



First Aid Policy – Tees Valley


2023/2024

Policy issue and updates

<i>Pages</i>	<i>Issue No.</i>	<i>Date</i>
Whole Document – new school	1	June 2021
Whole Document – name change as per application	2	January 2022
Whole Document – Annual review	3	August 2022
Whole Document – Annual review	4	August 2023

The following policy has been approved by the Senior Leadership Team and the Executive Team. The policy will be reviewed on an annual basis unless circumstances arise requiring the policy to be reviewed earlier.

Approved by Executive Team: August 2023

Board signatory: 

Planned review: August 2024

1. Policy overview

- 1.1 Progress Schools Tees Valley have a commitment to providing first aid to all our students, staff, parents and visitors.
- 1.2 Progress Schools Tees Valley will meet the minimum statutory requirements under the Health and Safety (First Aid) regulations Act 1981.
- 1.3 Progress Schools Tees Valley requires that each school MUST have a minimum of 2 qualified First Aid staff. A First Aider must hold a current certificate of competence in First Aid at Work issued by an approved trainer delivering a HSE compliant course.
- 1.4 All parents/carers of students are required to submit a completed medical form before admission so that sufficient first aid may be provided in accordance with the specific medical needs of the student.
- 1.5 For day trips and off-site activities it is recommended that a member of First Aid staff should be present, and that a small First Aid Kit should be available at all times.
- 1.6 Whilst First Aiders carry out their duties voluntarily, they do so in course of their employment and as such, will not be accountable personally for any tasks undertaken within the realm of the administration of First Aid.
- 1.7 If any member of staff consider that the First Aid provision is not adequate they should immediately make representation to the Head of School.

2. Code of practice

- 2.1 First Aid will only be administered with the patients' consent. If treatment is refused, any injury will be documented and it will be stated that First Aid was refused.
- 2.2 In the first instance an injury will be assessed as to how serious it is.
- 2.3 If the injury is as a result from a fall from height, a knock to the head, a wound which bleeds or an abnormal swelling, then a First Aider should be called – if in ANY doubt, call a First Aider.
- 2.4 The majority of incidents involving students are grazes and minor bumps. If a First Aider is summoned and attends and/or administers first aid then an accident record must be completed.

- 2.5 If a student requires hospital treatment, parents/carers must be contacted immediately. The student's medical form must be checked to ensure consent has been granted for staff to act on behalf of the parent/carer in their absence.
- 2.6 If the student requires an ambulance then they will be accompanied by a member of staff who will wait in the hospital until a parent/carer arrives.
- 2.7 If the injury/medical condition is not serious enough to require an ambulance they will be taken to hospital accompanied by the first aider and another staff member who will drive the vehicle.

3. Record keeping

- 3.1 If first aid is administered for any reason either to a child or employee, the First Aider must ensure a medical event is completed on Arbor and the accident/ near miss form completed without undue delay following the process below:
 - Each time an accident or near miss occurs in your school the accident/ near miss form must be completed
 - If the event relates to a student you must create a medical events log on the students profile on Arbor, details on how to do this can be found here: <https://support.arbor-education.com/hc/en-us/articles/360020680857-Medical-Events-first-aid-accidents-checkups-etc->
 - You will also need to save this in the following location on TEAMS in your school specific folder: [Accident Near Miss Form.docx](#) this removes the need for a physical accident book
 - If the event relates to a staff member the form must be uploaded to their MiProgress profile
 - To accurately report on the number of accidents/ near misses the form must be labelled using this naming convention '**Accident Log Tees Valley 0001 – AK June 2023**'
 - The body map on the accident form is not interactive so to indicate where the injury occurred you will need to insert a shape over the area. To do this click **INSERT > SHAPES > Select a circle or oval shape and draw over the area** (you can remove the colour fill if you prefer to have an outline only)
- 3.2 The incident must be logged and reported to the Head of School as per the seriousness of the incident in accordance with the information in the next section of the policy.
- 3.2 All accident and incident logs must be logged and recorded in full detail and stored securely for a minimum of five years.
- 3.4 **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)**

RIDDOR is the law that requires employers, and other people in charge of work premises, to report and keep records of:

- work-related accidents which cause deaths
- work-related accidents which cause certain serious injuries (reportable injuries)
- diagnosed cases of certain industrial diseases; and
- certain 'dangerous occurrences' (incidents with the potential to cause harm)

Any incidents that fall under RIDDOR must be reported to the Director of Business who in turn will inform the proprietor.

3.5 The Head of School, Director of Business, Managing Director, and National Safeguarding Lead must be informed if any of the following occur. These must then be reported to HSE:

3.5.1 **Death** – All deaths to worker and non-workers must be reported if they arise from a work-related accident, including an act of physical violence to a worker. Suicides are not reportable, as the death does not result from a work-related accident.

3.5.2 **Specified Injuries**

Specified Injuries are defined as follows:

- a fracture, other than to fingers, thumbs and toes;
- amputation of an arm, hand, finger, thumb, leg, foot or toe;
- permanent loss of sight or reduction of sight;
- crush injuries leading to internal organ damage;
- serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs);
- scalplings (separation of skin from the head) which require hospital treatment;
- unconsciousness caused by head injury or asphyxia;
- any other injury arising from working in an enclosed space, which leads to hypothermia, heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.

3.5.3 **Over-seven-day injuries to workers.** This is where an employee, or self-employed person, is away from work or unable to perform their normal work duties for more than seven consecutive days (not counting the day of the accident).

3.5.4 Injuries to non-workers. Work-related accidents involving members of the public or people who are not at work must be reported if a person is injured, and is taken from

the scene of the accident to hospital for treatment to that injury. There is no requirement to establish what hospital treatment was actually provided, and no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

If the accident occurred at a hospital, the report only needs to be made if the injury is a 'specified injury'.

3.5.5 Reportable occupational diseases. Employers and self-employed people must report diagnosis of certain occupational diseases, where these are likely to have been caused and made worse by their work. These diseases include (regulations 8 and 9):

- carpal tunnel syndrome;
- sever cramp of the hand or forearm;
- occupational dermatitis;
- hand-arm vibration syndrome;
- occupational asthma;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

3.5.6 Reportable dangerous occurrences. Dangerous occurrences are certain, specified 'near-miss' events (incidents with the potential to cause harm.) Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces. For example:

- the collapse, overturning or failure of load-bearing parts or lifts and lifting equipment;
- plant or equipment coming into contact with overhead power lines;
- explosions, or fires causing work to be stopped for more than 24 hours;

Certain additional categories of dangerous occurrences apply to mines, quarries, offshore workplaces and certain transport systems (railways etc). For a full, detailed list, refer to the online guidance at: www.hse.gov.uk/riddor.

3.5.7 Reportable gas incidents. If you are a distributor, filler, importer or supplier of flammable gas and you learn, either directly or indirectly, that someone has died, lost consciousness, or been taken to hospital for treatment to an injury arising in connection with the gas you distributed, filled, imported or supplied, this can be reported online.

If you are a gas engineer registered with the Gas Safe Register, you must provide details of any gas appliances or fittings that you consider to be dangerous to the extent that people could die, lose consciousness or require hospital treatment. This may be

due to the design, construction, installation, modification or servicing, and could result in:

- an accidental leakage of gas;
- inadequate combustion of gas; or
- inadequate removal of products of the combustion of gas

You can report online.

3.5.8 Exemptions. In general, reports are not required (regulation 14) for deaths and injuries that result from:

- medical or dental treatment, or an examination carried out by, or under the supervision of, a doctor or registered dentist;
- the duties carried out by a member of the armed forces while on duty; or
- road traffic accidents, unless the accident involved: the loading or unloading of a vehicle, work alongside the road e.g. construction or maintenance work, the escape of a substance being conveyed by a vehicle; or a train.

3.6 All of the above will be reported to HSE. This will be done online by going to www.hse.gov.uk/riddor

4. First aid boxes

4.1 All first aid kits will be located in accessible areas in all Progress Schools - Tees Valley. The main kit is kept in the medical room near the main entrance. It is important to keep the first aid kit fully stocked and if an item is used it should be replaced immediately.

4.2 The first aid kit must be monitored frequently to ensure that it is fully stocked and that no items are out of date or opened.

4.3 First aid boxes should include gloves, aprons and bio-hazard bags for the hygienic removal of bodily fluids including blood and vomit.

4.4 No medications or creams will be kept in the first aid box. Over the counter medication, such as paracetamol and prescription medication, will not be given out to anyone that does not have a signed medical form which outlines the medication and when it should be administered. Please see Administering Medication Policy.

5. First aid room

5.1 Progress Schools Tees Valley has an appropriate room for the treatment of sick or injured students and staff. Access to the medical room is available at all times when there are

students in the building and will be close to the toilets and washroom facilities. Tees Valley medical room next door to a bank of toilets.

- 5.2 Any First Aider should never be alone with a student of the opposite sex in the medical room. He/she should ensure that there is always a same gender member of staff present. In the event of no same gender member of staff being available, the First Aider should seek to safeguard them self and the student by ensuring another member of staff is present.
- 5.3 The medical room should contain a fully stocked first aid kit and there should be access to drinking water and somewhere comfortable for an injured or unwell casualty to rest.

6. HSE compliant trained first aiders

6.1 The table below displays details of current First Aiders at the Tees Valley School

Name
Paul Truscott
Emily Good
Beth Evans