon as practicable. Where this is a minor injury the academy may provide information to be taken home at the end of the day.

In all academies, parents/carers will be informed of any injury to the head, whether minor or major, and be given guidance on the action to take if symptoms develop.

In the event of a serious injury or an incident requiring emergency medical treatment, a member of staff will contact the learner's parents/carers as soon as possible.

A list of emergency contacts will be available on SIMs

## **7.0 Educational visits and offsite activities**

Before undertaking any offsite visits or activities, the teacher organising the trip or event will assess the level of First Aid provision required by undertaking a suitable and sufficient risk assessment of the visit or event and the persons involved.

*For more information about the academy's educational visits requirements, please see the Educational Visits and Offsite Activities Policy.*

## **8.0 Storage of medication**

Medicines will always be stored securely and appropriately in accordance with individual product instructions, save where individual learners have been given responsibility and permission by the academy for keeping such items on their person. In an EYFS setting this will be in a locked cabinet.

All medicines will be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration, and properly labelled, showing the name of the patient, the date of prescription and the date of expiry of the medicine.

All medicines will be returned to the parent for safe disposal when they are no longer required, have expired or when the learner has left the academy.

Parents/carers are encouraged to provide an emergency supply of medication for learners with medical conditions that require regular medication or potentially lifesaving equipment, e.g. an Epi-Pen or inhaler.

Parents/Carers will advise the academy when a child has a chronic medical condition or severe allergy so that an Individual Healthcare Plan can be implemented and staff can be trained to deal with any emergency in an appropriate way. Examples of this include epilepsy, diabetes and anaphylaxis.

## **9.0 Illnesses**

When a learner becomes ill during the school day, the parents/carers will be contacted and asked to pick their child up as soon as possible.

Wherever possible a quiet area should be set aside for withdrawal and for learners to rest while they wait for their parents/carers to pick them up. Learners will be monitored during this time.

## **10.0 Consent**

Parents/carers will be asked to complete and sign a medical consent form when their child is admitted to the academy, which includes emergency numbers, details of allergies and chronic conditions, and consent for the administration of emergency First Aid. These forms will be updated periodically. It is the parent/carer's responsibility to ensure that they keep the academy updated with any change in contact information or emergency contact details.

Staff do not act 'in loco parentis' in making medical decisions as this has no basis in law. Staff will always aim to act and respond to accidents and illnesses based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the learners and colleagues in mind.

## **Appendix 1: First Aid Procedures during the Coronavirus (COVID-19) Pandemic**

### **Statement of intent**

The Trust aims to act in accordance with the First Aid Policy set out above as much as possible; however, we understand that we must remain compliant with the relevant First Aid legislation while the academies observe social distancing and infection control guidelines. This appendix sets out what additional actions the academies will take once phased reopening begins.

The information in this appendix is under constant review and kept updated to reflect any changes to national or local guidance.

### **1. Enforcing new procedures**

- 1.1 The academy carries out a risk assessment that is used to help inform any changes to First Aid provision, including the number of First Aiders needed on site.
- 1.2 The academy ensures that additional First Aid procedures are communicated effectively to all staff and learners.
- 1.3 Staff are informed about their legal responsibilities regarding First Aid and the additional procedures in place.
- 1.4 First Aiders are provided training time to read the appendix and review the documents in Appendix 1, 2, 3 and 4 of the First Aid Policy
- 1.5 The academy informs parents of any changes to provision outlined in this policy by ensuring it is posted on the website.
- 1.6 The academy acknowledges that where conflicts between the relevant legislation and government guidance on managing the coronavirus pandemic arise, the legislation outlined in the First Aid Policy must be followed.

### **2. Social distancing and infection control measures**

- 2.1 When administering First Aid, the relevant staff are advised to:
  - Wash their hands before and after administering First Aid, using soap and water or alcohol-based hand sanitiser.
  - Dispose of any waste in a suitable bin.
  - Ensure frequently touched surfaces and equipment have been cleaned and disinfected before use.
  - Follow the current Government guidance in respect of social distancing within an educational environment.
  - Interact side-by-side where administering First Aid requires close interaction.
  - Minimise the duration of face-to-face (to less than 15 minutes where possible) contact where side-by-side interaction is not possible.



- Limit the number of people administering First Aid in each incident.
- Ensure that all recipients of First Aid are kept socially distanced from others, e.g. other recipients.  
*\*See Risk Assessment (RA) guidance for dealing with those who exhibit CV-19 symptoms*
- Ensure that First Aid is administered in a designated location, where possible, to minimise the spread of infection and any cleaning requirements.
- Where the First Aid is required at the learning space, the First Aider will wait outside and administer First Aid in the corridor, taking due regard of touch surfaces and cleaning required.
- Where the patient cannot be moved the lead adult will remove the other learners to a contingency room and First Aid will be administered in the classroom.

2.2 The academy acknowledges that the use of PPE is **not** required to administer First Aid in most circumstances, with the exception of paragraph [6.3](#) of this appendix or if required to do so in accordance with the site Infection Control Risk Assessment.

### 3. First Aiders

- 3.1 The academy ensures that there is always a trained First Aider on site during school hours.
- 3.2 Where a First Aider must be sent home due to showing symptoms of coronavirus, the academy ensures that the minimum number of First Aiders on site is maintained and arranges cover where necessary.
- 3.3 Where cover must be arranged, the academy ensures that:
- Adequate cover is in place before the member of staff leaves the premises.
  - In the event that the member of staff must lawfully remain on site, the individual is isolated in a designated room and follows the academy's social distancing and infection control measures.
  - Symptomatic individuals strictly **do not** administer First Aid.

### 4. First Aid training

- 4.1 First Aiders' training is kept up-to-date.
- 4.2 Where a First Aider is unable to renew their training due to the coronavirus pandemic, they are instructed to:
- Check if they are eligible for an extension.
  - Ensure they requalify before 30 September 2020.
  - Undertake any training that can be done online where face-to-face training is not required or available.

- The Headteacher must conduct a Risk Assessment to assure themselves the First Aider is competent.

## 5. Administering and handling medication

- 5.1 When administering medication, staff are expected to:
- Follow the procedures set out in the Supporting Learners with Medical Conditions Policy
  - Adhere to the academy's social distancing and infection control measures as much as possible.
  - Minimise the time spent in close proximity to others where maintaining social distancing is not possible – staff should use side-by-side interaction with others instead.
  - Minimise face-to-face contact (to a maximum of less than 15 minutes) where side-by-side interaction is not practical.
- 5.2 The academy acknowledges that the use of PPE is **not** required to administer medication in most circumstances, with the exception of paragraph [6.3](#) of this appendix or if required to do so in accordance with the Infection Control Policy
- 5.3 When handling and storing medication, staff are advised to:
- Wash their hands for at least 20 seconds with soap and water or use an alcohol-based (not less than 60%) hand sanitiser before and after they handle medication.
  - Wash and disinfect frequently touched surfaces before contact, including any receptacles for storing medicine, where required.
  - Minimise the number of people handling medication.
  - Ensure that medication or medical equipment brought in from home is safe to be taken home again.

## 6. Ill health and infection

- 6.1 Where an individual must wait on the academy premises to go home when showing symptoms of coronavirus, staff must ensure that:
- A suitably trained First Aid responder provides any basic medication required on the express permission of the parent/carer only
  - The individual is isolated in a cool, well-ventilated, designated area.
  - They adhere to the academy's social distancing and infection control measures.
  - Areas used by the individual are cleaned and disinfected once they leave, e.g. toilets.
- 6.2 In the event that a symptomatic individual requires First Aid or medication, and social distancing is practical and can be maintained, staff follow the procedures in [section 2](#) of this appendix.

- 6.3 Staff wear PPE when required to administer First Aid or medication to a symptomatic individual if social distancing cannot be maintained, e.g. the learner is very young or has complex needs.
- 6.4 If a member of staff has helped care for a symptomatic individual and develops symptoms themselves, they are sent home immediately and the Risk Assessment procedures followed.
- 6.5 In the event that a First Aider develops coronavirus symptoms, the procedures outlined in paragraphs [3.3](#) of this appendix are followed.

## **7. Emergencies**

- 7.1 Accidents and emergencies are managed in line with [Section 5](#) of the First Aid Policy.
- 7.2 When administering *emergency* First Aid, social distancing restrictions do not apply.
- 7.3 A member of staff calls 999 immediately if a symptomatic individual becomes severely unwell or their life is at risk.
- 7.4 Parents who must collect their unwell child from the academy are informed that they must call 999 if their child becomes severely unwell or their life is at risk.

## **8. Monitoring and review**

- 8.1. This appendix is reviewed by the Headteacher in reaction to any new government advice.
- 8.2. The date of the next review of this appendix will be in line with the review date on the Academy Risk Assessment to maintain clarity, unless new information that informs this policy and guidance becomes available or an incident occurs that necessitates a review.
- 8.3. Once the academy resumes regular activity, and if deemed appropriate by the Trust and the academy Headteacher, all sections within this appendix will expire.

## **Appendix 2 - Gov.uk Recommendations - Covid-19**

**What to do if you are required to come into close contact with someone as part of your first responder duties:**

### **Personal protective equipment (PPE)**

Where it is not possible to maintain a 2 metre or more distance away from an individual, disposable gloves and a disposable plastic apron are recommended. Disposable gloves should be worn if physical contact is likely to be made with potentially contaminated areas or items.

The use of a fluid repellent surgical face mask is recommended and additional use of disposable eye protection (such as face visor or goggles) should be risk assessed when there is an anticipated risk of contamination with splashes, droplets of blood or body fluids.

When using a fluid repellent surgical face mask, you should mould the metal strap of the mask over the bridge of the nose and make sure the mask fits snugly under the chin, around or across any facial hair if present.

Clean your hands thoroughly with soap and water or alcohol sanitiser before putting on and after taking off PPE. In all circumstances where some form of PPE is used, the safe removal of the PPE is a critical consideration to avoid self-contamination. Use and dispose of all PPE according to the instructions and training provided by your employer or organisation.

### **Cardiopulmonary resuscitation**

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment (in the Police this would be a “dynamic risk assessment”) and adopt appropriate precautions for infection control.

In adults, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest not due to lack of oxygen).

Cardiac arrest in children is more likely to be caused by a respiratory problem (asphyxial arrest); therefore, chest compressions alone are unlikely to be effective.

If a decision is made to perform mouth-to-mouth ventilation in asphyxial arrest, use a resuscitation face shield where available.

Should you have given mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following

14 days. Should you develop such symptoms you should follow the advice on what to do on the [NHS website](#).

### **Providing assistance to unwell individuals**

If you need to assist an individual who is symptomatic and may have COVID-19, wherever possible, place the person in a place away from others. If there is no physically separate room, ask others who are not involved in providing assistance to stay at least 2 metres away from the individual. If barriers or screens are available, these may be used.

### **Cleaning the area where assistance was provided**

Cleaning will depend on where assistance was provided. It should follow the advice for cleaning in [non-healthcare settings](#). Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids can be cleaned in the usual way. However, all surfaces that a symptomatic individual has come into contact with must be cleaned and disinfected.

### **If there has been a blood or body-fluid spill**

Keep people away from the area. Use a spill-kit if available, using the PPE in the kit or PPE provided by your employer/organisation and following the instructions provided with the spill-kit. If no spill-kit is available, place paper towels/roll onto the spill, and seek further advice from emergency services when they arrive.

### **To read the full government guidance please use the following link:**

<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov>

Refer also to the quick guide to donning and doffing PPE <attached>

Further information is available at:

<https://www.hse.gov.uk/news/first-aid-certificate-coronavirus.htm>

<https://www.hse.gov.uk/news/coronavirus.htm>

<https://www.gov.uk/coronavirus/education-and-childcare>

### **Appendix 3- Personal protective equipment (PPE) including face coverings and face masks**

DoE Guidance **Coronavirus (COVID-19): implementing protective measures in education and childcare settings** Updated 1 June 2020

Wearing a face covering or face mask in schools or other education settings is not recommended. Face coverings may be beneficial for short periods indoors where there is a risk of close social contact with people you do not usually meet and where social distancing and other measures cannot be maintained, for example on public transport or in some shops. This does not apply to schools or other education settings. Schools and other education or childcare settings should therefore not require staff, children and learners to wear face coverings. Changing habits, cleaning and hygiene are effective measures in controlling the spread of the virus. Face coverings (or any form of medical mask where instructed to be used for specific clinical reasons) should not be worn in any circumstance by those who may not be able to handle them as directed (for example, young children, or those with special educational needs or disabilities) as it may inadvertently increase the risk of transmission.

The majority of staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others. PPE is only needed in a very small number of cases including:

- children, young people and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way
- if a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. A fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn

Education, childcare and children's social care settings and providers should use their local supply chains to obtain PPE. Where this is not possible, and there is unmet urgent need for PPE in order to operate safely, they may approach their nearest local resilience forum.



# Guide to donning and doffing standard Personal Protective Equipment (PPE)

## for health and social care settings

### Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.

- 1 Put on your plastic apron, making sure it is tied securely at the back.


- 2 Put on your surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin.


- 3 Put on your eye protection if there is a risk of splashing.


- 4 Put on non-sterile nitrile gloves.

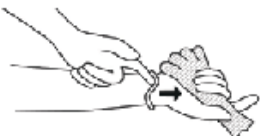

- 5 You are now ready to enter the patient area.





### Doffing or taking off PPE


Surgical masks are single session use, gloves and apron should be changed between patients.


- 1 Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove.



- 2 Perform hand hygiene using alcohol hand gel or rub, or soap and water.



- 3 Snap or unfasten apron ties the neck and allow to fall forward.


- 4 Snap waste ties and fold apron in on itself, not handling the outside as it is contaminated, and put into clinical waste.
- 5 Once outside the patient room. Remove eye protection.


- 6 Perform hand hygiene using alcohol hand gel or rub, or soap and water.


- 7 Remove surgical mask.


- 7 Now wash your hands with soap and water.



Please refer to the PHE standard PPE video in the COVID-19 guidance collection:

[www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures](http://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures)

If you require the PPE for aerosol generating procedures (AGPs) please visit:

[www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures](http://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures)