

The GORSE Academies Trust First Aid Policy

Designated Person: Principal
Reviewed by: Policy Committee – Version 1.4
Date: March 2023

Contents

1 Policy Aims	3
2 Organisation	3
2.1 Trust Board of Directors and Governing Body	3
2.2 Chief Executive Officer (CEO)	3
2.3 Deputy Chief Executive Officer (DCEO)	3
2.4 Executive Principals	4
2.5 Director of Estates	4
2.6 Principals	4
2.7 Local Governing Bodies and Lead Governor: Health & Safety	4
2.8 Appointed Health & Safety Leaders	4
2.9 Appointed Health & Safety Managers	5
2.10 Appointed Health & Safety Training Coordinators	5
2.11 First Aiders	5
2.12 Senior Leaders, Department Heads, Managers and Supervisors	6
2.13 All Staff, Pupils, Visitors, Contractors and Shared Site Users	6
3 Arrangements	6
3.1 First Aid Needs Assessment	6
3.2 First Aid Provision	7
3.3 Mental Health	8
3.4 First Aid Equipment	9
3.5 First Aid Training	9
3.6 Reporting and Recording First Aid Treatment	10
3.7 Monitoring Arrangements	10
3.8 COVID-19 Arrangements	11
3.10 Further Information	11
Annex 1 – Table of substantive Changes from December 2022	13
Appendix A: Safe Glove Removal	15
Appendix B: Contents of First Aid Kits	16
Appendix C: AED (Automated External Defibrillator) Checks	17
Appendix D: How to Use A Defibrillator	18
Appendix E.1 Needle-stick / Sharps injuries	21
Appendix E.2 Bites	22
Appendix G: First Aid Needs Assessment Form (TGAT-HSF-007)	23

THE GORSE ESTABLISHMENTS TRUST FIRST AID POLICY

1 Policy Aims

- 1.1 First aid can save lives and prevent minor injuries becoming major ones; therefore, it is essential for academic success that all staff and pupils are able to receive appropriate care and support from the Trust and its establishments in the event of injury, illness or medical need.
- 1.2 The GORSE Academies Trust and its establishments are committed to providing suitable and adequate first aid arrangements to enable the timely treatment of injuries or illnesses sustained by staff, pupils, or visitors on our premises or when taking part in activities under our control or significant influence.
- 1.3 The aims of this First Aid Policy are to ensure that:
- First aid needs assessments are carried out to determine the first aid requirements at each establishment, taking into account routine or foreseeable activities and events
 - Roles and responsibilities are identified and set out for first aid management across the Trust and its establishments to support effective first aid provision
 - There are sufficient numbers of trained First Aid staff on duty and available for the risks present at each establishment and any associated activities or events under its control or significant influence, in accordance with their first aid needs assessment
 - There are suitable and sufficient first aid facilities and equipment available to administer first aid at each establishment, in accordance with their first aid needs assessment
 - First aid arrangements are clearly identified and communicated to all affected persons, and that routine monitoring, and checks are carried out to ensure they remain effective
 - A framework and minimum expectations are determined for responding to, recording and reporting accidents and incidents requiring first aid treatment
- 1.4 This Policy supplements and builds upon the Trust Health & Safety Policy.
- 1.5 Further details of how these aims will be achieved are given in the Organisation and Arrangements sections below, and within other supporting policies, structures, systems, procedures, and practices.

2 Organisation

The purpose of this section is to highlight the key roles, responsibilities, and accountabilities in relation to first aid arrangements across the Trust and each establishment that are in addition to those specified in the Health & Safety Policy. It is not exhaustive, and each person will need to make themselves aware of any other policies, procedures, systems or practices that may apply to them.

2.1 Trust Board of Directors and Governing Body

The Trust Board of Directors have overall responsibility for ensuring compliance with health and safety legislation in relation to first aid provision across its establishments.

2.2 Chief Executive Officer (CEO)

The CEO is accountable for ensuring that the relevant duties under this policy are effectively delegated to, and discharged by, the Executive Principals for the educational settings they are responsible for.

2.3 Deputy Chief Executive Officer (DCEO)

The DCEO will work closely with the CEO, Executive Team, and the Board of Directors, to drive and deliver the Organisations First Aid Policy.

2.4 Executive Principals

The Executive Principals are accountable for ensuring that the relevant duties under this policy are effectively delegated to, and discharged by, the Principals at each of their assigned Trust establishment.

2.5 Director of Estates

The Director of Estates is **supported by appropriately trained staff and is** responsible for providing suitable advice and guidance to the CEO, **DCEO**, Executive Principals, Principals, and Trust establishment colleagues on all aspects of first aid.

2.6 Principals

The Principal has ultimate accountability for the implementation, management, and monitoring of this policy at their establishment, including ensuring:

- The Appointed Health & Safety Manager takes charge of first aid arrangements at the establishment
- A first aid needs assessment is carried out and reviewed at least each Academic year by someone with a suitable level of competence and knowledge of the buildings/premises, staff/pupil demographics, likely hazards, and working arrangements within their establishment
- Adequate resources are made available to meet the establishment's first aid needs, including ongoing maintenance and training
- That an appropriate number of trained first aiders are always present in the establishment and on any activities/events under its control or significant influence
- That first aiders are appropriately qualified; their training is kept up to date and that they remain competent to perform their role
- All staff are aware of their responsibilities under this policy and the Health & Safety policy
- Appropriate risk assessments are completed, and appropriate measures are put in place
- That adequate space is available for catering to the medical needs of staff, pupils and visitors
- That the overall effectiveness of the first aid arrangements, and adherence to this First Aid Policy, are being monitored at their establishment

2.7 Local Governing Bodies and Lead Governor: Health & Safety

Local Governing Bodies and the Lead Governor for Health & Safety have responsibilities for:

- Holding the Principal to account against this policy and ensuring that their establishments have suitable and sufficient first aid arrangements in place
- That the first aid needs assessment and arrangements are reviewed at least each academic year, or sooner should there be any significant changes at the establishment, to ensure the first aid arrangements remain adequate

2.8 Appointed Health & Safety Leaders

Appointed Health & Safety Leaders shall have joint responsibility with the Principal for ensuring effective first aid management across their establishment, and, must:

- Ensure that those with responsibilities highlighted in sections 2.2, 2.5 and 2.6 of this policy are effectively discharging their responsibilities and that these are reviewed on a regular basis
- Monitoring the effectiveness of overall first aid arrangements and adherence to this First Aid Policy at their establishment
- Any corrective actions, remedial works and improvement plans identified by inspections, audits and compliance checks are recorded and addressed in a timely manner

2.9 Appointed Health & Safety Managers

Appointed Health & Safety Managers are responsible for taking charge of first aid arrangements at the establishment, such as looking after first kits and ensuring First Aiders are doing their part. This role may be fulfilled by the Appointed Health & Safety Leader, where appropriate.

Appointed Health & Safety Managers are responsible for ensuring:

- First aid facilities are identified, available and maintained in a good condition
- First aid rooms, first aid boxes, travel first aid kits, AED devices and other first aid equipment are identified, checked, stocked and maintained in a good condition
- They take charge, or support the responding first aider, and contacting the emergency services (where necessary), in the event of an accident or incident
- First aid notices are displayed in prominent location(s) and kept up to date
- The Principal and/or the Appointed Health & Safety Leader are informed of any matters or concerns relating to the provision of first aid at the establishment

2.10 Appointed Health & Safety Training Coordinators

Appointed Health & Safety Training Coordinators are responsible for ensuring that:

- The minimum numbers of trained first aiders are identified, monitored and maintained, based on the outcome of the first aid needs assessment, their training remains up to date, the establishment maintains records of such training, and any training gaps or deficiencies are identified and addressed in a timely manner
- Copies of all first aider's certificates are provided to and retained by the establishment

This role may be fulfilled by the Appointed Health & Safety Manager, or Health & Safety Leader, where appropriate.

2.11 First Aiders

A first aider is a member of staff who has been trained to give first aid treatment in the event of an injury or illness.

First aiders are responsible for ensuring that:

- First aid facilities under their control are available and maintained in a good condition
- First aid boxes, burn kits and other first aid equipment under their control are stocked and maintained in a good condition, including replacing any damaged or out-of-date items
- They provide immediate first aid treatment to injured or ill staff, pupils and visitors
- They always take a first aid kit with them when evacuating the establishment during a fire or other emergency, as long as it is safe to do so
- Accidents or incidents requiring first aid treatment are recorded within 48 hours on EVERY
- They take the lead in accidents or incidents involving injury or ill health, and, where appropriate, summoning emergency services, whilst ensuring ongoing communication with them
- Their training remains up-to-date and that the establishment maintains records of such
- Copies of their first aid training certificates are provided to the establishment
- Informing the Appointed Health & Safety Leader, Health & Safety Manager and/or Principal of any matters or concerns relating to the provision of first aid at the establishment

2.12 Senior Leaders, Department Heads, Managers and Supervisors

Senior leaders, department heads, managers and supervisors are responsible for ensuring that staff, pupils, visitors, contractors and shared site users under their control or influence adhere to this policy.

2.13 All Staff, Pupils, Visitors, Contractors and Shared Site Users

In addition to the respective responsibilities outlined in the Health & Safety Policy:

- Teachers and support staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the establishment in the same way that parents might be expected to act towards their children
- Teachers and support staff must be competent to deal with the medical needs of the pupils they are responsible for, as identified within the relevant IPRAs and healthcare plans
- Parents/guardians must notify the establishment about any medical conditions that their child may have that the establishment should be aware of in order to put in place appropriate control measures or in the event of an emergency requirement medical or first aid treatment
- All staff, pupils, visitors, contractors and shared site users have a duty to co-operate with the Trust and the Trust establishment
- All staff, visitors, contractors and shared site users must ensure that they have a full understanding of this First Aid Policy and the first aid arrangements at their establishment, including familiarisation with the location of first aid equipment, facilities and personnel
- Staff and visitors should notify the Establishment about any medical conditions that it needs to be aware of in the event of an emergency or the requirement first aid treatment.
- Contractors and shared site users are responsible for determining and managing their own first aid arrangements in relation to their activities, unless specific arrangements have been pre-agreed with the establishment, in writing
- All staff, pupils, visitors, contractors, and shared site users have a duty to report any defects or concerns relating to any first aid arrangements/equipment to a member of staff

3 Arrangements

The purpose of this section is to outline and improve the awareness of the minimum requirements for first aid arrangements across the Trust and its establishments. These arrangements are further supported by other policies, structures, systems, procedures, and practices, which should also be adhered to.

3.1 First Aid Needs Assessment

- The first aid requirements at each Establishment must be determined following the guidance in this policy and the **First Aid Needs Assessment form** provided in **Appendix H**
- Those undertaking a first aid needs assessment must have a suitable level of competence and knowledge of the buildings/premises, staff/pupil demographics, likely hazards, and working arrangements within their establishment
- It is the responsibility of each Principal to ensure that staff conducting such an assessment are competent to do so. If in any doubt, please contact the Trust Health & Safety team for support
- When carrying out a first aid needs assessment, the factors that should be considered include:
 - Risks identified in relevant individual risk assessments, such as WASPs and IPRAs
 - Layout and size of the establishment and whether it has multiple-sites and floors
 - Location of the establishment in relation to hospitals and other medical facilities
 - Areas where there may be different hazards and levels of risks such as D&T, labs, etc.
 - Adequate provision for lunchtimes, breaks, absences, and Educational Visits
 - Any specific local hazards or risks, such as hazardous substances or machinery
 - Previous accidents, incidents and ill health that have occurred

- Number of staff, pupils and visitors who attend the premises or take part in activities or events under its control or significant influence
 - Age range of staff, pupils and visitors who may attend the establishment
 - Staff who may drive, work peripatetically, work away from buildings or work from home
 - Numbers and locations of first aiders and equipment to ensure adequate coverage
 - Annual leave, unexpected absences and training requirements of trained first aiders
 - Out of hours' arrangements e.g., lettings, parent's evenings and other activities/events
 - Any agreements with third parties covering joint provisions e.g., catering
- The first aid needs assessment must be recorded on the form provided in **Appendix H** and uploaded to the **Local First Aid Needs Assessment** section under Documents on **EVERY Amended documents should be updated as a 'new version'**.
 - Each establishment must review its first aid needs each Academic year, or sooner should there be any significant changes at the establishment, to ensure the first aid arrangements remain adequate

3.2 First Aid Provision

- Each establishment must ensure local compliance with this First Aid Policy, including the provision of adequate first aid equipment, facilities, trained first aiders and means of communication to enable timely first aid to be given to staff, pupils and visitors if they become injured or ill on any of its premises or on any activities under its control or significant influence
- It is the responsibility of parents/guardians to notify the establishment about their child's medical conditions; each establishment must issue a reminder to parents during the first half term each year asking parents/guardians to review and update the information held at the establishment
- It is the responsibility of each staff member to notify the establishment about any medical conditions that it needs to be aware of in the event of an emergency or need for first aid treatment
- Information about pupil's or staff members medical needs may also be received by the establishment in other ways, such as admission forms, application forms, letters from parents, conversations with teachers or colleagues, etc.
- Where the establishment becomes aware of a pupil's or staff member's medical needs, an IPRA or WASP must be completed
- **First aid at work does not include giving tablets or medicines. The only exception is when Aspirin is used as first aid to a casualty with a suspected heart attack for those over 16. Aspirin should never be given to a child younger than 16, unless it has been prescribed by a doctor**
- Prescribed medications, inhalers, auto-injector pens, etc. must be kept securely in the relevant office or classrooms in a labelled container and clearly marked with the pupil's or staff's details
- Where relevant, those responsible for overseeing, managing, administering, or monitoring medications should make themselves aware of the Managing and Administering Prescribed and Non-Prescribed Medications Policy
- In the event of a person requiring first aid, a check of their record for allergies must be made, where ascertainable, known or available
- It must be made clear to staff, pupils and visitors what first aid arrangements are in place at the establishment and how they can summon first aid during an accident, incident or emergency (This may be in the form of notice boards displayed in prominent locations across the establishment, and induction or welcome programmes covering first aid information)
- **Before undertaking any off-site activities or educational visits, the visit leader should assess what level of first aid provision is needed and identify any additional items that may be necessary for specialised activities**
- Staff should have access to a suitable supply of single-use, disposable gloves, and hand washing facilities, and should take care when dealing with blood and other bodily fluids (see **Appendix F**)
- Any individuals or organisations leasing any part of the establishment are required to provide their own first aid arrangements, such as first aid kits, first aid trained personnel, etc., unless specific arrangements have been pre-agreed with the establishment, in writing
- A list of current first aiders and appointed persons should be displayed on all relevant notice boards and brought to the attention of staff, pupils, and visitors

- If an item has been used from a first aid box to treat a person, then the event must be recorded on EVERY within 48 hours by the first aider administering or providing such treatment
- In the event of an accident or incident requiring first aid treatment, dignity and safety for all staff, pupils and visitors must be ensured, which may necessitate the need to remove the casualty or any bystanders from the immediate area
- Upon being summoned in the event of an accident or incident requiring first aid, the responding first aider is to take charge of the first aid/emergency treatment commensurate with their training; following assessment of the injured or ill person, they are to administer appropriate first aid and make a balanced judgement as to the requirement to call the emergency services
- The emergency services should be called immediately if the casualty is/has:
 - Loss of consciousness
 - A sudden state of confusion
 - A seizure that is not stopping
 - Chest pain
 - Breathing difficulties
 - Severe bleeding that cannot be stopped
 - Severe allergic reaction (anaphylaxis)
 - Severe burns and scolds
 - Someone has seriously injured themselves or taken an overdose
 - Sustained gunshot or stab wounds
 - Been involved in a road traffic accident
 - Fallen from height
 - Is having a suspected heart attack or stroke
- If the emergency services are called, the call should be made from the location of the injured or ill person so that details of their current status and condition can be given; in such a situation, the Reception office must be notified so that they can make arrangements to meet the emergency services and, where appropriate, notify the person's next of kin/parents/guardians
- If it is decided to take the injured or ill person to hospital, those going off site, must sign out to prevent confusion during any potential subsequent evacuations or emergencies
- Accidents or incidents involving pupils that sustain a head injury or bumps, regardless of whether they need to leave site or not, should be reported to the pupil's parents/guardians, who should be informed to observe the pupil for illness or deterioration for 48 hours
- In the event that parents/guardians need to be notified and contact cannot be made, a message must be left, where possible, and the establishment must continue to attempt to make contact
- The Trust Health & Safety Function must be informed immediately of any member of staff, pupil, visitor or contractor who has been injured or becomes ill at an establishment and needs to be taken to a hospital, or where they are involved in a potential RIDDOR reportable incident.
- The Road Vehicle (Construction and Use) Regulations 1986 (for minibuses) and/or the Public Service Vehicles (Conditions of Fitness, Equipment, Use and Certification) Regulations 1981 (for larger vehicles) advise that a suitable, clearly marked first aid box should be readily available and in good condition in all vehicles

3.3 Mental Health

Provisions of mental health first aid is not a legal requirement upon employers.

Establishments are encouraged to identify a senior mental health lead. This role should include having strategic oversight of the whole school/college approach to mental health and wellbeing. They will support their establishment to make the best use of existing resources and effort to help improve the wellbeing and mental health of students and staff.

The DfE has published guidance to help schools/colleges identify whether a child or young person's behaviour may be related to an underlying mental health problem, and how to support them in these circumstances.

Following an employer's first aid needs assessment, a school/college might decide that it will be beneficial to have personnel trained to identify and understand symptoms and be able to support pupils, students and staff who might be experiencing a mental health issue. Educational staff are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

Consideration should be given to ways to manage mental health in the workplace. This could include providing information or training for managers and employees, employing occupational health professionals, appointing mental health trained first aiders and implementing support programmes.

School/college staff are not mental health professionals. Where pupils experience more serious mental health problems, schools/colleges should expect them and their families to be able to access support from sources which include professionals working in specialist Children and Young People's Mental Health Services (CYMPHS), voluntary organisation, and local GP surgery.

3.4 First Aid Equipment

- A sufficient number of first aid boxes, travel first aid kits, burn kits, AEDs (Automated External Defibrillators) and other first aid equipment must be provided and maintained for all locations and situations where these may be required, as determined by the first aid needs assessment
- Consideration must be given to the types of foreseeable activities and events, including sports fields, outdoor play areas, Educational Visits, lone workers, etc.
- All first aid kits, burn kits, eye wash stations and AEDs should be clearly labelled, be in easily accessible locations around the premises, with these locations clearly identified
- There is no legal requirement to have an AED onsite; however, there is a duty of care to ensure one is available should such a risk requiring its use be foreseeable, which should be identified as part of the first aid needs assessment
- All equipment provided in the interests of first aid must be clearly labelled and easily accessible
- All first aid kits and other first aid kits/items must be checked at least every term to ensure they contain the correct contents and that all items remain fit for purpose and in date (see **Appendix B** for suggestions); AED equipment must be checked at least monthly (see **Appendix C**)
- There is no mandatory list of items that must be put in a first aid kit; this should be dependent on the findings of the first aid needs assessments however minimum content requirements must comply with BS8599-1:2019 Workplace First Aid Kit Standards
- Tablets and medicines must not be stored in any first aid boxes
- Once a disposable item from a first aid box, travel first aid kit, burn kit, AED kit, or any other first aid equipment has been opened, it must be disposed of and replaced in a timely manner
- All first aid boxes, travel first aid kits and burn kits must be returned to their location after use
- Under the School Premises (England) Regulations 2012, every Establishment must provide a readily available, suitable accommodation for the first aid, medical and therapy needs of pupils, which should include hand washing facilities and be located near to a toilet facility
- Rooms used for first aid, medical or therapy needs must be:
 - Large enough to hold an examination/medical couch, with enough space at each side for people to work, a chair and any necessary additional equipment
 - Have washable surfaces and adequate heating, ventilation, and lighting
 - Kept clean, tidy, accessible, and available for use at all times
 - Positioned as near as possible to a point of access for transport to hospital
 - Display a notice on the door advising of the names, locations and if appropriate contact details for first aiders
 - Ideally, have a sink with hot and cold running water

3.5 First Aid Training

- Unless first aid duties form part of a staff member's contract of employment, people who agree to become first aiders do so on a voluntary basis
- When selecting first aiders, consideration should be given to their:

- Reliability and communication skills
- Aptitude and ability to absorb new knowledge and learn new skills
- Ability to cope with stressful and physically demanding emergencies
- Normal duties – a first aider must be able to leave to go immediately to an emergency
- The Principal and the Appointed Health & Safety Training Coordinator must ensure that appropriate numbers of qualified emergency first aiders, first aiders, outdoor first aiders and paediatric first aiders are trained and appointed as determined by their first aid needs assessment
- All first aiders should receive suitable training (including refresher training) in accordance with the first aid needs assessment and HSE guidance:
 - EFAW training enables a first aider to give emergency first aid to someone who is injured or becomes ill while at work
 - FAW training includes EFAW and also equips the first aider to apply first aid to a range of specific injuries and illnesses
 - It should be noted that standard first aid at work training courses do not include resuscitation procedures for young children or outdoor first aid treatment; consideration will need to be given for the need for such specialist training to ensure adequate first aid provision and coverage where such hazards exist
 - There is no requirement for training to use an AED; they are equipped with clear instructions and are designed to be used by persons without training. The device will assess the heart rhythm when attached and will only deliver a shock if it is needed
- First aid training should only be arranged with and provided by a competent and reputable provider that meets the criteria set out in HSE's selecting a first-aid training provider
- Blended learning is an accepted method for delivery of first aid training, provided it meets the criteria set out in HSE's selecting a first-aid training provider
- All training certificates, or copies thereof, for appointed first aiders must be maintained at each establishment for at least six years to support any potential negligence or other legal claims
- First aid is not to be administered by anyone other than authorised and trained first aiders, and only within the limitations of their training
- Unless otherwise stated, training certificates are only valid for three years; Appointed Health & Safety Coordinators must arrange refresher training within three months of the certificate's expiry date; the new certificate should take effect from the date of expiry
- If a training certificate expires, the first aider will be unable to provide first aid treatment and will need to undertake another full training course to requalify as a first aider

3.6 Reporting and Recording First Aid Treatment

- As well as the requirements set out under this policy, the Accident/Incident/Near Miss Reporting and Investigation arrangements under the Health & Safety policy must be adhered to
- Each establishment must ensure that all accidents and incidents requiring first aid treatment are recorded on EVERY within 48 hours of being notified of the event
- The minimum information that must be recorded for first aid treatment include:
 - The date, time, and place of the accident/incident
 - The name (and, in the case of pupils, the class) of the injured or ill person
 - Details of the injury/illness, the potential cause and what first aid was given, including the name of the first aider or person dealing with the incident
 - Who was notified of the accident/incident, such as next of kin or parents/guardians?
 - What happened to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital)
 - The duration that the casualty is away from establishment or work
 - **Details of any witness(es) including contact details and statement**
- All accident and incident records must be kept for at least six years

3.7 Monitoring Arrangements

- Routine monitoring of the overall first aid arrangements, and adherence to this First Aid Policy, shall be the responsibility of the Principal and the Appointed Health & Safety Leader

- Any deficiencies or gaps identified in the first aid arrangements or compliance with this policy must be logged as Issues on EVERY and addressed in a timely manner
- Each Establishment's first aid arrangements and compliance with this First Aid Policy shall be evaluated as part of the Trust Health & Safety Audit programme

3.8 COVID-19 Arrangements

Specific first aid arrangements introduced due to COVID-19 need to be monitored to address changes in legislation/guidance. Changes must be communicated clearly and timely to all staff engaged in First Aid provision. Current specialist arrangements include:

- Ensure additional anti-bac wipes and hand sanitizer gel, clean cloths and pocket face masks (for CPR) are located close to First Aid treatment areas. System for monitoring and replacing used resources must be adhered to
- Ensure (where practicable) treatment is delivered in a well-ventilated area
- PPE (extra gloves, goggles/face visor, 3-ply water resistant facemasks - sufficient for ALL first aiders and casualties) must either be added to First Aid kits or located next to kits in sealed bags
- **Ensure additional items such as disposable aprons are provided where the risk assessment identifies their need**
- Ensure the provision of additional items (disposable aprons) if risk assessment identifies need
- Additional waste **disposal provision** at treatment location
- Ensure First Aiders informed of PHE guidance to don PPE at least 2 meters away from the casualty.
- First Aiders informed to assess casualty capability to self-administer First Aid under instruction and guidance of a first aider to reduce close contact risk
- If casualty has no breathing issues or exemption preventing use of a face mask, request they don a face mask before treatment commences
- Guidance issued to First Aiders to avoid treatment directly in front of casualty's face avoiding the 'aerosol generating area' where practicable
- **CPR – ALL Students** - recommended that full CPR including ventilations (rescue breaths) is performed (each First Aider to utilise their own pocket mask- if available)
- **CPR – Adults** – recommended CPR proceeds with cloth (or clothing if cloth unavailable) placed over mouth/nose) before chest compressions only. Request and use an AED (Automated External Defibrillator) device at the earliest opportunity
- Post treatment cleaning **MUST** be undertaken for all touched surfaces and used PPE disposed of appropriately
- Ensure close contacts are recorded

3.9 Amendments to the Policy

Any amendment for submission is to be raised via the principal or line manager. Where appropriate for consideration, they will then arrange for the amendment to be presented to the Policy Owner and Policy Committee at a scheduled meeting for their review, rejection, or inclusion within the Policy.

3.10 Further Information

- [First aid in schools, early years, and further education - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [First aid in schools | NEU](#)
- [How to use a defibrillator | St John Ambulance \(sja.org.uk\)](https://www.sja.org.uk)
- [First aid - NHS \(www.nhs.uk\)](https://www.nhs.uk)
- [Guidance on the use of adrenaline auto-injectors in schools \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- [Spare Pens in Schools | Homepage](#)
- [Mental health and behaviour in schools - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [Blood-borne viruses in the workplace INDG342 \(polfed.org\)](https://www.polfed.org)

GORSE

Document control:

Reason for version change:	Cycle review/refresh	Version number:	1.4
Date of Approval:	March 2023	Approved by:	Policy Committee
Target Audience:	<ul style="list-style-type: none">• All staff• All websites	Date issued:	March 2023

Annex 1 – Table of substantive Changes from December 2022

This table explains where we made substantive changes.

2.3	Deputy Chief Executive Officer (DCEO)
Pg 4	Whole section added
2.5	Director of Estates
Pg 4	Title changed
2.9	Appointed Health & Safety Training Coordinator
Pg 5	Reference added to the alternative allocation of this role
2.11	All Staff, Pupils, Visitors, Contractors, and Shared Site Users
Pg 6	Word added
3.1	First Aid Needs Assessment
Pg 7	Appendix reference amended
	Reference made to uploading amended documents as 'new versions'
3.2	First Aid Provision
Pg 8	Paragraph added to highlight the difference between first aid and the administration of medication
	Paragraph added referencing off-site activities
	Incidents which require the immediate calling of the emergency services updated
Pg 9	Paragraph added covering Road Vehicle Regulations 1986
3.3	Mental Health
Pg 9	Whole section added
3.4	First Aid Equipment
Pg 10	Sentences amended referring to the identification and location of a first aid box and that contents must comply with BS8599-1:2019 Workplace First Aid Kit Standards
	Amendment made to the specification of a first aid treatment room
3.6	Reporting and Recording First Aid Treatment
Pg 11	Additional sentence added to highlight the requirement to record witness data
3.8	Covid-19 Arrangements
Pg 12	Sentence reworded
3.10	Further Information
Pg 12	Links added to further guidance
Appendix A	Safe Glove Removal
Pg 14	New appendix added highlighting the method of safe glove removal
Appendix B	Contents of a First Aid Kit
Pg 15	Amendments made to the required contents of a first aid box
Appendix E	Allergic Reactions
Pg18	New appendix added highlighting the signs to look out for in relation to an allergic reaction and how these should be handled
Appendix F	Dealing with the Spillage of Blood and Bodily Fluids
Pg 20-22	Guidance on the cleaning of bodily fluids updated

GORSE

	Section added covering Needlestick / Sharps injuries
	Section added covering bite injuries

Appendix A: Safe Glove Removal

How should I safely remove disposable gloves?

The principle you need to keep in mind is that you should not touch the external surface of the gloves (which may be contaminated) with your bare hands. Follow this technique to safely remove disposable gloves:



1 Pinch one glove at the wrist and peel it away from your hand.



2 Turn the glove inside out and hold it in the hand that is still gloved.



3 Hook 2nd and 3rd fingers of your bare hand inside the other glove. Be Careful Do not touch the outside of the glove.



4 Pull off the glove, turning it inside out with the first glove inside.



5 Throw the gloves into the bin.



6 Wash your hands thoroughly with soap and water or alcohol hand rub.

Appendix B: Contents of First Aid Kits

Onsite First Aid Kits

All first aid containers must **comply with BS8599-1:2019 Workplace First Aid Kit standards** and be marked with a white cross on a green background and kept in a prominent location within a reasonable distance of nearby hand washing facilities.

Exact contents of a first aid kit and the quantity required is dependent on the number of persons occupying the site and the findings of the first aid needs assessment. As a minimum requirement, each kit should contain (figures below refer to the contents of a medium kit suitable for between 25 and 100 people):

- A leaflet giving general advice on first aid and a content list
- 1x Conforming bandage
- 4x Medium sterile dressing
- 3x Large sterile dressing
- 3x Triangular bandage
- 3x Eye pad sterile dressing
- 60x Sterile plasters
- 30x Alcohol-free moist cleaning wipes
- 2x Adhesive tape roll
- 9x Nitrile disposable gloves (pairs)
- 3x Sterile finger dressing
- 1x Resuscitation face shield
- 2x Foil blanket
- 2x Burn dressing
- 1x Clothing cutters

Travelling and Motoring First Aid Kits

All travelling and motoring first aid kits should contain at least:

- A leaflet giving general advice on first aid and a content list
- 1x Medium sterile dressing
- 1x Triangular bandage
- 10x Sterile plasters
- 10x Alcohol-free moist wipes
- 2x Nitrile gloves
- 1x Resuscitation shield
- 1x Foil blanket
- 2x Burn dressing
- 1x Clothing cutters
- 1x Adherent dressing
- 1x Medium trauma dressing

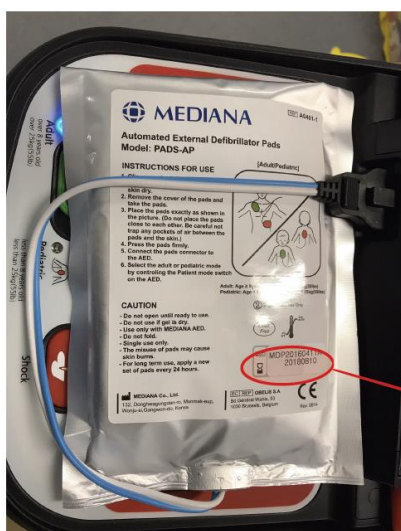
Appendix C: AED (Automated External Defibrillator) Checks

Due to the time sensitive nature of an emergency requiring an AED, it is important that establishments carry out monthly checks of these devices on their premises to ensure they remain ready for use and do not fail at the most inopportune time, leading to a potential fatality that could have been prevented.

The responsible person must check that the:

- Accessory pack is in the correct location and includes the following items:
 - Adequate supply of absorbent dressings
 - Clean safety razor
 - Tuff-cut scissors
 - 2 x pocket masks
 - 4 x pairs of nitrile gloves.
- Status indicator is not displaying any error signals or other visual prompts
- Electrode pads have not expired (expired pads can cause the device to fail in operation)
- Battery is charged, has not expired and is less than five years' old
- Wires and connections are not fraying or loose

Figure A: Example Electrode Pad – Expiry Date



This is the universal sign for the expiry date (10 Aug 2018)

Figure B: Example Battery – Date of Manufacture




Manufacture date is shown on this model but there is no expiry date shown. Other models may have an expiry date

Appendix D: How to Use A Defibrillator

By using a defibrillator before an ambulance arrives, you can significantly increase someone's chance of survival (<https://www.sja.org.uk/get-advice/first-aid-advice/how-to/how-to-use-a-defibrillator/>)

What to do

- 1



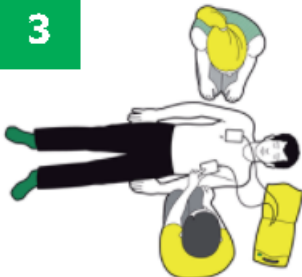
After performing a primary survey, and you find someone is unresponsive and not breathing normally, ask a helper to call 999 or 112 for emergency help while you start CPR. Ask a helper to find and bring a defibrillator, if available.

 - If you're on your own use the hands-free speaker on a phone so you can start CPR while speaking to ambulance control.
 - Do not leave a casualty to look for a defibrillator yourself, the ambulance will bring one.

- 2

When the helper returns with a defibrillator, ask for it to be switched on and to take the pads out, while you continue CPR. They should remove or cut through clothing to get to the casualty's bare chest. They also need to wipe away any sweat. The defibrillator will give you voice prompts on what to do.

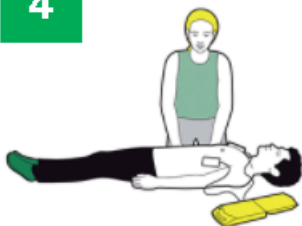
- 3



They should attach the pads to the casualty's chest, by removing the backing paper. Apply the pads in the positions shown.

 - The first pad should be on the upper right side below the collar bone.
 - The second pad should be on the casualty's left side below the arm pi


- 4



The defibrillator will analyse the heart's rhythm. Stop CPR and make sure no one is touching the casualty. It will then give a series of visual and verb: prompts that should be followed.

 - If the defibrillator tells you that a shock is needed, tell people to stand back. The defibrillator will tell you when to press the shock button. After the shock has been given the defibrillator will tell you to continue CPR for two minutes before it re-analyses.
 - If the defibrillator tells you that no shock is needed continue CPR for two minutes before the defibrillator re-analyses.

- 5



If the casualty shows signs of becoming responsive, such as coughing, opening eyes or speaking, and starts to breathe normally, put them in the recovery position. Leave the defibrillator attached. Monitor their level of response and prepare to give CPR again if necessary.

Appendix E: – Dealing with the spillages of blood and bodily fluids

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimise the risk of transmission of infection, both staff and students should practise good personal hygiene and be aware of the procedure for dealing with body spillages.

Staff Contact

The Site Manager/Superintendent should be contacted initially so that they can arrange for a member of their team to clean the area appropriately; however, the initial clean-up should be carried out by the person who is at the scene of the incident following the Initial Clean Up Procedure below.

When Dealing with Bodily Fluids

Following the initial identification of a spillage of bodily fluids, the affected area should be isolated and fluids covered with absorbent material such as a paper towel.

The cleaning of any spillages of blood, faeces, urine, saliva, vomit, nasal discharge should take place immediately following the incident/identification of a spillage of bodily fluids with the affected area isolated and covered with absorbent material such as a paper towel.

If a bodily fluids spill kit is available, then this should be used strictly in accordance with the manufacturer's instructions.

Erect suitable warning signage/barriers as appropriate to warn/prevent unauthorised access to the area whilst cleaning is in progress.

Cleaning should be conducted using a product which combines detergent and disinfectant that is effective against both bacteria and viruses. Manufacturer's guidance should always be followed. Cleaning with detergent, followed by the use of a disinfectant, is also acceptable. It should be noted that some agents, such as NaDCC (Sodium Dichlorosocyanurate or Troclosene Sodium, a form of chlorine used for disinfection), cannot be used on urine.

Use disposable paper towels or cloths to clean up blood and bodily fluid spills.

Any soiled wipes, tissues, plasters, dressings, and cleaning materials should be disposed of immediately in a bin liner which is sealed following the completion of cleaning activities and then placed into a yellow bin, or double bagged and placed into an external bin where no yellow bin is available.

Following the completion of cleaning activities, the outer pair of gloves should be placed alongside used cleaning cloths in a yellow waste bag and sealed. The inner pair of gloves should be removed once the yellow waste bag has been placed into a bin, with these gloves being discarded directly into the bin.

Ensure effective hand hygiene practices using warm water and antibacterial handwash are followed after completing any cleaning of bodily fluids.

A spillage kit should be available for bodily fluids like blood, vomit, and urine. All yellow clinical waste bags should be disposed of in a yellow clinical waste bin. Incorrect disposal could result in the establishment receiving financial penalties.

Management of Accidental Exposure to Blood

Accidental exposure to blood and other body fluids can occur by:

- Percutaneous injury, e.g., from needles, significant bites that break the skin
- Exposure to broken skin e.g., abrasions and grazes
- Exposure of mucous membranes, including the eyes and mouth

Actions to take:

If an injury is the result of contact with a needle-stick or sharp, the advice in Appendix E.1 should be followed.

If the injury is the result of a bite, the advice in Appendix E.2 should be followed.

For all other contact

1. Wash the area thoroughly with soap and water
2. Flush the nose, mouth, or skin with water. Ensuring that water is not swallowed
3. Irrigate eyes with clean water, saline, or sterile liquids. If contact lenses are worn, the eyes should be irrigated before and after their removal
4. Report the incident to the Appointed Person and Senior Management
5. Seek medical advice from GP, NHS 111 or go to the nearest Accident and Emergency (A&E) Department
6. An accident form will need to be completed and the incident may need to be reported to HSE.GOV.UK under the Reporting of Incidents of Diseases or Dangerous Occurrences Regulations (RIDDOR)

Appendix E.1 Needle-stick/Sharps injuries

Injuries from needles use in medical procedures are sometimes called needle-stick or sharps injuries.

Sharps can include other medical supplies, such as syringes, scalpels and lancets, and glass from broken equipment.

Once someone has used a needle, viruses in their blood, such as Hepatitis B, Hepatitis C or HIV, may contaminate it. This includes needles used to inject illegal drugs. Blood can also contaminate sharps.

If you pierce or puncture the skin with a used needle, the following first aid advise should be followed immediately.

- Encourage the wound to bleed, ideally by holding it under running water for a minimum of 10 minutes, ideally 20 minutes
- Wash the wound using running water and plenty of soap
- Do not scrub the wound while you are washing it
- Do not suck the wound
- Dry the wound and cover it with a waterproof plaster or dressing

The Principal should be notified about any needle-stick injury.

The injured person should be encouraged to seek urgent medical advice as treatment may be needed to reduce the risk of infection

- Contact the employer's Occupational Health service if the injury took place in the workplace
- Contact GP, NHS 111 or go to the nearest Accident and Emergency (A&E) Department

Appendix E.2 Bites

If an individual is bitten by either a human or animal:

- Clean the skin around the wound with soap and warm water – antiseptic can be used but should not be allowed to get into the wound
- Try to remove any objects such as teeth, hair or dirt from the wound using running water
- Gently squeeze the wound so it bleeds slightly (unless it is already bleeding) - this can help reduce the risk of infection
- Press a dry dressing or clean cloth firmly onto the wound to stop the bleeding if it is bleeding heavily
- After cleaning the wound, gently pat it dry and cover it with a sterile dressing
- Take paracetamol or ibuprofen to help ease any pain and swelling – children under 16 years of age should not be given aspirin unless prescribed by a medical professional

Seek medical assistance from NHS 111 if:

You have been bitten and:

- You think there may still be objects like dirt, hair, or teeth in the wound
- The bite is hot or swollen (it may also be painful, red, or darker than the surrounding skin)
- You have a high temperature
- Fluid is leaking from a bite
- The bite smells unpleasant
- You were bitten on your hands or feet
- You were bitten by a person

If you have been bitten by an animal or person:

- A doctor/nurse will:
 - Clean the bite thoroughly – if the wound is very dirty, some of the affected area may need to be removed to reduce the risk of infection
 - Close the wound with stitches, sticky strips, or special glue, or leave it open to heal
 - Give you antibiotics to stop the wound becoming infected
 - Check your risk of getting tetanus and rabies – you will be given treatment to prevent these serious infections if needed.

If you have been bitten by a person, you may also be offered a blood test to check for Hepatitis B, Hepatitis C and HIV

The signs of an allergic reaction are:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:




- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



**Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction):**

- | | |
|-----------------------|---|
| AIRWAY: | Persistent cough
Hoarse voice
Difficulty swallowing, swollen tongue |
| BREATHING: | Difficult or noisy breathing
Wheeze or persistent cough |
| CONSCIOUSNESS: | Persistent dizziness
Becoming pale or floppy
Suddenly sleepy, collapse, unconscious |

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)   
2. Use Adrenaline autoinjector* **without delay**
3. Dial 999 to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Appendix G: First Aid Needs Assessment Form (TGAT-HSF-007)

Persons who undertake a First Aid Needs Assessment must have a suitable level of competence and knowledge of the buildings/premises, staff/pupil demographics, likely hazards, and working arrangements within their establishment.

It is the responsibility of each Principal to ensure that staff conducting such an assessment are competent to do so. If in any doubt, please contact the Trust Health & Safety team for support.

Please refer to the First Aid Policy when undertaking or reviewing your First Aid Needs Assessment.

SECTION 1

1.1 ASSESSOR/LOCATION DETAILS	
Assessor name(s):	
Date assessment undertaken:	
Establishment:	
Additional notes, such as any significant future or planned changes that need to be referenced (where relevant):	

1.2 ASSESSMENT REVIEW HISTORY				
This assessment should be reviewed immediately if there is any reason to suppose that the original assessment is no longer valid. Otherwise, the assessment should be reviewed, at least every 3 years. The Establishment/College Principal must ensure that this assessment remains valid.				
	Review 1	Review 2	Review 3	Review 4
Next review date:				
Date conducted:				
Conducted by:				
Any changes made:	Yes / No	Yes / No	Yes / No	Yes / No

SECTION 2A: DETERMINATION OF FIRST AID PROVISIONS

FACTORS TO CONSIDER	NOTES	FIRST AID PROVISIONS
HAZARDS: Use general risk assessments to inform the First Aid requirements, consider types of activities/hazards and the levels of first-aid provision required		
Does the establishment have low level hazards e.g. those typically found in an office?	Yes / No	Minimum provisions: <ul style="list-style-type: none"> • An Appointed Person • A First Aid box
Does the establishment have high level hazards e.g. those found in Science Rooms, Labs or D&T workshops? Consider hazards such as toxic substances, explosives, pathogens, high voltages, manual handling, machinery, educational visits , etc.	Yes / No	Consider providing: <ul style="list-style-type: none"> • First Aid at Work Trained First Aiders • Additional specialist First Aid training, such as Outdoor First Aid training for those who organise and attend such visits • Sufficient First Aid provisions in each building/on each floor • Specialist First Aid equipment, based on the type of hazards identified, such as showers, eye wash stations, ice packs/cold gels, spare supplies • A First Aid Room
STAFF/PUPILS: Consider the number of staff/pupils and those staff/pupils that may be at higher risk		
How many people work and/or attend at the establishment?		See Section 3
Are there persons onsite that may be at higher risk? Consider inexperienced workers, those with existing health problems, young persons, new and expectant mothers, disability etc.	Yes / No	<ul style="list-style-type: none"> • Take account of any WASPs or IPRAs in place Consider providing: <ul style="list-style-type: none"> • Additional specialist First Aid training and First Aid equipment, based on the type of hazards identified
ACCIDENT HISTORY/RECORDS:		
What types of accidents and injuries have previously been reported?		Ensure that First Aid provisions cover the type of injuries that have occurred in the past, in addition to those that are foreseeable.
ARRANGEMENTS:		

GORSE

Do any staff work alone?	Yes / No	Has a lone worker risk assessment been undertaken? If so, are there any relevant control measures to take into account? Consider issuing personal first aid kits Ensure communications lines are in place e.g. mobile phone
Are any staff/pupils onsite out of hours?	Yes / No	Ensure there is sufficient First Aid cover during these periods
Does the establishment occupy more than one building or operate on multiple floors?	Yes / No	Ensure sufficient First Aid provisions and persons in each building/on each floor
Are there times when the First Aider(s) might be on holiday/absent?	Yes / No	Ensure sufficient First Aid provisions during holiday periods/unexpected staff absences
Do any staff travel, i.e. drive, as part of work commitments?	Yes / No	Ensure Minibus/Travel First Aid Kits are provided (See Appendix A of First Aid Policy for recommended contents)
Do any staff or pupils conduct off-site work or visits, e.g. fieldwork, educational visits, etc. where specialist First Aid may be required?	Yes / No	Ensure sufficient Minibus/Travel or Specialist First Aid Kits (See Appendix A of First Aid Policy for recommended contents) Consider additional specialist First Aid training, such as Outdoor First Aid training for those who organise and attend such visits
Are there any pupils or visitors who attend the establishment under the age of 5?	Yes / No	Ensure sufficient Paediatric First Aid provisions and trained persons across all areas where such pupils may be located or visit - See Section 3
NON-EMPLOYEES:		
Do members of the public, visitors and contractors, visit the establishment?	Yes / No	It is strongly advised that First Aid provisions are made for non-employees and pupils that are on site
EMERGENCY SERVICES:		
What is the proximity to closest hospital?		

SECTION 2B: MENTAL HEALTH FIRST AID PROVISIONS

FACTORS TO CONSIDER	NOTES	FIRST AID PROVISIONS
Have incidents associated with mental health previously been reported?		Consider: Appointing a Mental Health First Aider
Is there a degree of sick leave/absenteeism that is associated with mental health issues?		Consider: Appointing a Mental Health First Aider

SECTION 3: Suggested number of First Aid trained personnel to be available at all times people are at the establishment.

LEVEL OF RISK (Informed by general risk assessments)	NUMBER OF PERSONNEL*	NUMBER OF FIRST AIDERS REQUIRED (as suggested by the HSE)
Low risk (most Education Establishments)	<25	At least 1 Appointed person
	25-50	At least 1 EFAW trained First Aider
	>50	At least 1 FAW trained First Aider for every 100 (or part thereof)
High risk	<5	At least 1 Appointed person
	5-50	At least 1 EFAW trained First Aider (consider the type of injuries that may occur)
	>50	At least 1 FAW trained First Aider for every 50 (or part thereof)
Early Years Foundation Stage Settings	<ul style="list-style-type: none"> At least one person who has a current full paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present, and must accompany children on outings Childminders, and any assistant who might be in sole charge of the children for any period of time, must hold a full current PFA certificate All newly qualified entrants to the early years workforce who have completed a level 2 and/or level 3 qualification on or after 30 June 2016, must also have either a full PFA or an emergency PFA certificate within three months of starting work in order to be included in the required staff:child ratios at level 2 or level 3 in an early years setting 	

*The HSE strongly advise that arrangements for First Aid provisions also take into account non-employees that may be on site, such as pupils and visitors.

SECTION 4: Utilise the guidance and information in Section 2 and the table in Section 3 to determine your First Aid requirements at the Establishment.

FIRST AID PERSONNEL	REQUIRED YES/NO	NUMBER REQUIRED
Appointed person	Yes / No	
EFAW First Aider	Yes / No	
FAW First Aider	Yes / No	
Paediatrician First Aider	Yes / No	
Emergency Paediatrician First Aider	Yes / No	
Outdoors First Aider	Yes / No	
FIRST AID EQUIPMENT AND FACILITIES	REQUIRED	NUMBER REQUIRED
Damp and Dust Proof First Aid container(s)	Yes / No <i>Detail locations and types or signpost any location maps</i>	
Contents of First Aid Box(es) (See or refer to Appendix A of First Aid Policy for recommended contents)	Yes / No <i>Detail locations and types or signpost any location maps</i>	
Any Additional Equipment, such as burn kits, eye wash stations, ice packs/cold gels and AED	Yes / No <i>Detail locations and types or signpost any location maps</i>	
Minibus/Travel First Aid Kit(s)	Yes / No <i>Detail locations and types</i>	
First Aid Room(s)	Yes / No	<i>Detail location, type of room, sole use or can the room be vacated easily and quickly or location maps</i>
Shower(s)	Yes / No	<i>Detail locations and types or signpost any location maps</i>
MENTAL HEALTH FIRST AID PERSONNEL	REQUIRED YES/NO	NUMBER REQUIRED
Mental Health First Aider	Yes / No	